

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Carlos Mayans at 1:30 p.m. on January 22, 1996 in Room 423-S of the State Capitol.

All members were present except: Representative Merritt

Committee staff present: Emalene Correll, Legislative Research Department
Francie Marshall, Committee Secretary

Conferees appearing before the committee:
Tim Madden, Chief Legal Council for Kansas Dept. of Corrections

Others attending: See Guest List, Attachment 1.

Chairperson Mayans opened the meeting stating the minutes for meetings held on January 16 and 17, 1996 had been handed out to members for review. He advised the members to notify his office by 5:00 p.m. if there are any changes.

A handout on a pamphlet, "Families First", was distributed to the members for review. Gary Brunk will make a presentation at the January 24 meeting (see Attachment 2).

Emalene Correll, Legislative Research Department, advised that if the committee decides to work **SB 358**, the dates need to be changed from 1994 to 1995 in the title, in the body of the bill, and in the repealer at the end of the bill.

SB 358 - Confidentiality of peer review committee to monitor the delivery of health care at correctional institutions

Chairperson Mayans opened the hearing on **SB 358**.

Tim Madden, Chief Legal Council for Kansas Department of Corrections, testified on behalf of Secretary of Corrections, Charles Simmons, who urged passage of **SB 358**. (see Attachment 3)

Questions on monitoring and privileges were asked by Representative Geringer. Mr. Madden stated they would like to monitor the medical care provided to the inmates and have the confidentiality. He indicated all Kansas statutes apply to the peer review with no additional cost to the State. He stated that the Department of Corrections is asking the legislature to improve the definition of the peer review. The Health Care Provider has been contracted by the Department of Corrections. Mr. Madden stated the peer review is conducted by prison health services.

The hearing on **SB 358** was closed.

Chairperson Mayans called for action on **SB 358**.

Representative Freeborn moved that **SB 358** be amended for all dates from 1994 to 1995. Representative Morrison seconded the motion. The committee accepted the amendment by voice vote. Then on motion of Representative Freeborn, seconded by Representative Hutchins, the committee by voice vote, voted that **SB 358** be passed as amended. Representative Geringer will carry the legislation.

Chairperson Mayans advise there will be amendments on the resloution regarding "drive-by" deliveries for tommorrow's meeting, January 23, 1996

Next meeting, January 23, 1996

The meeting was adjourn at 1:52 p.m.

House Health & Human Services COMMITTEE GUEST LIST

DATE January 22, 1996

NAME	REPRESENTING
Tim Madden	Ks Dept of Corrections
Joe Fungari	KCA
Tina Brown	John Peterson Assoc.
Larrie Ann Brown	Kansas Hosp Assoc
Melissa Wangemann	Hein, Ebert & Weir
KEITH R LAUDIS	CHRISTIAN SCIENCES COMMITTEE ON PUBLICATION FOR KANSAS
Barry Lehman	KEMTA
Sharon Lehman	Spectator
LaFayette & Bob Brutenbach	"
Merill F & Mary M. Suter	"

H & HS Comm.
1-22-96
atm # 1

FAMILIES FIRST

A PLAN TO REFORM

SERVICES FOR FAMILIES AND CHILDREN

**The Corporation for Change
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*H. + H. S. Comm.
1-22-96
atm #2*

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FAMILIES FIRST
A PLAN TO REFORM
SERVICES FOR FAMILIES AND CHILDREN

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FAMILIES FIRST

A PLAN TO REFORM SERVICES FOR FAMILIES AND CHILDREN

EXECUTIVE SUMMARY

Kansas must create a more accessible and accountable system to deliver services to children and families. That is the critical message in the recommendation developed by the Corporation for Change for consideration by the 1996 Kansas Legislature.

The 1995 Kansas Legislature directed the Corporation for Change to develop a specific plan for a "bold and radical" reform in the way services to children are delivered. The Corporation for Change took this directive and has worked with many interested persons to produce a plan. This document summarizes the plan.

TODAY: A BROKEN SYSTEM

For two decades, study after study has revealed the failure of the way Kansas provides services to our children. We believe that the time has come for Kansans to draw a line in the sand and stop studying the problem. The time has come to start changing the system.

The bottom line is that the system does not work. It should be delivering services to families and children as effectively and efficiently as possible. It does not. Instead, a family seeking services will first have trouble even finding information to help them identify where they need to go.

If a family is successful at identifying where to go, the family has to then visit several sites to obtain services, undergo repetitive procedures to gain those services, and deal with many different government and private agency employees for each service needed.

If the family gets this far in the system, the services will often prove ineffective because the funding has too many strings attached and the system proves to be unresponsive to the family's real needs.

It's not a pretty picture and it needs to change.

If we are to alter this picture, one basic change must be made. The decisions on how services are delivered to families and children must be moved to where the families and the taxpayers are: the local level. Just as the federal government wants to move

the decision-making process to the states, each state should move the decision-making down to people at the community level. Kansas has the opportunity to do that now through this plan.

TOMORROW: WHERE WE NEED TO GO

We need to build a better system for tomorrow if we are to protect the children and the future of our state. Two fundamental factors shape this proposal:

- **Accessibility - Services must be moved closer to the Kansans who use them.**
- **Accountability - Services must yield positive, visible results.**

The Corporation for Change worked through the year to develop a plan based on specific principles:

A new system must begin with the assumption that all families have strengths.

It must be accountable for demonstrating measurable results to the people who are paying for it.

Decision-making must be restored to the individual communities in our state.

A new system must be accessible to all families and it must have services which are coordinated and work together.

It must focus on prevention efforts that make possible the healthy development of children.

In a new system all services must respect the diversity of the people being served.

NEXT STEPS: HOW DO WE GET THERE

The centerpiece of the Corporation's recommendation is the creation of a statewide network of community-based Family and Children Trusts. Each Trust will enter into a contract with the state to produce positive results for families and children.

Communities will have several options for the composition of the governing Board of the Trusts. All the options will require a Board whose membership includes elected officials representing local governments and school boards, as well as

representatives of local collaborations working to improve the lives of children and families, judicial districts, and state government.

The Family and Children Trust will not provide direct services, but will contract with local and regional providers for services, including for community-based, one-stop centers for families. Today, a family seeking help must sift through 100 separate programs funded by twelve different state agencies. The Trusts would end the confusion and create public-private partnerships that will move the decision-making to the local level and save time and money for everyone involved.

