

Approved: 2-7-95  
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on January 31, 1995 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Emalene Correll, Legislative Research Department  
Bill Wolff, Legislative Research Department  
Norman Furse, Revisor of Statutes  
Jo Ann Buntin, Committee Secretary

Conferees appearing before the committee:

Jane Adams, Ph.D., Executive Director, Keys for Networking, Inc.  
Kathy Thrasher, Keys support groups leader, Kansas City  
Jane Rhys, Kansas Council on Developmental Disabilities  
Melissa Ness, Kansas Children's Service League

Others attending: See attached list

**Hearing on SB 43 - Comprehensive individualized services act; community teams and child and family teams**

Jane Adams, Keys for Networking, gave a background history of her organization's involvement and support of **SB 43** which amends the Comprehensive Individualized Services Act. The bill would require a system of teams to coordinate and assure delivery of services to children and adolescents who require multiple levels or kinds of specialized services which cannot be delivered by a single agency. Dr. Adams also outlined suggested recommendations as noted in her written testimony. (Attachment 1)

Kathy Thrasher, Kansas City Keys support group leader, told the Committee of the problems encountered in accessing services for her emotionally disturbed son. (Attachment 2)

During Committee discussion a member called attention to the problems of agencies not wanting to share information because of confidentiality of an individual, and Dr. Adams noted that this bill would help address that problem so that information could be shared between agencies. She described an arrangement in southeast Kansas where multi-agency agreements share such information. The Fiscal Note of the bill was also discussed and distributed to the Committee. (Attachment 3) The Chair pointed out that the legislation could be passed without additional funding and the agencies would have to absorb any additional costs.

The Chair called attention to legislation being drafted that would promote more local flexibility in handling children who are in the custody of SRS or are utilizing services provided through SRS and other agencies. It was suggested the Committee may want to consider merging such legislation with **SB 43**.

Jane Rhys, Kansas Council on Developmental Disabilities, appeared before the Committee and outlined several concerns with **SB 43** as noted in her written testimony. Some of those concerns included the appointment of individuals at the decision making level from Health and Environment and the State Board of Education, the creation of new entities on children's issues at the local level to the already large number of interagency groups, as well as other items not addressed in the bill. (Attachment 4)

During Committee discussion it was noted that the bill was recommended by the Joint Committee on Children and Families, and that the original draft of the bill was sponsored by a representative of The Corporation for Change on behalf of former SRS Secretary Whiteman. The testimony that was presented to the Joint Committee on Children and Families indicated that a task force group worked on this legislation during the 1994 Interim which was in response to concerns expressed by local workers as to the complexity of the existing law and recommendations from the local level as to how the law may be more useful. It was also suggested that the bill had a strong SRS centered component, and the concerns expressed about shared responsibility residing in one agency may confuse that issue.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S  
Statehouse, at 10:00 a.m. on January 31, 1995.

**Hearing on SCR 1603 - A concurrent resolution supporting the establishment of health start plus pilot projects**

Melissa Ness, representing Kansas Children's Service League, addressed the Committee and submitted written testimony in support of **SCR 1603**. Healthy Start Plus is a home visiting program patterned after a nationally recognized program that provides new parents with individualized support from the time of birth through age five years. It is designed for new parents who are screened and identified through assessments and interviews as being "at risk" for child abuse and neglect. Ms. Ness noted that the passage of this resolution will provide visible state support for a proven prevention program. (Attachment 5)

During Committee discussion, Ms. Ness noted that an important component of the program are the volunteers who will offer a risk assessment tool to the parent giving birth upon referral of a physician. She noted that if certain criteria were met that would indicate this individual is at-risk of abuse, they would be offered the service. Private foundation funding would be available for up to three years and state involvement would begin at the end of the second year.

The Chair noted that minutes were distributed to the Committee for review and action would be taken at the next meeting.

The meeting was adjourned at 11:00 a.m.

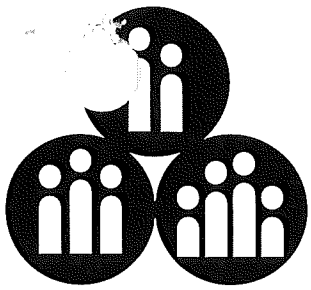
The next meeting is scheduled for February 1, 1995.

# SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: 1-31-95

NAME	REPRESENTING
Rich Pittman	Health Midwest
Josie Torres	Families Together, Inc.
Jan R. P.	KS Council on Dev Disabilities
Kathy Schaefer	Keys for Networking
Josie Cooper	"
Jore Adams	"
David Hanzlick	KS Dental Assn
Tom Bruno	Jim Allen + Assoc.
Lain Mitchell	SRS Youth & Adult Soc
Stacy Simpson	Hein, Ebert & Weir
FRED LUCKY	KANSAS HOSPITAL ASSN
Nathalie Schary	" "
GREG HANSEN	Sen. HARRINGTON
Donna Byerly	KSNA
Stephanie Caldwell	KSNA
Terri Roberts	KSNA
Melissa Ness	Ks. Children's Services League
Mike Meacham	Nat'l Cosmetology Assn - Ks
Paula Keenan	KDHE





# Keys for Networking, Inc.

The State Organization of the Federation of Families for Children's Mental Health

## Senate Committee on Public Health and Welfare January 31, 1995

Senator Praeger, Members of the Committee,

**Introduction:** My name is Jane Adams. I am Executive Director of Keys for Networking, Inc. I am appearing today on behalf of Keys and the parents Keys represents. Keys is a statewide organization, operating since 1988 to support and mobilize families with children with emotional and behavioral disabilities. Keys is managed by a Board of Directors, the majority of whom are parents of children who have serious emotional and behavioral problems. The mission of Keys is to help parents, access services and to promote the development of family-centered service delivery. We provide training and information to parents on how to get services. When needed, we accompany family members to meetings with the courts, education, SRS and mental health.

Today, I represent families from 32 support groups and parent contacts which include the communities of Concordia, Great Bend, Hays, Kansas City, Lawrence, Newton. Representing these families, I am here to support the changes proposed in **Senate Bill 43**.

### **Background: History of Keys for Networking Involvement with HB 3113 and Community Teams:**

In 1992, Keys for Networking, with Mental Health and Retardation Services/SRS, developed and received a three year federal grant from the National Institute of Mental Health to promote and develop model sites for community systems of individualized care. Also in 1993, Keys received a federal US Department of Education grant to train and support parent participation on the HB 3113 mandated teams. With these two federal grants, Keys has worked with communities and councils throughout Kansas.

Based on two years experience with individualized family-focused service planning, parent-professional collaboration efforts, we support your efforts to strengthen HB 3113 :

**1. We support** the change from *regional interagency council* to *community team* as proposed by the Joint Committee on Children and Families amending K.S.A. 3901701, 39-1702, 39-1703 and 39-1704. We support this with a condition that community families are included in the community teams. (In HB 3113, families were included on the teams). We ask you to continue to include families at the decision making levels as well as at the needs identification level. We suggest that the local planning council may serve as the community team. We are concerned with the number of teams in each community and the time agency people use up serving on the teams.