The Department of Social and Rehabilitation Services and other agencies serving families and children will immediately be encouraged to begin localizing services by contracting with the Trusts. The Trusts will ultimately assume the responsibility for administering all results-based services for children and families. There will be a three-tiered transition for the Trusts to follow. The first level will be to monitor how services are being offered in their community. The second level will allow the Trusts to begin to administer a limited number of programs working in conjunction with the appropriate state departments. The final level will give the local Trusts major responsibility for positive results for children and families in their community.

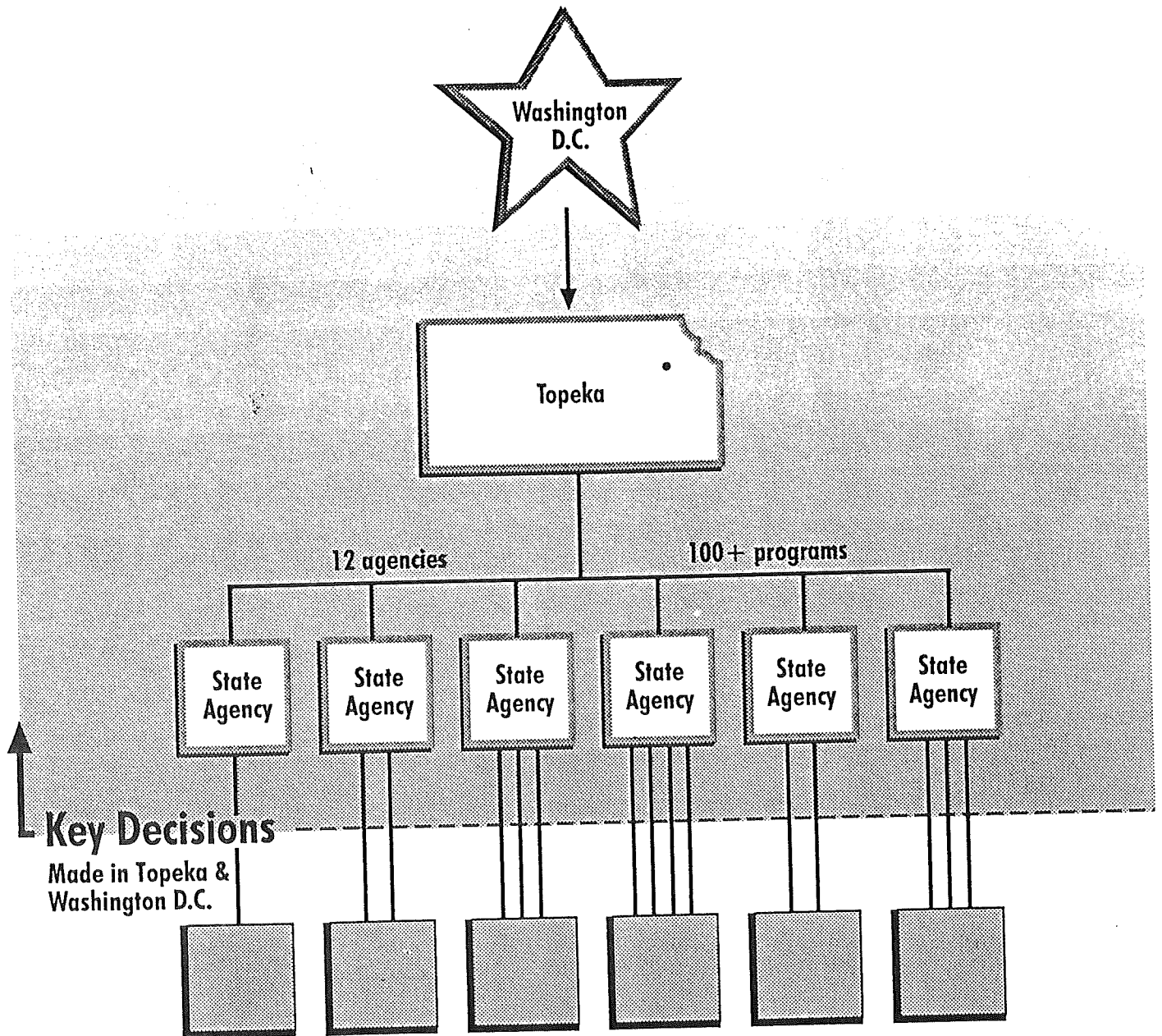
Under the plan, the State of Kansas is no longer in the business of providing services. Instead, the role of the state is to provide the supports communities will need to meet their increased responsibilities, to monitor progress toward the goals set out in the plan, to hold Trusts accountable for ensuring equity, and to provide technical assistance.

SUMMARY

The Corporation for Change is not proposing any new programs. In fact, after full implementation of the plan many existing programs will be eliminated. It will not increase the size of government - it will move services closer to the people. The plan will make the system more accountable to all Kansans. The plan calls for a phase-in of the changes and it will have a neutral impact on the state budget when it is complete.

Once again, Kansas has the opportunity to take a leadership role in how it helps the people of the state. There is much talk about making government work better and cost less. This plan turns the talk into action. We look forward to working with the Governor and Legislature to put this plan into place in 1996.

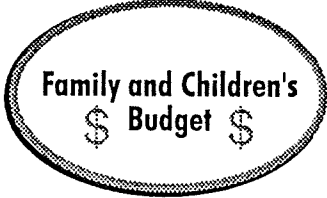
Current System



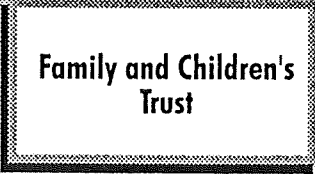
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Corporation for Change
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New System After Full Implementation



Key Decisions
Made at local level



2-8

FAMILIES FIRST

**A PLAN TO REFORM
SERVICES FOR FAMILIES AND CHILDREN**

I. The Challenge: Growing Risks or a New Course

The 1995 Kansas Legislature directed the Corporation for Change to "develop a specific plan of service delivery system reform and present the plan to the 1996 Legislature." The Legislature stated in its directive that the plan should "be a bold and radical approach to system reform, while not putting the state's children at risk."

The Board of Directors of the Corporation for Change enthusiastically embraced the Legislature's directive because Board members believe that anything less than bold and radical reform will put growing numbers of children at risk.

In the last twenty years scores of national and state studies have analyzed the failures of our current service delivery system and the human and social cost of those failures. More recently, federal level discussions of block grants and welfare reform have added urgency to state level efforts to implement more effective services for children and families.

From the standpoint of children and families the current system is disempowering and many times humiliating. A family seeking services will often have a difficult time finding information about available services. Once they obtain information they will probably:

- Need to go to multiple sites to obtain services;
- Undergo multiple intake and assessment procedures;
- Be assigned to multiple staff.

And if the family obtains services they will often find them:

- Ineffective because the services are funded by categorical programs that encourage "treating" parts of the family and parts of the person rather than supporting the whole family or whole person;
- Unresponsive to real needs because they are rule-bound and inflexible.

While we need to continue studying, we must also begin reforming. The choice for Kansas is to continue doing business as usual, and witness more children and families

moving into peril, or to set a new course that will break with the past and help support strong families and safe and healthy children. We believe the people of Kansas, the Legislature, and the Governor are in agreement on the need to set a new course. In these pages, we present a plan to do so.

To provide comprehensive reform of services for children and families requires delineation of three distinct sets of processes. The plan contained in these pages addresses the first of these processes - the creation of an infrastructure to decentralize, privatize, and localize services and supports to children and families at the community level.

The second phase of the overall plan, linking children and families to services and supports accessible through the new infrastructure, cannot be written in advance since local models will vary across Kansas communities. Wichita may opt for family resource centers, while Garden City may elect to develop a full service school model. Rural counties may combine to form a multi-agency, collocated services facility. The plan presented here is intended to capture the energy and creativity of local communities to design models that fit their needs and resources.

A third phase of the process is required to provide a detailed sequence of transition, from the existing state-regional service agency configuration to the new infrastructure described in this plan. This transition plan will require a fiscal analysis to enable local communities to receive startup funds in accordance with a scaledown of the existing system. A set of timelines for state-wide transformation will need to accompany this analysis. Finally, policy questions will need to be addressed in order to remove barriers to fully integrated local service/support arrangements across different statutory and regulatory authorities and departments of state government.

The process for developing this plan

This plan is the result of a process that begun in the spring of 1995 and that has involved the Board of Directors of the Corporation for Change, stakeholders from across the state, and individuals working on state reform efforts in other parts of the country.

The Board of the Corporation for Change first set out to define the goals of a new service delivery system and the principles that should guide the implementation of such a system. Those discussion are reflected in the Sections II and III of this document.

Having defined an initial set of goals and principles, a broad group of stakeholders from across the state was invited to participate in the development of a proposal for reform. Over 100 persons accepted the invitation and participated in one of four work

groups (see *Appendix A* for a list of the individual stakeholders and a list of the members of the Board of Directors of the Corporation for Change). Members of the work groups included advocates, family members, service providers, local officials, agency staff, citizens involved in local planning councils, United Way staff, and university faculty, as well as members of the Corporation's Board.

The stakeholders met over a three month period, both in meetings of the individual work groups and in meetings of all the stakeholders. In their discussion the stakeholders were able to draw on information from other states, including discussions with persons from other states that have been involved in reform efforts. As their recommendations on the goals, principles, and the reform plan took shape, the recommendations were presented to the full Board of the Corporation. In developing the plan, the Board also took into account the many studies and recommendations regarding the current service delivery system that have been conducted in the past decade (see *Appendix B* for a summary of three recent studies).

Further input was gathered in a series of community meetings held in mid-November. Over 350 people attended community meetings in Garden City, Hays, Kansas City, Pittsburg, Topeka, Salina, and Wichita. Their comments were summarized and presented to the Board prior to approval of the final draft.

II. What Do We Want For Children And Families?

Any effort to really transform the current system of services needs to start by asking what it is we want for children and families in Kansas. We propose the following broad goals as an initial list we believe most citizens of Kansas would agree is worthy of support.

To be able to measure progress toward meeting each goal, each must be broken down into measurable "indicators." Thus, each goal is followed by a set of Performance Indicators. The Performance Indicators provide a long-term record of safeguard assurances and accountability. Each community, as part of the Comprehensive Plan called for in this document, will identify a set of indicator measures which will provide a longitudinal database that, ultimately, will allow the state to match resources to measurable goals for children and families. The indicators listed below are provided as examples and not as a final set of indicators (See *Appendix C* for a longer list of possible indicators).

A. Healthy Births

- Reduced infant mortality rates
- Higher rates of school-aged youth avoiding pregnancy

- Lower rates of low birth weight babies
- Reduced rate of childbearing women and babies who test positive for HIV at birth
- Reduced rate of congenital disabilities

B. Safe Children and Stable Families

- Lower rates of reported/confirmed child abuse and neglect
- Lower rates of reported/confirmed domestic violence
- Reduced rates of youth center placements
- Reduced numbers of children placed/enrolled in institutional and congregate care
- Reduced total number of children served away from their own families
- Decreased average length of stay in out-of-home placements
- Decreased numbers of placement disruptions
- Lower rates of homeless families
- Increased rates of child support payments
- Increased number of child care facilities which meet established basic standards
- Decreased reported crimes against people or property

C. Children Ready for School

- Increased rates of children with immunizations complete by age two
- Increased numbers of children living in own family or stable foster care
- Increased numbers of children entering kindergarten meeting specific developmental standards for their age (cognitive, physical well-being, language and literacy)

D. Children Living in Families that are Economically Self-Sufficient

- Reduced numbers of families with incomes below 150% of the federal poverty level
- Reduced numbers of families meeting eligibility standards for: AFDC, Free/Reduced School Lunch, Food Stamps and Medicaid

E. Children Avoiding High Risk Behavior

- Reduced instances of school-age pregnancy
- Reduced rates of substance abuse

- Decreased involvement in violence among youth:
 - Lower rates of crimes involving youth
 - Lower suicide rate
 - Lower homicide death rate; lower homicide arrest/conviction rate
 - Lower incidents of violent crime involving youth
- Reduced rates of sexually transmitted diseases and HIV/AIDS among youth

F. **Children Succeeding in Elementary, Middle (Junior High), and High School***

- Academic achievement measures demonstrating competency over challenging subject matter
- Lower rates of truancy and school drop-outs
- Lower rates of behaviors which lead to student suspensions
- Higher rates of high school graduation
- Higher rates of students pursuing post-secondary education/training

* Note: This Goal and the identified performance indicators are consistent with and may be subsumed under the current Kansas Educational Improvement Plan, as approved by the Kansas State Board of Education and the Legislature. It is not the intent of this plan to reduce the authority of local School Boards; on the contrary, the intent is to complement and support the work and mission of school districts across the state.