Our experience with regional interagency teams is that they really struggled, with who they were, with what they were supposed to do, with who they were supposed to include, with how to work with families. The intent of HB 3113 was to facilitate services to "children and adolescents who require multiple levels and kinds of specialized services ... beyond the capability of one agency." This is more than the responsibility of SRS. Senate Bill 43 continues to identify SRS as the responsible agency.

Designating SRS' area offices as the lead community agencies continues to 1) overburdens SRS (in the community) who is legislatively mandated to assume multi-agency responsibility and 2) creates passivity from the other agencies who assume multiagency collaboration with families is an SRS responsibility. This has been our experience repeatedly. At trainings and individualized planning opportunities supported by Keys staff, we observed much distress among the agencies as they struggled with whose program the councils were. In very few communities did we see the team operate as a community team. In even fewer communities did parents feel either connected to the councils nor did they feel served.

**2. We support** the utilization of a state level team to respond to community teams and local planning councils. We support the role of the state level team to "eliminate duplications of service provision, remove barriers to service and ensure flexibility of agency operational procedures and regulatory requirements.

We ask you, "Does this include an appeal mechanism for families to use when the teams are a)not meeting or b) meeting but ineffective in addressing the family's needs?" We ask you to include an appeal process for families. If the community teams refuse to meet, or if the teams meet but do not function--families have no recourse, no appeal process, no mechanism to voice what they need. The process just stops.

We also ask you to assure that the state interagency team is made up of members of all the state agencies who provide child services. This is more than an SRS problem. The Bill reads: "If the Kansas commission on children, youth and families established by executive order... is no longer in existence, the secretary of social and rehabilitation services shall appoint key stockholders and parents to comprise the state level team." Our experience is that the Secretary of SRS does not hold the realm of authority to commit people outside of SRS to this level of activity. We support a committee appointed by the Governor and which includes families.

**Family Case:** I introduce you to my colleague. Kathy is a Keys affiliated support group leader in Kansas City.

Kathy Thrasher  
2501 Linden Drive  
Kansas City, Kansas 66106  
913-384-3241

I have asked Kathy to visit with you briefly about her son's problems, about her problems accessing services for him, about her problems getting anyone to convene an interagency team.

Matt's problems

Convening of a team: took outside agency to get group together  
Outside agency to promote continued interaction.

**Summary:** We at Keys for Networking endorse the concepts in this bill: the changes from regional interagency teams to community teams, the development of a state level team, which should have the mechanism to hear family appeals and which should have a legislatively mandated set of agencies to share the responsibility with SRS. We support Senate Bill 43 because it promotes community capacity to manage the children moving out of the state institutions. It also supports the family voice so that services are designed by professionals working with families in partnership, to meet mutual goals of families and all children with special needs to live in their home communities.

We thank the committee for this Bill. We appreciate your efforts to strengthen HB 3113.

Jane Adams, Ph.D.  
Keys for Networking, Inc.  
117 SW 6th Street  
Topeka, Kansas 66612-1570  
913-233-8732

from: Kathy Thrasher  
2501 Linden Dr.  
K.C., KS 66106  
(913)384-3241

date: October 10, 1994

re: Community Wrap-around Services for Family

Please find attached a copy of a letter I sent to Dr. Solomon of Wyandot Mental Health Center. While WYMHC has been supportive of my efforts to maintain our son at home, we are asking for a collaborative effort in our community to establish the services we so greatly need. I implore you to consider our situation and offer your best solutions.

cc: Carolyn Hill, Commissioner, Youth and Adult Services  
George Vega, Commissioner, Mental Health and Retardation  
Roz Underdahl, Mental Health and Retardation Services  
Gene Burns, Social Services Director  
Jane Adams, Keys for Networking, Topeka, KS  
Barbara Huff, Federation of Families, Washington, D.C.  
Governor Joan Finney  
Senator Bill Wisdom  
Kansas Advocacy and Protective Services



Steve Solomon  
Wyandot Mental Health Center, Inc.  
Eaton at 36th Avenue  
Kansas City, Ks 66103

October 10, 1994

Re: Matthew Thrasher, Wrap-Around

Dear Dr. Solomon,

Please find this a request to assist my family and the many agencies that have been involved with our case. Your agency first talked with me about the possibility of Respite Care in November of 1992. We have requested other services since that time. Following is data I've taken from my Planning Calendars to familiarize you with our case.

- 12-02-92- Matt placed at Rainbow's Partial Hospitalization
- 12-11-92- My Mandt Training
- 03-15-93- I requested reassignment from an evening management position to a day time job at IRS- per staff suggestions
- 08-04-93- Began calling Keys for Networking and Families together to find Respite Care
- 09-01-93 Rainbow informed me there would be no partial program
- 11- -93 Began letter writing to congressmen, public officials Requested Family Medical Leave to change my work hours to get Matt ready for school in the mornings and provide transportation to and from school. (I found an agency interested in providing attendant care, but it would cost me \$50 per day.)
- 12-29-93 Matthew placed as inpatient at Rainbow- (Matt lived at home for three years and four months since August of 1990 when he left Topeka State Hospital. He was hospitalized for three days in April of 1992, and for five days in November, 1993)
- 01-04-94 I was confronted about staying home, paid, to care for Matt
- 02-08-94 Community meeting at WYMHC for Wrap Around. Requested: to be hired as a Therapeutic Foster Care Parent Assistance with Matt's Education needs Attendant Care Respite Care Grant for Family Membership to a YMCA/YWCA

SRS said: if approved for medical card, Attendant Care would be provided for school hours. SRS knew Respite Care was needed, but they were having difficulty finding people qualified to take care of kids like Matt

Commissioners Vega and Hill would have to be contacted about payment for Therapeutic Foster Care.

02---94     Advised that my spend down to get services would be \$11,000 every six months  
04-30-94     Requested a Leave of Absence from work so Matt could return home from the hospital  
05-06-94     Still waiting for services to be in place from Wrap-Around. Matt home on "Temp Pass" to allow him to live at home and finish school at Rainbow.  
05-19-94     Letter to Art Turner, KS Dept of Health & Environment  
Re: Child Care & Licensing, Re: Respite Care Licensing  
06-06-94     Official Discharge date from Rainbow  
07-07-94     Attended first meeting of Wyandotte Co, Respite Care Task Force  
07-30-94     My husband moved out, needed break, and was having increased problems with degenerative bone disease. Matt's first day of Respite Care at Gillis  
(Taking Matt to Gillis was the only option for Respite Care- until the couple I found to do Respite Care could get licensed. It was inconvenient, but better than nothing. They sent in all paper work as requested, and are still not licensed)

08-14-

08-19-94     Matt inpatient at Rainbow

09-1994     Matt approved for SSI

Family approved for Food stamps, medical cards

09-09-94     Matt readmitted to Rainbow

Staffing at Rainbow included SRS worker making suggestions to place Matt at Gillis Home. I had spent a lot of time trying to find alternate solutions. I asked about some of the information I had found, and was told that it was not an option.