III. Principles for Service Delivery

Once goals have been established to guide the reform of the service delivery system, it is important to define a set of principles that define the mission of the reform effort. Based on our understanding of the problems with the current service system and of the needs of families and children in Kansas (see *Appendix B*), we propose that the following set of principles guide the state's efforts.

A. **A Family Strengths Focus: A new system must begin with the assumption that all families have strengths.**

Services should be provided on the assumption that every family has strengths; thus, families should have a major voice in setting goals and deciding what services will support their independence and strengthen their community ties. Likewise, services should be based on the assumption that every family is

capable of acting responsibly, and should provide opportunities - including the skills and resources - for families to exercise responsibility and to assume control of circumstances affecting their lives.

Key service delivery features such as hours and location of services should serve family needs rather than institutional preferences. Service delivery should reflect emphasis on accessibility to and by families.

B. Results-Oriented Accountability: A new system must be accountable for demonstrating measurable results to the people who are paying for it.

Resources are scarce. They must be focused on programs with a high likelihood of demonstrably enhancing life prospects of children and families. Improved outcomes for children and families should measure performance, not the number and kind of services delivered. Accountability should be based upon state-wide goals and objectives, tied to measurable indicators of progress, with joint accountability and responsibility for achieving outcomes. Progress toward outcomes should be tracked, publicized and used as a basis for evaluating and improving system responses to families.

Staff should be provided with the training, supervision, and access to multiple services necessary to successfully transition to outcome-based accountability. Timing of intervention services should be governed by emphasis on prevention and real cost-effectiveness. Funding mechanisms should include incentives to reward cost-effective preventive interventions and progress toward desired child and family outcomes.

C. Community-Based Decision-Making: In a new system decision-making must be restored to the individual communities in our state.

The needs of children and families vary significantly from community to community. Each community has different strengths and resources for meeting child and family needs and is therefore in a better position to develop solutions to their problems. Being close to those who use the services promotes responsiveness. Communities and families should determine the programs that best meet their individual needs, should receive flexible funding to stimulate a problem solving, rather than a service entitlement approach, and should be accountable for program results. Communities will be expected to care for all their children. In the rare case when a community cannot take care of a child, that child will be placed as close to his or her home community as possible.

D. Open Access to Comprehensive Integrated Services and Supports: A new system must be accessible to all families and it must have services which are coordinated and work together.

The current system consumes an inordinate share of fiscal resources in gatekeeping functions; determining who is eligible for a myriad of programs, each of which has its own means-tested eligibility criteria. A new system should direct resources to address human support needs. Any child or family should be able to access the system and, if nothing else, get an appropriate referral.

Common intake, eligibility determination, and individual family service planning should connect separate services so that each family's entire range of needs is addressed. Beyond carrying out responsibilities within their own organizations and professions, staff should be able to collaborate effectively with others across programs and disciplines. Formalized interagency case management agreements should be established along with a review and modification of information confidentiality policies and statutes to promote information sharing while maintaining client confidentiality. Service delivery should reflect full use of informal, voluntary, private and public resources in communities.

E. Prevention Focus: A new system must focus on prevention efforts that make possible the healthy development of children.

The system should be geared toward preventing problems rather than reacting to them. Assessment of and responsiveness to children's and families' changing needs should be a cornerstone of service delivery. Developmental and short-term preventive services should receive the bulk of resources, reducing the need for more costly long-term crisis-intervention and treatment services.

F. Respect for Differences: In a new system all services must respect the diversity of the people being served.

Services should reflect the belief that membership in a group with a specific history and set of values and traditions is a source of strength, and that there are many kinds of differences deserving of respect (for example: age, cultural, gender, ethnic, and income differences). Respect for individual difference should be formalized in system-wide policy statements, carried out in staff development activities, and reflected in the diversity of governing boards and staff.

IV. A Vision for Reform

How might families experience the reforms envisioned here? While we do not want to prescribe a vision for how reform will look in communities across Kansas, since each community will create a vision based on its own needs and strengths, we do outline below one possible "family and street level" vision of reform.

For the past several months a low income working class family has been having an especially hard time stretching the fathers' pay check to meet all their expenses. The mother has just accepted a job that starts in two weeks and the family needs to make plans for the care of their five year old daughter. The family goes to the Salina Family Resource Center at the YWCA and is given information on area child care providers; they also are loaned a video on family finances.

A middle class family has been having some discipline problems with their teenage son. They visit the Resource Center, and after talking with a staff member decide to participate in a parenting class at a local church and to join a support group that meets every two weeks.

A family with a substance abusing parent and a child at risk of dropping out of middle school visit the Resource Center at the suggestion of a friend. The family meets with a Family Advocate, and after talking for a while decide they want to go through the intake and assessment process, which is done by the same staff person. Over the next few weeks the Family Advocate works with the family to develop a plan for the configuration of supports that seems to meet their needs. To help develop the plan they meet with a team of persons that are actual or potential resources for the family, including the friend who suggested visiting the Resource Center, the minister of the church they attend, staff from a local substance abuse program and an employment training center, and a school counselor. Once the family and the Advocate have agreed to implement the plan the family begins to use the supports without further intake and assessment procedures.

Again, we want to emphasize this is just one possible approach to reform. In keeping with the principles outlined in this plan, what that reform will actually look like and how families will experience it will differ significantly from community to community.

V. Responsibilities and Roles of Local Communities

A defining feature of the reform plan is a significant increase of responsibility, results based accountability, and authority by local communities. The end result will be that responsibility for meeting expected results for children and families will be shared by local communities and the state.

To accomplish that shift communities will form Family and Children Trusts that will be responsible for positive outcomes for children and families. Because few communities are prepared to assume the full range of responsibilities outlined in this plan, there will need to be a transition period that allows communities to acquire the skills, knowledge, and experience essential to their success.

A. The Long Term Vision

At the end of the transition period, local communities, through their Family and Children Trusts, will have the major responsibility for achieving most if not all of the goals that are outlined above.

Stating that local communities have "major responsibility" does not mean they have sole responsibility. We are proposing a re-defined state and local partnership, where the state has a vital role in providing the supports that will be needed by local communities as they assume these new responsibilities. The state further has the responsibility to ensure equity across Kansas communities and to provide accountability. It does mean that when goals are not achieved the local community must be primarily responsible for providing the initiative to develop solutions.

B. What Does the Family and Children Trust Do?

Family and Children Trusts will enter into a contract with the state, and, based on agreed upon goals and performance indicators, will be monitored and held accountable by the state. The contract will be re-negotiated annually, and will be based on a comprehensive plan and budget submitted by the Family and Children Trust.

The principal objective of the Family and Children Trust will be to make sure that progress toward the goals for children and families is being made. In pursuit of that objective, Family and Children Trusts will assess community and family needs, develop annual plans and budgets, and monitor the community's success in achieving expected results for children and families. Because properly carrying out those functions requires significant time and expertise, Family and Children Trusts will need to receive a portion of the total

funding from the state to allow them to maintain a small staff. In order to avoid conflicts of interest, a Family and Children Trust would not be a provider of services. In very unusual situations, where it is otherwise impossible to provide essential services, the state could grant a waiver allowing a Family and Children Trust to provide services.

C. Who Provides Services?

Under the plan services will be provided largely by community-based service providers. Those could be existing and new providers and providers established by local units of government (such as health departments). The plan recognizes that some communities may not be able to provide services for a small group of children with hard-to-meet needs. Those communities will be allowed to contract with regional service providers.

D. The Need for a Transition Period

Because most communities in Kansas are not prepared to assume immediate responsibility for meeting the goals for children and families, there is a need for a transition period that allows for a gradual and planned shift in responsibilities from the state to the Family and Children Trusts. The transition process must be flexible, recognizing that communities across Kansas differ considerably in their readiness to take on those responsibilities, and therefore the timing of that shift will need to differ.

In order to accommodate those differences, communities will gradually assume one of three levels of responsibility, with each level having increased authority for monitoring results, community planning, and directing the use of public resources. Each level will require certification by, and a different contractual relationship with, the state entity responsible for children and families. Because the state cannot afford to run two parallel systems indefinitely, the plan sets dates by which all communities will be expected to assume certain levels of responsibility.

The levels of responsibility are defined as follows:

Level One: Oversight of Children and Family Services

The Family and Children Trust's primary responsibility is to:

1. Monitor progress toward goals and report to the community on an annual basis.

2. Convene community forums and meetings to include consumers, service providers, community leaders and the general public to develop a local response to specific expected results that are of concern.
3. Review and comment on community programs and plans affecting children and families. All communities in Kansas will be expected to be part of a Level One Family and Children Trust by February 1, 1998.

Level Two: Responsibility for the Initial Set of Consolidated Programs

The Family and Children Trust will carry out Level One responsibilities, but will also assume responsibilities for the local integration of services allowed by a state level consolidation of funding streams. To be certified for Level Two responsibility by the state, the Family and Children Trust must:

1. Agree to and demonstrate capacity to meet guidelines and standards which will be developed jointly with the state.
2. Demonstrate administrative capacity.
3. Submit a needs assessment and a comprehensive five-year plan for meeting the goals for children and families.
4. Submit an annual plan for the use of consolidated funds; the plan should address local maintenance of efforts.
5. Submit required data to the state.
6. Establish a local dispute resolution process that must be approved by the state.

Local Level Dispute Resolution Process. A local dispute resolution mechanism will be required as part of the contract. While the details of the dispute resolution process will be determined locally, it should provide for both formal and informal procedures, including a formal hearing process, and a 1-800 or hot line number for consumer complaints, questions and concerns. In addition, the dispute resolution process should address the roles of customer relations specialists with mediation skills and of consumer advocates.

Families and individuals will continue to receive appropriate due process protections and retain their rights to appeal actions by the Family and Children Trust. Families will continue to receive the same level of services while in due process. There will be uniform application of relevant laws in decisions made by the Family and Children Trust. Examples of relevant laws include, but are not limited to: federal and state reasonable efforts requirements, least restrictive placements for children in out-of-home care, non-discrimination requirements, and foster care review requirements.

The dispute resolution mechanism must be separate from the local service delivery system. (This could be the Family and Children Trust, if it does not directly deliver services, or it may be a consumer review board.) Legislative authority and control over local funding will give the Family and Children Trust the authority or "teeth" to resolve disputes. The Family and Children Trust will be required to report to the state on the number, nature, and determination of disputes.

All Family and Children Trusts will be expected to be certified as Level Two Trusts by June 30, 2000.

Level Three: Major Responsibilities for All Expected Results

In Level Three the Family and Children Trust will have Level One and Level Two responsibilities and will also assume primary responsibility for all goals for children and families (Section II, A - F).

Goals for Kansas Children and Families:

1. Healthy Births
2. Safe Children and Stable Families
3. Children Ready for School
4. Children Living in Families that are Economically Self-Sufficient
5. Children Avoiding High Risk Behavior
6. Children Succeeding in Elementary, Middle, and High School

To be certified for Level Three responsibility, the Family and Children Trust must submit a comprehensive five-year plan, and an annual plan in the form of a contract, detailing the means for achieving the goals for children, youth and families served by the Family and Children Trust.

The comprehensive plan should address the following:

1. The current level of community functioning on each of the Performance Indicators under each of the Goals (this information will be available from the state).
2. A detailed description, including budget information, of how the community plans to improve their level of functioning on each of the Performance Indicators. The budget information needs to include plans for a contingency/incentive fund that can be used for unplanned shortfalls. If unused or partially used, such a contingency/incentive plan will remain under control of the Trust to be used in the following fiscal year for investment in prevention programs.

3. A timeline for achieving a specified level of improvement on each of the Performance Indicators.
4. An outline of the managerial substructure which will manage the day-to-day implementation of the annual plan.
5. A set of Strategy Indicators which will serve as interim measures of positive systems change.
6. A system for monitoring Performance and Strategy Indicators and a plan for quarterly evaluation of progress toward expected results.

All Family and Children Trusts will be expected to be certified as Level Three Trusts by June 30, 2003.

Creation of Model Projects. The Governor and the Secretaries of state agencies with responsibility for children and family programs will create an initial pool of funds for grants for at least three to five communities to implement model projects responsive to the intent of this plan.