SRS called to give me options:

Mother to network with

Case Manager at Rainbow and WYMH to teach me to get Matt up

WYMH Center's Case manager to get Matt up

Mandt Training

\*In-Home Services through Gillis Home; 10-16 hours per week

Kaw Valley- in-home services,

Providence- Provide Family Training

Gillis 90 day program, home every weekend

09-21-94     Met with Richard Gray from Rainbow to discuss plans. I explained that my first wish was that we get Attendant Care services in place, and Respite Care so Matt could come home to live, (if he was able to get up and to school every day without aggression.) We decided to give it three weeks, to give SRS time to provide services. As an alternate plan, I agreed for Matt to go to Gillis.

\* Earle Blacksheare, SRS, said in-home services were not going to happen.

Since last November, I have been actively pursuing community services. I have established a support group for Wyandotte County families with SED children and am networking with Johnson County to develop a Resource Information File. I am a part of the Wyandotte County Respite Care Task Force, and have attended Children's Council meetings. I attended KIDS Count at Topeka to advocate for children's issues. I wrote letters to Rep. Jim Lowther supporting restoration of funding to mental health reform, and to Senator Doug Walker regarding Senate Bill 521 and mental health coverage in the state health care package.

I was invited by SRS to attend the Facilitators Wrap-Around Training in Hutchinson. Last week, I attended a "wrap-around" at SRS, with a support group member for her child. It was not conducted as a family wrap-around, but rather as a child wrap-around. A good foundation was set to address the child's needs.

I am writing these things to let you know that I have tried to look beyond my problems and see the need in our community. I want to be a part of the solution. Yet, I felt that I could not even attend our last Children's Council meeting because I was caught up in my own needs.

\*\*\*\*\*

Community Services need to be established for Wyandotte County. Wrap-around is designed so the community will share the responsibility.

Our first child-family team meeting for the Thrasher Wrap-Around is Thursday, October 13, 1994. Sue Ellen Jayne from WYMHC will facilitate. It is my understanding that this is the first "True" wrap-around to be done in Wyandotte County.

The February 8 wrap-around addressed our needs. Since the services requested were not provided, it is my understanding that it could have been kicked up to the 3113 council. However, I am willing to try again, simply because I know this is a new concept, and I know we need to carefully follow the plan.

The problem is that there are some community pieces that are vague. The community team needs to be established. Please talk with Sue Ellen Jayne about her concerns. We are going ahead with our child-family team meetings; but need to know what group of people to take it to next.

SRS has informed us that they will not provide services until after our Wrap-Around. WYMHC and I have both explained that at a minimum, we still need Attendant Care and Respite Care.

Another challenge is the timing. To be perfectly honest, I believe it is high time that the "powers that be" realize that I am still waiting for something that was talked about in November of 1992.

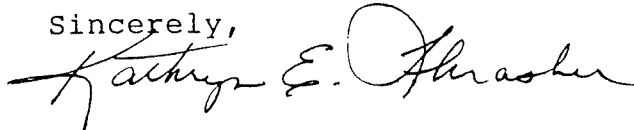
I need assistance at home now. I am about to lose my home, and my utilities are to be shut off today. We now have food stamps, and I can pay some of my utilities. I was told by SRS that they had no resources to help me.

I must inform my employer what my future plans are, since my Leave of Absence is up the first week in November.

Our goal for Matt's discharge from Rainbow is October 14. Yet, services are not available. I am enclosing copies of some of the letters I have received about our requests. I will be sending a copy of this letter to some of the many people I have contacted regarding our needs.

I appreciate any assistance you may be able to provide. Please let me know if there is something else I could be doing.

Sincerely,



Kathy Thrasher  
2501 Linden Dr.  
Kansas City, KS 66106  
(913) 384-3241

Attachments

2/2/94, Donna Whiteman to Governor Finney  
2/3/94, Donna Whiteman to Governor Finney  
2/7/94, Senator Dole to Kathryn Thrasher  
Donna Whiteman to Senator Bob Dole  
2/12/94 Gene Burns to Regina Barger  
3/3/94 Donna Whiteman to Governor Finney

cc: Carolyn Hill, Commissioner, Youth and Adult Services  
George Vega, Commissioner, Mental Health and Retardation  
Gene Burns, Social Services Director  
Roz Underdahl, Mental Health and Retardation Services  
Jane Adams, Keys for Networking, Topeka, KS  
Barbara Huff, Federation of Families, Washington, D.C.  
Governor Joan Finney  
Senator Bill Wisdom  
Kansas Advocacy and Protective Services



JOAN FINNEY, GOVERNOR OF THE STATE OF KANSAS

KANSAS DEPARTMENT OF SOCIAL  
AND REHABILITATION SERVICES

DONNA WHITEMAN, SECRETARY

*Handwritten notes:*  
1/27  
1/28

DATE: February 2, 1994  
TO: Governor Joan Finney  
FROM: Donna L. Whiteman, Secretary of SRS  
SUBJECT: Concerns regarding son  
RE: Kathryn Thrasher, Log #44233

*Handwritten signature:* Donna L. Whiteman

Thank you very much for sharing Ms. Kathryn Thrasher's concerns about her son Matthew. Ms. Thrasher is concerned about the lack of respite and attendant care services for Matthew.

Our staff have visited with Ms. Thrasher and explained what services SRS could provide. The staff were already in the process of setting up respite and special day care services for Matthew in order to help the family maintain him in the home and keep him out of Rainbow when it was decided he needed hospitalization. SRS was going to pay for the services for 90 days. Matthew is in Rainbow's out-patient program and sees a therapist from Rainbow even when he is not an in-patient. Ms. Thrasher and Rainbow have been informed to notify SRS at least three weeks in advance of Matthew's discharge so that we can work at getting community support services in place. Also, Wyandotte Mental Health Center is working on getting respite and attendant care services provided by their staff, and they would not charge for this service, or would use a sliding scale fee.

Mrs. Thrasher should feel free to contact our Consumer Relation Representative in Kansas City if she has further questions or concerns. Her name is Robena Farrell and she can be contacted at 913-371-6700, Ext. 308. Ms. Farrell will also be glad to assist the Thrasher family in coordinating the services prior to Matthew's release.

If we can be of any further assistance, please let us know.

DLW:cmh  
cc: Senator Bill Wisdom



JOAN FINNEY, GOVERNOR OF THE STATE OF KANSAS

KANSAS DEPARTMENT OF SOCIAL  
AND REHABILITATION SERVICES

DONNA WHITEMAN, SECRETARY

Mental Health and Retardation Services  
Fifth Floor North  
(913) 296-3471  
TDD # (913) 296-3471  
FAX # (913) 296-6142

February 3, 1994

Governor Joan Finney  
Office of Constituent Services  
2nd Floor, State Capitol  
Topeka, Kansas 66612-1590

re: Kathryn E. Thrasher  
Correspondence


Dear Governor Finney,

In response to Kathy Thrasher's letter to Senator Nancy Kassebaum, staff have looked into her concerns around why she cannot receive Social Security Disability benefits for her son, why she has been unable to receive attendant care and respite services, what community services are available to her son and family, and what will happen to her son when he returns to the public school system. Mr. and Mrs. Thrasher have a son with a serious emotional disturbance who is hospitalized at Rainbow Mental Health Facility. Mrs. Thrasher's income from her employment with the Federal Government makes her son ineligible for SSI benefits when he is at home. An attendant has not yet been located to assist the family when their son is able to return home.