The State May Contract With Family and Children Trusts for Specific Services at Any Time. The Governor or his or her designee will be authorized to enter into contracts with Family and Children Trusts for specific services at any time, providing that they have been certified as a Trust and that the services advance the goals and the principles set forth in this plan.

E. Boundaries and Governance of Family and Children Trusts

By February 1, 1998, all areas of the state will be part of a Family and Children Trust. The area covered by a Family and Children Trust will be either a county or a cluster of contiguous counties. Voting members of the Board of Directors of the Family and Children Trusts will be public officials and members of the Trust area with experience in the delivery of services to children and families or advocacy for the delivery of services, and will be brought within immunity, disclosure of substantial interests, conflict of interest, open meetings and similar provisions to safeguard the operations of the Trust.

Functions of the Appointing Authority. In each county there will be one or more meetings of a Family and Children Trust "Appointing Authority" to (1) decide if the geographic boundaries of the Trust will be a single county or a multi-county area, (2) appoint a fiscal agent for the Trust, and (3) determine the membership of the "Charter Trustees" of the Trust. The meetings of the Appointing Authority will be convened by the District Administrative Judge or his/her designee and will include the following members:

1. The Chairperson of the County Commission or another County Commissioner from the county appointed by the Chairperson of the County Commission, representing the County Commission;
2. A member of each Board of Education of each Unified School Districts in the county whose district is located within the county, representing each Board of Education;
3. The Administrative Judge of the Judicial District, or another judge whose jurisdiction includes the county, representing the Judicial District;
4. The Mayor or presiding officer of each City of the First Class of each such city in the county or a member of the City Commission or City Council of each such city appointed by the Mayor or presiding officer of such city and representing each such city; if there are no Cities of the First Class, a Mayor, presiding officer, or member of a City Commission or City Council of a City of the Second Class, representing those cities;
5. An appointee of the Governor who is an employee of a state agency or department who has experience in the service delivery system for children and families, representing the Governor; and
6. The presiding officer of the "Local Planning Council" of such a county, the "3113 Council" of such county, or the representative of a similar community-based collaboration that is working to improve the lives of children and families, to be selected by the Administrative Judge or his/her designee.

Determination of Charter Trustees and Multi-County Charter Trustees. In a single county district, the Appointing Authority shall determine the "Charter Trustees" who shall be the following:

1. The Chairperson of the County Commissioner or another County Commissioner from the county appointed by the Chairperson of the County Commission;
2. A member from one Board of Education of a Unified School District in the county whose district is located within the county;
3. The Administrative Judge of the Judicial District, or another judge whose jurisdiction includes the county;
4. A Mayor or presiding officer of a City of the First Class in the county or a member of the City Commission or City Council of a city in the county; if there are no Cities of the First Class, a Mayor or presiding officer or a member of a City Commission or City Council of a City of the Second Class in the county;
5. An appointee of the Governor who is an employee of a state agency or department who has experience in the service delivery system for children and families; and

6. The presiding officer of the "Local Planning Council" of such county, the "3113 Council" of such county, or a representative of a similar community-based collaboration that is working to improve the lives of children and families.

In a multi-county district, the Multi-County Charter Trustees shall be determined by the "Multi-County Organizing Committee," composed of the Charter Trustees from each county which forms the multi-county area. For purposes of determining the Charter Trustees, the Appointing Authority for each such county shall determine the Charter Trustees as described above. The Multi-County Organizing Committee shall determine the Multi-County Trustees who shall be the following:

1. The Chairperson of a County Commission or another County Commissioner from a county in the multi-county district;
2. A member from a Board of Education of a Unified School District in the multi-county area;
3. The Administrative Judge of a Judicial District, or another judge whose jurisdiction includes the multi-county area;
4. The Mayor or presiding officer of a City of the First Class in the multi-county area or a member of the City Commission or City Council of a city in the multi-county area; if there are no Cities of the First Class the Mayor or presiding officer or a member of a City Commission or City Council of a City of the Second Class in the multi-county area;
5. An appointee of the Governor who is an employee of a state agency or department who has experience in the service delivery system for children and families; and
6. The presiding officer of the "Local Planning Council" in the multi-county area, the "3113 Council" of such county or a representative of a similar community-based collaboration working to improve the lives of children and families.

Single County Trusts. If the Appointing Authority decides that the geographic area of the Family and Children Trust should be a single county, they will prepare and submit by July 1, 1997 a governance plan to the Governor or his or her designee. The governance plan will describe the geographic boundaries and the composition and rules of order of the governing Board of the Trust.

Single County Trust Governance. The Charter Trustees shall determine the membership of the Board of Trustees ("Board") of the Trust, which Board shall be comprised of either:

1. A group consisting of (A) the governing body of either (i) the "Local Planning Council" of such county, (ii) the "3113 Council" of such county, or (iii) a similar community-based collaboration that is working to improve the lives of children and families, and (B) the "Charter Trustees" as determined herein; or
2. A group consisting of (i) the "Charter Trustees" as determined herein and (ii) a person representing each of the following groups, to be appointed by the "Charter Trustees":
 - (a) A representative of the business community within the county;
 - (b) A representative of family and child advocacy organizations within the county;
 - (c) Clergy or a representative of the religious community in the county;
 - (d) The Director of the County Health Department;
 - (e) A representative of a community foundation, a community charity or the United Way with experience in family and children services delivery;
 - (f) The county Sheriff or a law enforcement officer designated by the Sheriff;
 - (g) The Chief of Police of a city of the First Class within the county or a law enforcement officer designated by the Chief of Police of a city of the First Class in the county;
 - (h) A person living in the county who is or has been a consumer of family and children services;
 - (i) Another person from the county with an interest in family and children service delivery and advocacy for family and children.

In making the appointments to the Board as set forth above, the Charter Trustees shall consider existing collaborative groups in the communities that have been working to improve the lives of children and families through activities such as needs assessments, planning, and service integration. As members are selected or replaced, an effort will be made to have the total composition of the Board reflect the ethnic, age, gender, economic, geographic and cultural diversity of the Trust area. More than 25 percent of the members of the Board (or their immediate relatives) could not be employed by or otherwise receive compensation from service providers that could potentially enter into a contract with the Family and Children Trust. In the event a Local Planning Council, a 3113 Council, or a similar community-based collaboration is incorporated in the Board, the 25 percent limit is waived for a period of three years. The initial group of Board members should be appointed for staggered terms of 2, 3, and 4 years.