Mrs. Thrasher has been working with Wyandot Community Mental Health Center and has scheduled a meeting of the appropriate state and community agencies on Tuesday, February 8, 1994, to discuss the issues raised in Mrs. Thrasher's recent correspondence and plan how to resolve the barriers which have prevented the family from maintaining their son at home.

The Director of the Wyandotte Comprehensive Special Education Cooperative has been invited to the community meeting to assist the child and family with educational planning. Mrs. Thrasher planned to ask representatives from Kansas Advocacy and Protective Services, Keys for Networking, and Senator Bill Wisdom's office to participate, as well as Wyandot Mental Health Center staff and SRS staff from the Kansas City Area Office, Rainbow Mental Health Facility, Mental Health and Retardation Services, and Medical Programs.

Sincerely,

  
Donna L. Whiteman  
Secretary

DLW:GDV:RP:RU:ms

BOB DOLE  
KANSAS  
141 SENATE HART BUILDING  
(202) 224-6521

TEES.  
ON, AND F  
CE  
RULES

# United States Senate

WASHINGTON, DC 20510-1601

February 7, 1994

Ms. Kathryn E. Thrasher  
2501 Linden Drive  
Kansas City, KS 66106

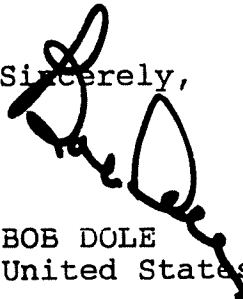
Dear Ms. Thrasher:

Enclosed please find a letter received from the Kansas Department of Social and Rehabilitation Services in response to my inquiry concerning respite and attendant care for your son, Matthew.

In her letter, Donna L. Whiteman, Secretary, addressed your concerns. Trust the information provided will be helpful.

Again, thanks for taking the time to contact me.

Sincerely,



BOB DOLE  
United States Senate

BD/rc  
Enclosure

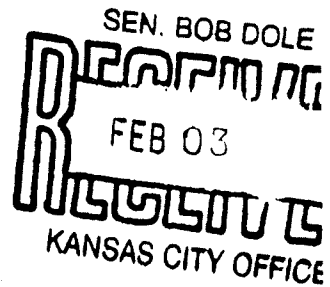


JOAN FINNEY, GOVERNOR OF THE STATE OF KANSAS

KANSAS DEPARTMENT OF SOCIAL  
AND REHABILITATION SERVICES

DONNA WHITEMAN, SECRETARY

February 2, 1994



Senator Bob Dole  
Kansas City Senate Office  
636 Minnesota  
Kansas City, Kansas 66101

Dear Senator Dole:

Thank you very much for sharing Ms. Kathryn Thrasher's concerns about her son Matthew. Ms. Thrasher is concerned about the lack of respite and attendant care services for Matthew.

Our staff have visited with Ms. Thrasher and explained what services SRS could provide. The staff were already in the process of setting up respite and special day care services for Matthew in order to help the family maintain him in the home and keep him out of Rainbow when it was decided he needed hospitalization. SRS was going to pay for the services for 90 days. Matthew is in Rainbow's out-patient program and sees a therapist from Rainbow even when he is not an in-patient. Ms. Thrasher and Rainbow have been informed to notify SRS at least three weeks in advance of Matthew's discharge so that we can work at getting community support services in place. Also, Wyandotte Mental Health Center is working on getting respite and attendant care services provided by their staff, and they would not charge for this service, or would use a sliding scale fee.

Mrs. Thrasher should feel free to contact our Consumer Relation Representative in Kansas City if she has further questions or concerns. Her name is Robena Farrell and she can be contacted at 913-371-6700, Ext. 308. Ms. Farrell will also be glad to assist the Thrasher family in coordinating the services prior to Matthew's release.

If we can be of any further assistance, please let us know.

Sincerely,

Donna L. Whiteman  
Secretary

DLW:cmh  
cc: Senator Bill Wisdom





IOAN FINNEY, GOVERNOR OF THE STATE OF KANSAS

KANSAS DEPARTMENT OF SOCIAL  
AND REHABILITATION SERVICES

DONNA WHITFMAN, SECRETARY

Eva Whitmire, Acting Area Director

Social and Rehabilitation Services  
Kansas City Area Office  
Post Office Box 171248  
Kansas City, Kansas 66117-0248

February 12, 1994

Regina Barger  
Wyandot County Mental Health  
3738 State Avenue  
Kansas City, Kansas 66102

RE: Thrasher, Matthew

Dear Regina,

This is to inform you as to what action has been initiated since the February 8, 1994 wrap-around staffing for Matthew Thrasher.

We have contacted Carolyn Hill and Jan Knoll concerning the inquiry as to whether or not a biological parent can be licensed as therapeutic foster home for his or her child. Neither Ms. Hill or Ms. Knoll are aware of any instances where a parent has been licensed to provide care for their child. Jan Knoll will be contact the Mental Health and Retardation Services Commission about this issue. However, we believe that it would be beneficial to proceed with planning for Matthew's discharge.

We are certainly more than willing to assist the Thrasher family to maintain Matthew in the home. We do have adolescent support services which can be accessed. Additionally, we have contacted Kansas Children's Service League about Matthew. This Agency is willing to provide respite care.

We have contacted the Income Maintenance Division to determine whether or not the Thrasher family is eligible for medical assistance. As Ms. Thrasher has an estimated gross income of \$2,000.00 per month and Mr. Thrasher receives a monthly disability check of \$600.00, the family would have a spenddown or deductible that they would have to meet prior to receiving a medical card. Ms. Thrasher has been informed of this by our staff. We have also mailed Ms. Thrasher an application should she decide to apply.

No further action will be initiated until we are contacted by you or the Thrasher's for services.

If we can be of further assistance, please do not hesitate to contact us.

Sincerely,



Gene Burns  
Acting Social Service Chief

CC: Eva Whitmire, Acting Area Director  
Jan Knoll, Youth and Adult Services  
Roz Underdahl, Mental Health and Retardation Services  
Diane Sullivan, Wyandot Mental Health Center  
Lynnette Booker, Social Service Administrator II



JOAN FINNEY, GOVERNOR OF THE STATE OF KANSAS

KANSAS DEPARTMENT OF SOCIAL  
AND REHABILITATION SERVICES

DONNA WHITEMAN, SECRETARY

Mental Health and Retardation Services  
Fifth Floor North  
(913) 296-3471  
TDD # (913) 296-3471  
FAX # (913) 296-6142

March 3, 1994

Governor Joan Finney  
Office of Constituent Services  
2nd Floor, State Capitol  
Topeka, Kansas 66612-1590

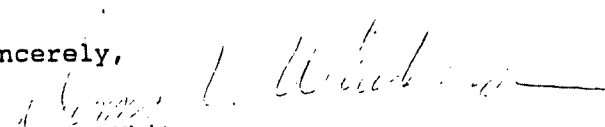
re: Kathryn E. Thrasher  
Correspondence

Dear Governor Finney,

This is in response to Mrs. Thrasher's letter of February 8, 1994 requesting some kind of family subsidy or payment to her which would allow her to stay home and care for her son who currently is hospitalized at Rainbow Mental Health Facility. Specifically, Mrs. Thrasher asked to be paid at the Therapeutic Foster Care rate to bring her son home from the hospital. She has the support of Wyandot Community Mental Health Center in doing so.

While the agency certainly supports families staying together and caring for their children at home, at this time we have no mechanism to subsidize a parent to care for their own child at home. Since Mrs. Thrasher's request clearly has merit, this subject is under serious discussion within the agency. The Commissioners of Youth and Adult Services and Mental Health and Retardation Services will be following up on this policy issue and making recommendations for our future direction, and I will advise you of the outcome.

Sincerely,

  
Donna L. Whiteman  
Secretary

DLW:GDV:RP:RU:ms

cc: Carolyn Hill  
George D. Vega



DIVISION OF THE BUDGET

Room 152-E  
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Topeka, Kansas 66612-1504  
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Bill Graves  
Governor

Gloria M. Timmer  
Director

*Handwritten:*  
Gloria Timmer  
6-42-95

January 26, 1995

The Honorable Sandy Praeger, Chairperson  
Senate Committee on Public Health and Welfare  
Statehouse, Room 128-S  
Topeka, Kansas 66612

Dear Senator Praeger:

SUBJECT: Fiscal Note for SB 43 by Joint Committee on  
Children and Families

In accordance with KSA 75-3715a, the following fiscal note concerning SB 43 is respectfully submitted to your committee.

SB 43 amends the Comprehensive Individualized Services Act. Specifically, the bill would require a system of teams to coordinate and assure delivery of services to children and adolescents who require multiple levels or kinds of specialized services which cannot be delivered by a single agency. There are four teams which would be developed according to the bill:

1. Child and family teams would develop individualized service plans in coordination with a family member. The plan would include a description of each needed service and the agency or agencies to provide the service within a specified time.
2. Community teams would consist of decision makers with the ability to commit resources necessary to implement the individualized service plan developed by the child and family team.

3. Local planning councils would receive reports from community teams and utilize this information to report on barriers to the development and implementation of the child and family plan. These councils would also be required to pool resources and authority to address the system at the local level. Any issues unresolved at this level would be forwarded to the state level team.
4. State level teams means the state interagency team of the Kansas Commission on Children, Youth and Families. This team would work in unison with community teams to eliminate duplication of services, remove barriers to service, and ensure flexibility of agency operational procedures and regulatory requirements.

Estimated State Fiscal Impact				
	FY 1995 SGF	FY 1995 All Funds	FY 1996 SGF	FY 1996 All Funds
Revenue	--	--	--	--
Expenditure	--	--	\$282,512	\$282,512
FTE Pos.	--	--	8.0	8.0

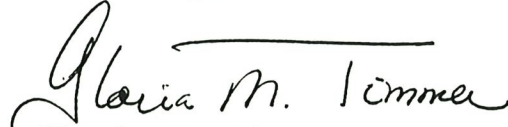
As introduced, the Kansas Department of Human Resources (KDHR) estimates that SB 43 would result in additional expenditures of \$282,512 from the State General Fund and 8.0 FTE positions. Department staff would be required to attend and participate in community team meetings and ensure provision of services. This is because KDHR is a member of the Kansas Commission on Children, Youth and Families.

While the agency is unable to estimate the workload involved accurately, approximately 600 cases would be attended by KDHR. Using an assumption of 75 cases per worker for on-going case management (this is the number the Department of Social and Rehabilitation Services uses for case load maximums), 8.0 FTE Program Specialist II positions would be needed. These positions would include one each in Wyandotte, Sedgwick and Shawnee counties, two for Southeast Kansas, and three for Western Kansas. The cost for the positions is estimated to be \$31,114 per position, or a total of \$248,912. Additionally, travel expenditures of approximately \$350 per month per employee would be anticipated, resulting in a cost of \$33,600. The bill would have no fiscal impact on operations of the State Board of Education, Corporation for Change, Kansas Department of Health and Environment, or Department of Social and Rehabilitation Services. Any additional

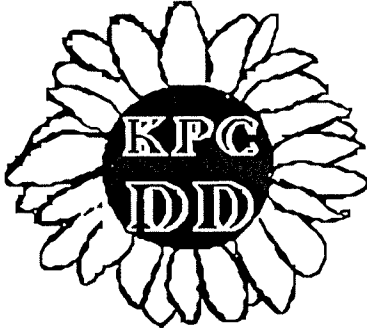
The Honorable Sandy Praeger, Chairperson  
January 26, 1995  
Page 3

expenditures arising from passage of SB 43 are not included in *The FY 1996 Governor's Budget Report*.

Sincerely,

  
Gloria M. Timmer  
Director of the Budget

cc: Laura Epler, KDHE  
J.G. Scott, SRS  
Sid Snider, Human Resources  
Dale Dennis, Department of Education  
Kelley Chilcoat, Corporation for Change



## ***Kansas Council on Developmental Disabilities***

BILL GRAVES, Governor  
WENDELL LEWIS, Chairperson  
JANE RHYS, Executive Director

Docking State Off. Bldg., Room 141, 915 Harrison  
Topeka, KS 66612-1570  
Phone (913) 296-2608, FAX (913) 296-2861

*"To ensure the opportunity to make choices regarding participation in society and quality of life for individuals with developmental disabilities"*

### **SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE JANUARY 31, 1995**

Testimony in Regard to S.B. 43, AN ACT CONCERNING CHILDREN, ADOLESCENTS, AND FAMILIES; RELATING TO COMMUNITY TEAMS.

*To ensure the opportunity to make choices regarding participation in society and quality of life for individuals with developmental disabilities.*

Madame Chairwoman, Members of the Committee, I am appearing today on behalf of the Kansas Council on Developmental Disabilities regarding S.B. 43.

The Kansas Council is a federally mandated, federally funded council composed of individuals who are appointed by the Governor. At least half of the membership is composed of individuals who are persons with developmental disabilities or their immediate relatives. We also have representatives of the major agencies who provide services for individuals with developmental disabilities. Our mission is to advocate for individuals with developmental disabilities, to see that they have choices in life about where they wish to live, work, what leisure activities they wish to participate in and so forth.

I have a unique relationship to this bill because the idea for H.B. 3113, which this amends, came from a committee that I chaired for the State Board of Education. Then, as now, children and adolescents who need services from more than one agency frequently get "over served," that is to say they receive more services than they need because an agency may only provide one level of service. These individuals may also be underserved in that agencies refuse to provide a service because they believe the service is another agency's responsibility. The first bill was an attempt to bring agencies together to develop a solution to the problem of service provision to children and adolescents who required services from more than one agency, particularly when those agencies disagree as to whom should provide the service.

Senate Public Health & Welfare  
Date: 1-31-95  
Attachment No. 4

I have several areas of concerns I review S.B. 43. On page three in Line 2 the Secretary of Social and Rehabilitation Services is given authority to appoint key stakeholders to a state level team. My concern is that key stakeholders should include individuals at the decision making level from the Department of Health and Environment and the State Board of Education. Would it not be more appropriate to have the Governor appoint such stakeholders?