Upon approval of the governance plan by the Governor or his or her designee, the Board will become the Family and Children Trust (Level One) of the designated county. The governance plan will be submitted to the governor or his or her designee and approved annually.

Multi-County Trusts. If the Appointing Authority agrees that there may be benefits to joining a multi-county Trust, they could negotiate the formation of such a Trust with Appointing Authorities in neighboring counties. Counties that want to participate in a multi-county Trust will prepare and submit by July 1, 1997 a governance plan to the Governor or his or her designee. The governance plan will describe the geographic boundaries and the composition and rules of order of the governing Board of the Trust.

Multi-County Trust Governance. The members of the Board of Trustees ("Board") of a multi-county Trust shall be determined by the "Multi-County Charter Trustees" of the proposed multi-county Trust. The Board shall be comprised of either:

1. A group consisting of (A) the governing body of either (i) a "Local Planning Council" from the multi-county area, (ii) a "3113 Council" of the multi-county area, or (iii) a similar community-based collaboration that is working to improve the lives of children and families from the multi-county area, and (B) the members of the Multi-County Charter Trustees as determined herein; or
2. A group consisting of (i) the Multi-County Charter Trustees as determined herein and (ii) a person representing each of the following groups to be appointed by the Multi-County Charter Trustees:
 - (a) A representative of the business community in the multi-county area;
 - (b) A representative of family and child advocacy organizations within the multi-county area;
 - (c) Clergy or a representative of the religious community in the multi-county area;
 - (d) A Director of a County Health Department in the multi-county area;
 - (e) A representative of a community foundation, a community charity or United Way in the multi-county area with experience in family and children services delivery
 - (f) A county Sheriff or a law enforcement officer from the multi-county area;
 - (g) The Chief of Police of a city of the First Class or a law enforcement officer within the multi-county area;

- (h) A person living in the multi-county area who is or has been a consumer of family and children services;
- (i) Another person from the multi-county area with an interest in family and children service delivery and advocacy for family and children.

In making the appointments to the Board as set forth above, the Multi-County Charter Trustees shall consider existing collaborative groups in the communities that have been working to improve the lives of children and families through activities such as needs assessments, planning, and service integration. As members are selected or replaced, an effort will be made to have the total composition of the Board reflect the ethnic, age, gender, economic, geographic and cultural diversity of the Trust area. In a multi-county Trust, each county must have at least one representative on the Board. More than 25 percent of the members of the Board (or their immediate relatives) could not be employed by or otherwise receive compensation from service providers that could potentially enter into a contract with the Family and Children Trust. In the event a Local Planning Council, a 3113 Council, or a similar community-based collaboration is incorporated in the Board, the 25 percent limit is waived for a period of three years. The initial group of Board members should be appointed for staggered terms of 2, 3, and 4 years.

Upon approval of the governance plan by the Governor or his or her designee, the Board will become the Family and Children Trust (Level One) of the multi-county area. The governance plan will be submitted to the governor or his or her designee and approved annually.

Annual Meeting of the Appointing Authority. The Appointing Authority shall meet at least once a year to (1) receive an annual report from the Board, (2) make recommendations with respect to the improvement of the operations of the Trust, and (3) make appointments to fill any vacancies in the membership of the Charter Trustees or Multi-County Charter Trustees. The Appointing Authority may meet at other times, at the call of the Administrative Judge, to fill vacancies or to consider other issues relevant to the operation of the Trust.

School Districts. For purposes of defining the boundaries of the Family and Children Trust, school districts that include areas in more than one county will be allowed to choose the Trust they will participate in.

Existing Mandated Coordinating Group. To avoid conflicts over roles and potential duplication of efforts, current legislation mandating coordinating

groups such as 3113 Councils will be repealed. A Family and Children Trust could choose to continue the work of such groups in its area if deemed useful.

F. Support for Family and Children Trust

Funding for the needs assessment, planning, and oversight activities of the Children and Family Trusts will need to come from the state, and should encourage: 1) multi-county organization to get enough mass of dollars to have significant operating and staff support and 2) movement to higher levels of local responsibility. Providing funding for operating expenses and staff support based on total population and not on children or families in the current service delivery system will underscore that Trusts should be capacity builders. Since these are funds for a limited set of activities, a maximum amount could be set because we could expect economies of scale for Trusts with a large population base.

One possible formula for providing operating and staff support could be as follows:

Amount per Person Living within the Local Entity Area

LEVEL ONE	LEVEL TWO	LEVEL THREE
\$1.00	\$1.50	\$2.00

Maximum Amount per Trust

LEVEL ONE	LEVEL TWO	LEVEL THREE
\$150,000	\$200,000	\$250,000

Maximum Cost to the State

LEVEL ONE	LEVEL TWO	LEVEL THREE
\$1,877,574	\$2,916,361	\$3,955,148

VI. Responsibilities and Roles of the State

A. A Redefined Role for the State

Under the proposed plan, the role of the State is radically redefined. The State is no longer in the business of providing services. Instead, in this new state/local partnership the role of the state is to provide the supports communities will need to meet their increased responsibilities, to monitor the progress of communities in meeting the goals described in Section II, to hold local Trusts accountable for ensuring equity, and to provide technical assistance which will aid communities in their efforts toward meeting these goals. To meet those responsibilities the Governor or his or her designee will need to carry out several vital functions, including:

1. In consultation with local communities, establish goals for children and families, appropriate indicators of success in achieving those goals, state policies to reach those goals, and minimum standards for the protection and well-being of children. Goals and standards will be uniform across the state, in order to assure that the well-being of a child in one county will not be materially different from the well-being of a child in any other county. While this plan proposes both goals and performance indicators, the Governor or his or her designee will need to refine and modify them as Kansas gains experience in the implementation of better ways to measure goals and performance indicators and as our understanding of the needs of families and children deepens.
2. Develop guidelines for the formation of Family and Children Trusts, and, upon receipt of an acceptable governance plan, approve their formation. Certify that Trusts are prepared to assume the increasing set of responsibilities outlined under Section IV, based on guidelines developed by the state, and negotiate contracts with local communities that reflect the assumption of greater responsibilities for meeting goals for children and families.
3. Monitor performance indicators and evaluate community developed strategy indicators by establishing appropriate information systems.