My second and major concern is that new entities are being created, new groups who will hold meetings and who will require attendance of local decision makers. We currently have local interagency councils in all parts of the state. There are interagency coordinating councils for children aged 0 - 5 who have disabilities; there are interagency councils for students with disabilities who are transitioning from education to vocational rehabilitation services; there are local planning councils which the Corporation for Change has sponsored. There are numerous local councils whose purpose is to do local planning for services for children.

I appreciate the need for planning on a local level but I believe that there are already many such entities all of which require individuals who are "authorized decision makers." Should we add Community Teams, Local Planning Councils, and Child and Family Teams to the already large number of interagency groups on children's issues? Could we not use a council already in existence to replace the local planning council and collapse the child and family team and community team into one team with parent(s) and child taking their problem to this team? This would take less time on the part of the families and service providers involved.

My second question is what are the boundaries of the communities? Other questions which are not answered by this bill are who will train the facilitator, what standards and criteria will be applied to the training, and who will pay the facilitator? Are facilitators available now or will extensive recruitment and training be necessary in order to put these individuals in place?

We applaud the attempt to strengthen this law, but before we support this amendment we need to have the above issues addressed. Thank you for the opportunity of testifying, I would be happy to answer any questions you may have.

Jane Rhys  
Kansas Council on Developmental Disabilities  
Docking State Office Building, Room 141  
915 SW Harrison  
Topeka, KS 66612-1570  
913 296-2608





**Kansas  
Children's  
Service League**

**TESTIMONY BEFORE SENATE JUDICIARY  
SCR: 1603**

**Submitted by Kansas Children's Service League  
1/31/95**

*"Why is it that we have been so slow in America to follow..modern devices [used in other nations] for minimizing dependency? Why is it that we, at best, are suggesting foster families rather than schemes for preserving the natural family of the father, the mother, and the little children living as they were meant to live? --Jane Addams (1909)*

**KANSAS CHILDREN'S SERVICE LEAGUE** is a statewide agency whose mission is to "promote the well-being of children by strengthening the quality of their family life through the provision of prevention, early intervention, treatment, advocacy and placement services".<sup>1</sup> As such, our agenda includes a specific emphasis on the need to focus action, education and resources on prevention and early intervention strategies, as well as family support and community based services.

**We appear before you today to ask for your support for SCR 1603, a resolution which supports the establishment of Healthy Start PLUS pilot projects in the State of Kansas.** The passage of this resolution will provide visible state support for a proven prevention program. It will also signal a new way of working together to meet our mutual obligation of protecting children.

Child abuse and neglect is devastating to children. Preventing child maltreatment is essential in helping children grow into strong, healthy, productive adults and good parents. We believe that programs such as **Healthy Start PLUS** are critical in helping families and communities reach that goal..

**Why we need your support.**

Child abuse is an enormous problem in our country and state. The damage to children and families is well-documented along with the costs to society. Recent studies confirm that child abuse is linked to increases in dropout rates, juvenile delinquency, running away, substance abuse, suicide, criminal behavior, emotional disturbances and teen pregnancy.<sup>2</sup>

As you will see in the resolution itself, in 1993 there were 24,797 cases of a child being reported as a victim of child abuse and neglect in Kansas. That constitutes a 15.5% increase since 1991. Of those cases, 2,749 cases of child abuse and neglect were confirmed. That is a 42.8% increase since 1991. Clearly steps must be taken to slow the rate and optimally eliminate child abuse and neglect as we know it. That is why we are working to implement programs such as **Healthy Start PLUS**.

**What is Healthy Start PLUS**

**Healthy Start PLUS** a home visiting program patterned after a nationally recognized and effective program. It provides new parents with individualized support from the time of birth through age

<sup>1</sup> The League is a Charter member of the Child Welfare league of America, is accredited by the Council on Accreditation of Service SCOTT CITY for Children and Families, a member of the National Committee for the Prevention of Child Abuse, the Ks. Association of Licensed ULYSSES Private Child Care Agencies, the Coalition for America's Children and a founding member of the Children's Coalition.

<sup>2</sup> See, e.g. The National Institute of Justice, *The Cycle of Violence* (Oct. 1992)

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**OTHER LOCATIONS**

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EMPORIA  
GARDEN CITY  
JUNCTION CITY  
KANSAS CITY  
LEOTI  
LIBERAL  
MANHATTAN  
SCOTT CITY  
ULYSSES

100 YEARS  
OF SERVICE  
TO CHILDREN



Senate Public Health & Welfare  
Date: 1-31-95  
Attachment No. 5



five years. It is designed specifically for new parents who are screened and identified through assessments and interviews as being "at risk" for child abuse and neglect. The program provides intensive, long term support by a trained home visitor. (see program).

We are not alone in our support for this successful home visiting program approach. As you will see in the resolution itself that the Koch Crime Commission has indicated its support for these pilot efforts as well as the U.S. Advisory Board on Child Abuse and Neglect, the National Committee to Prevent Child Abuse, and the David and Lucille Packard Foundation.

**What we have done and will do.**

Because of our strong belief in the need for and value of this program, we have sought out and developed a key network of players. Most importantly, on February 10, 1995, we are entering final negotiations with the Kansas Health Foundation and the United Methodist Urban Ministry Fund to launch a **Healthy Start PLUS** pilot program. Subject to final approval, these grants would total up to \$1.1 million for a three year period. Passage of this resolution would do much in demonstrating this commitment this state has in the prevention of child abuse and neglect.

We have worked hard to build key relationships for this endeavor. We understand the meaning of public/private partnership and have demonstrated a good faith effort in our work thus far with the foundations and the Joint Committee on Children and Families.

**What we are asking you to do.**

Today we ask for your endorsement of the Healthy Start PLUS program so we may move ahead with the state's important support. Efforts have been made to secure the nonstate funding for this major effort. We remain committed to successful implementation and funding. Upon presentation of favorable outcomes and evaluation of this program, it is our expectation that the state will take the steps necessary to assume ultimate financial responsibility for keeping the programs active once nonstate funding is no longer available. This of course is subject to appropriations.

**CONCLUSION**

You have an opportunity to send an important message about the kinds of partnerships necessary if we are to help communities be responsible and successful in addressing the needs of their most vulnerable children. Passage of this resolution sends a message of shared partnership, mutual obligation, community support and the role of Government in helping communities help themselves.

**Presented by: Melissa L. Ness JD, MSW**

# Healthy Start *PLUS*

BUILDING STRONGER FAMILIES IN KANSAS



Kansas  
Children's  
Service League

# HEALTHY START PLUS

## BUILDING STRONGER FAMILIES IN KANSAS

Healthy Start *PLUS* is based on a nationally recognized child welfare program: providing new parents with individualized support from the time of birth through the first few years of their child's development.

For new parents who are screened and identified through assessments and interviews as being "at-risk" for child abuse and neglect, the program provides intensive, long term support by a trained home visitor. The underlying philosophy is one of **parent empowerment**. As parents decrease their risk factors, and improve their positive parenting and coping skills, visits are gradually lessened. The overall physical and emotional health of the child is strengthened, and a "healthy start" in life is ensured.

### WHY DO WE NEED HEALTHY START PLUS?

Approximately 40,000 children were born in Kansas last year. From research we can predict that close to 10,000 of these children are at risk to suffer child abuse and neglect during the first five years of their lives. In the absence of intervention, many will suffer permanent injuries, serious mental trauma, or even death.

Children who suffer abuse are at increased risk of parenting abusively. This cycle of abuse may be repeated generation after generation, often producing "toxic outcomes": low self-esteem, substance abuse, teen pregnancies, educational failure, and criminal activity.

Interviews with prison inmates reveal that many of them come from abusive home situations. As Attorney General Janet Reno states, "*programs preventing child abuse and neglect ought to be viewed as a new front line in the fight against rising crime rates*".

### WHAT ARE THE GOALS OF HEALTHY START PLUS?

The goals of Healthy Start *PLUS* include:

- Prevent child abuse and neglect among project children from birth to age 5;
- Promote healthy child development;
- Promote positive family functioning (build stronger families);
- Identify all families of at-risk infants from a targeted geographic area using reliable screening mechanisms;
- Link the child to a pediatric medical facility, other community services, and to developmental resources as needed, and;
- Provide home-based supportive services to all or as many as possible of the identified at-risk families.

The infants of families who are determined to be in need of services are also more at risk for developmental delays and other problems than the general population of children. Studies show that the incidence of diagnosed developmental delays among at-risk, disadvantaged children is at least twenty percent. Of 177 children from Hawaii's demonstration Healthy Start program, nearly one third required close developmental tracking.

Healthy Start *PLUS* will help accomplish one of six goals for U.S. schools developed by former president Bush and the nation's governors in 1989:

*"All children will receive the health care and preschool training they need to be ready for primary school."*

## WHAT IS THE ORIGIN OF HEALTHY START *PLUS*?

Healthy Start *PLUS* is modeled on Hawaii's Healthy Start project and Dr. C. Henry Kempe's Denver research project.

Hawaii's first Healthy Start program featured hospital-based family needs assessment with short-term home visiting services provided for families needing support. Both the Denver and Hawaii projects realized successful outcomes with *no abuse* occurring among families served. Healthy Start was established as a demonstration project by the Hawaii Family Stress Center in 1985 in one geographic area of Hawaii. It was designed as a comprehensive early childhood program focusing upon promotion of child health and development as well as prevention of abuse and neglect.

**Without intervention, we would expect to see direct evidence of abuse or neglect in up to 50+ percent of families at risk. Evaluation data for 241 families served in the demonstration period showed *no abuse* for 100 percent of families and *no neglect* for 98 percent over a three year period. The most recent data is for over 2000 families served over four years: *there has been no abuse or neglect for 99.27 percent of these families.* There has been no abuse or neglect for 99.5 percent of thousands of families determined by the screening instrument to be not at risk. These data validate both the program and the screening process. Healthy Start works!**

## WHAT OTHER OUTCOMES CAN WE EXPECT?

**This is a prevention program with proven, measurable results.** Knowing that without intervention, up to 50+ percent of families at risk WILL end up abusing their children, we can confirm the program's success when we cross-reference families enrolled in the project with Child Protective Service reports of abuse and neglect. Other measures include:

- Number of project children fully immunized by age two, compared to state averages;

- Number of project children diagnosed with developmental delays who are brought up to age-appropriate levels by school age;
- Measurable increases on parent-child interaction scores;
- Number of families regularly visiting a pediatric medical facility, and;
- Mothers obtaining earlier prenatal care for subsequent children and receiving planned parenting information.

**Healthy Start *PLUS* impacts so much more than child abuse and child health statistics...it impacts the quality of life for children and families, and successfully breaks the cycle of abuse that can be handed down intergenerationally.**

## **WHAT ABOUT OUR CURRENT CHILD PROTECTIVE SYSTEM?**

Each year the Kansas Department of Social and Rehabilitative Services receives nearly 25,000 reports of child abuse and neglect. The rising tide of investigations creates an intense demand on an already overburdened system. **However, it is nationally estimated that only 20-50 percent of child maltreatment is reported. Many children in jeopardy go without assistance until a serious event occurs. In a study completed in Hawaii, of the total number of child abuse related deaths occurring over a five year period, only twenty-one percent of the children's cases were previously known to Child Protective Services.** Seventy-nine percent of the children had not been previously identified as being at risk prior to the child's arrival at the emergency room either dead or dying. The screening capability within Healthy Start *PLUS* offers an opportunity to address this issue.

## **WHY FOCUS ON THE BIRTH TO FIVE AGE GROUP?**

The Healthy Start *PLUS* program stresses early intervention for several reasons. In the majority of child maltreatment cases, the perpetrator is the parent, step-parent, or "live-in" boyfriend, and:

- Most confirmed abuse cases are children ages 0-5;
- Most severe abuse cases are children ages 0-5;
- Most deaths due to abuse are children ages 0-5;
- The most crucial period of child development is ages 0-5, and;
- Prevention must occur before abusive patterns begin.

Parents do not give birth to a child with the intent of abusing him or her. Typically, abuse occurs at the hands of parents who love their children and want the best for them, but there are factors which overwhelm these positive feelings and lead to negative behaviors. These may include:

- A history of being abused as a child;
- Stress;
- Unemployment;

- Unstable living arrangements;
- Substance abuse;
- Lack of internal or external support systems, and;
- Lack of knowledge about child development and /or parenting.

All of these negative risk factors **can be reduced**, with the exception of a “history of childhood abuse”, but even that deficit can be addressed in a manner which empowers the individual instead of further victimizing him or her. **The key is to begin at the beginning, before negative behavior patterns in the parent-child relationship occur.**

## WHY VOLUNTARY HOME VISITING?

It is possible to support families in a way which facilitates positive, nurturing relationships between parents and children, builds strong self-esteem, and promotes health and wellness. These improvements help to eliminate or significantly reduce child maltreatment and its “toxic outcomes”. Successful early intervention programs exist to support families and children preventively, with voluntary home visitation as the program of choice.

**Home visitation is supported by research, government, and private citizens.**

Numerous studies, public opinion polls, and governmental positions support this model as the most necessary, effective, and accepted prevention/intervention tool to address the needs of families coping with a variety of stressors. The U.S. Advisory Board on Child Abuse and Neglect spent over a year studying this issue, and recommends a program of voluntary home visitation to new parents and their babies as the best approach to prevention of abuse and neglect. Voluntary home visitation has several advantages:

- It establishes a personal trust relationship between visitor and parent;
- It allows for monitoring of child health and development and facilitates appropriate early referrals;
- It allows for ideal “hands on” modeling conditions;
- It reaches parents who might otherwise go unnoticed by traditional social service delivery models, and;
- It offers support in a non-punitive, non-stigmatizing manner.

The U.S. General Accounting Office reports that clients who receive home visiting services have fewer low-birthweight babies and fewer reported cases of child abuse and neglect, higher rates of child immunizations and age-appropriate child development. They exhibit lasting positive effects, including less welfare dependency.

## HOW DO WE IDENTIFY FAMILIES AT RISK?

Families in need of education and assistance to break the cycle of abuse can be identified at the hospital at the time of birth, or prenatally. Agreements between Healthy Start *PLUS* and participating pediatricians and hospitals permit identification of families in need

and yet protect family confidentiality. The advantages of offering Healthy Start *PLUS* services within the hospital setting at the time of delivery include:

- Medical staff assistance in screening families most in need;
- Parents are more open to outside interventions, and;
- Abuse prevention and intervention is easier at the beginning of parent/child relationships before negative patterns are established.

The parents are interviewed and the Family Stress Checklist, developed by Dr. C. Henry Kempe, is used to determine the level of risk. Families scoring over 25 on a scale of 0-100 are eligible for Healthy Start *PLUS* voluntary home visitation services. **Based on the experience of current sites, acceptance of the service is high, and may be the first time families have accepted or been aware of community-based support programs.** Sometimes this is the first time support has been offered to the family, and assistance is offered in a non-stigmatizing manner at a time when parents have many questions about their new baby's needs, and their own abilities to properly care for the infant.

Families accepting Healthy Start *PLUS* services are linked with a professionally trained home visitor who makes initial contact with the family at the hospital. Subsequent visits are in the parent's home.

## **WHO ARE THE HOME VISITORS, AND WHAT DO THEY DO?**

Paraprofessional home visitors or public health nurses are selected because of their personal qualities such as compassion, objectivity, and an ability to inspire trust. They receive an intensive, five-week training covering the role of the home visitor, child development, family dynamics and an orientation to local community services. Closely supervised by experienced master's level professionals, the home visitors provide the following services to families:

- Promote positive bonding between parent and child;
- Ensure strong emotional support and 24-hour per day crisis intervention;
- Model age-appropriate parent-child interaction activities;
- Facilitate the parent's development of internal/external support systems;
- Link the family with a medical facility to encourage ongoing well-baby care, and;
- Provide information about available community-based resources.

## **WHAT DOES HEALTHY START *PLUS* COST?**

The program is economical, especially when compared to the costs associated with intervention once abuse and its accompanying problems occur. Healthy Start *PLUS* costs approximately \$3,000 per year per family, which includes identification, home visitation, training, client-tracking data system, outcome monitoring, and administration. When compared to the cost of supporting one child in foster care for a year (\$9,500-12,000), or



providing six weeks of a family preservation program (\$2,500-3,500), investing in Healthy Start *PLUS* makes wise use of financial resources.

## WHAT IS THE STATUS OF HEALTHY START *PLUS* IN KANSAS?

Kansas currently offers a Healthy Start program of home visiting public health nurses for new parents in most counties throughout the state, however, it provides only a few visits prenatally and/or post-partum. This program focuses on prenatal and well-baby care. It is not designed to deliver intensive, long term support. Although it represents a good start, as the home visitor nurse may identify families at risk and parents can be referred to community supports, it does not provide for ongoing support, modeling, and intervention where and when it is needed most: in the home, during crises, and for an effective length of time. Healthy Start *PLUS* would serve as a complement to the current program, and would be a logical outgrowth of the existing service.

**This service should be integrated in the existing structure of maternal child health services and linked to the pediatric medical community and birth to three service system. It is crucial to look at this service as one component in a continuum of services to families. It is designed to find and serve the families at risk who might otherwise slip through the gaps in our service system.**

Essentially, we desire to construct a "seamless garment" of support services for Kansas families. The essence of Healthy Start *PLUS* is in linking parents to available community resources. **Toward that end, several steps are being taken to insure that we integrate this model into the existing structure of family services, without duplicating programs or providing redundant services.** Interagency collaboration is a necessity. Efforts are underway to develop a statewide Advisory Committee, made up of representatives from a wide range of services, along with other individuals interested in the welfare of Kansas parents and children, to ensure an effective working partnership between all available resources.

## WHO SUPPORTS HEALTHY START *PLUS* ?

**The Kansas Children's Service League is committed to the vision of Healthy Start *PLUS*.** Having received intensive orientation and training from the National Committee To Prevent Child Abuse and from Hawaii's Healthy Start staff, KCSL is prepared to play a leading role in the establishment of one or more Kansas pilot projects, through advocacy, site development, and technical assistance. We have the experience needed to launch a statewide network of home visitation services, beginning with a few pilot sites, as evidenced by our successful Parents As Teachers project ( a home visitor program currently based in the Department of Education and aimed at the general parenting population).

The National Committee to Prevent Child Abuse (NCPA) and Ronald McDonald's Children's Charities have launched Healthy Families America. This initiative will

establish an infrastructure of preventive home visiting services for new parents at risk across the nation, using the successful Hawaii Healthy Start program as a benchmark.

**Efforts are underway in all fifty states to build a Healthy Families America system, and at least seventeen states are operating pilot programs, in approximately fifty-eight sites. Legislation has been enacted in at least seven states (including our neighboring state of Iowa) to include intensive home visitation services in the state budget.**

Private contributions from foundations and federal grant dollars help to support the pilot sites in various states. It is important to note that not all sites function exactly in the same manner. Differences in communities, the way in which health and human services are organized, and the nature of the population have required programs to adapt to local circumstances. Hawaii's Healthy Start staff have analyzed the components which seem to make the program successful and have defined flexible standards within which there is room for regional variation. Some of the key elements for success include:

- Limited caseloads to ensure adequate individual attention to families and reduce worker burnout;
- Initiation of services prenatally or at birth;
- Services offered intensely (at least once a week), and;
- Services offered over the long term (three to five years).

The Healthy Start *PLUS* model has received endorsement from:

The Child Welfare League of America  
The Corporation for Change  
The Kansas Department of Health and Environment  
The Kansas Department of Social and Rehabilitation Services

and generated increased interest and attention from:

The Kansas State Board of Education  
The Joint Committee on Children and Families  
The Koch Commission on Crime Reduction and Prevention  
Administrators of the current Kansas Healthy Start program

Beyond these allies, many hospitals, agencies, and individuals share this vision with us.

## **SUMMARY**

**Healthy Start *PLUS* has the potential to create a more systematic, comprehensive approach to the issue of preventing child maltreatment and its subsequent effects, along with promoting optimal child health and development.**

Kansas has long been a leader in state-of-the art, cost-effective prevention programs which produce results. As the first state chartered with a Child Abuse Prevention chapter by the National Committee to Prevent Child Abuse in 1976, we have pioneered innovative, successful state and local projects which have been replicated by other states. The Family & Children's Trust Fund, training for Multidisciplinary Child Protection Teams, parent support groups, and school-based conflict resolution programs are just a few of our nationally recognized efforts which promote positive family functioning.

*We now need to go the next step in building stronger, healthier Kansas families by establishing a successful system of early home visitation for families in need.*

For more information regarding **Healthy Start PLUS in Kansas**, please contact:

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Associate Executive Director  
Kansas Children's Service League  
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Melissa Owen, M.A.  
Healthy Start PLUS Coordinator  
Kansas Children's Service League  
1365 North Custer  
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(316) 942-4261

For information regarding **Healthy Families America**, please contact:

Leslie Mitchel, Project Director  
Anna Loftus, Services Coordinator  
Deborah Daro, Research

National Committee To Prevent Child Abuse  
332 S. Michigan Avenue, Suite 1600  
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For information regarding **Hawaii's Healthy Start**, please contact:

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