At the state level a monitoring system will be established that includes methods of evaluation using performance and strategy indicators. For the information to be useful to Family and Children Trusts and state level policy-makers, monitoring should be:

- Results oriented
- Based on the collection of standardized indicator data across the state
- Based on state-wide, cross-agency common intake and assessment procedures
- Based on reliable data that must be available at least quarterly
- Include cross area comparisons, trends, and progress toward expected results
- Open to external evaluation

This monitoring system will:

- Compare individual Family and Children Trusts to others across the state
- Compare individual Family and Children Trusts with themselves over time
- Compare indicators for Family and Children Trusts to recognized and agreed upon state wide standards

Strategy Indicators (community monitored) will be included when evaluating progress toward the goals. The Family and Children Trust will be expected to modify their annual plan over time in response to their progress or regression toward goals as reflected in their Performance Indicators (state monitored).

The safeguards function at the state level will include a process of feed-back and sharing of information with the Family and Children Trusts. The state will monitor and collect the aggregate data and report back to the Family and Children Trusts. The Family and Children Trusts then will take this information and make decisions on resources and funding allocations at the local level. The state will also use this information in allocating resource incentives, technical assistance plans, and in some cases assessing penalties.

4. Monitor fairness and equity. As communities begin to develop new systems that address their own unique needs, services may vary in their design and application from community to community. In addition, families and providers must be able to construct services that are welcomed by families, support their independence, and strengthen their community ties. With this increased flexibility, however, comes a greater need for assuring fairness and equity at both the state and local level.

At level three the Family and Children Trust is required to outline in its comprehensive plan how it will assure uniformity and equity for service

delivery in the community. The state will be responsible for approving community plans on an annual basis. In this capacity the state will offer suggestions for improvements and technical assistance for meeting equity and fairness standards across the state.

Monitoring Fairness and Equity:

- The state will utilize aggregated and disaggregated data collected for performance and strategy indicators to monitor and evaluate equity and fairness practices. The monitoring function described above will provide information to the state that will highlight significant outliers and differences among similar populations.
- The state will be responsible for collecting and compiling information reported from Family and Children Trusts through their dispute resolution process (described in Section V, Subsection D). The state will use this information to identify potential problems and investigate local fairness concerns.
- The state will also compile consumer input obtained through Family and Children Trust mechanisms as well as state-wide consumer input instruments to provide a broad based consumer view of equity and fairness concerns.

The above oversight methods will be utilized by the state to make determinations regarding compliance with agreed upon equity and fairness standards as expressed in individual Family and Children Trust contracts.

Family and Children Trusts will be subject to the peer review and corrective plan process outlined in Section VI, Subsection A, 10 if noncompliance is determined. In addition, all children and families served under this system will continue to receive appropriate due process protection as described in Section V, Subsection D.

5. Report annually to the public, Family and Children Trusts, and the Legislature, in formats that compare communities, analyze trends, and indicate progress towards meeting goals and standards.
6. Make available to communities pooled and flexible funding that is tied to success in achieving goals and minimum standards. To do that the state will need to eliminate policies and practices which currently prevent the creation of pooled and flexible funding and will need to develop waiver proposals for submission to the federal government. For example, to

effectively administer block granted funds the state may wish to develop, in partnership with the federal government, a waiver based on a consolidated state plan for services (Indiana and West Virginia have taken that approach).

7. Provide guidelines and fiscal incentives that will focus community efforts on results and prevention services (for example, the percentage of pooled funds going to local communities that will be earmarked for local prevention efforts). A key fiscal incentive will be the community's ability to carry-over funds saved because of greater efficiencies in service delivery and prevention efforts, so those funds could be used to further the accomplishment of the community strategic plan.
8. Provide technical assistance and training to local communities. The role of technical assistance will be to facilitate and support the assumption of new responsibilities by local communities. Technical assistance will include child protective services and the development of corrective plans for communities with problems that have been identified by state monitoring.
9. Support innovation and efficiency in service delivery by encouraging communication and information sharing among local communities, including, but not limited to, through the use of the Internet.
10. Maintain the right to assume responsibility of the operation of a local service delivery system if a local community fails to meet contractual obligations. A review process will be established by the Governor or his or her designee to investigate, mediate and determine appropriate actions when a Family and Children Trust fails to meet the requirements of the contract.
 - The initial step will involve technical assistance in the revision of the five year comprehensive plan and modification of the annual contract.
 - The second step in the process will involve a peer review to determine non-compliance and mitigating circumstances, and develop a corrective action plan if possible.
 - If a corrective plan cannot be made the state will then have the option of offering the contract to a Family and Children Trust in a neighboring county or geographical area. This may include consolidation with a neighboring system.

- The final option will be for the state to assume the Family and Children Trust's responsibilities. This will be the option of last resort. In this instance the state will develop a plan to contract for services in the delivery area and administer funds that the Family and Children Trust was responsible for.

11. Maintain a 24-hour child abuse reporting hot line and refer cases to the local Family and Children Trust for Child Protective Services investigation, risk assessment and service plan assessment. Establish a monitoring system for local response intervention and require local compliance with state and federal Child Protective Services requirements.

B. What State-Level Reforms Are Needed to Enable the State to Carry Out the New Roles?

There are several paths Kansas could take to state level reform, and none of them in isolation is the "right" path. In systems change, structure matters less than strategy. Other states have created "children and families sub-cabinets," and/or new sub-units such as a Governor's Office for Children and Families, and/or have consolidated programs in one agency, and/or have developed inter-agency agreements (see *Appendix D* for a summary of reform efforts in other states). Kansas could chose any one or a combination of those models.

Whatever the choice, it needs to fit into the Governor's broader state government reorganization effort. It should also take into account the recommendations of the Kansas Youth Authority, the Governor's Task Force on Hunger, the Inter-Agency Review Process, and other related efforts, as well as the implications of federal actions on block grants. And whatever the choice, to be consistent with the principles guiding this plan, state level reforms should result in:

1. Avoiding duplication, reducing administrative costs, and increasing the effective use of limited public resources by coordinating, integrating, and streamlining services that currently are often fragmented and lack coordination.
2. Measuring whether public resources are actually improving the well-being of children and families. Currently, lack of uniform data on programs that are spread out across several agencies makes it difficult to know the real impact of programs and therefore to hold agencies accountable for results.

3. Focusing resources on prevention and family support. Currently much of our public resources go to intervention programs that try to fix problems that are very hard to fix, such as trying to help children that have been abused or neglected or trying to re-unite families already torn apart. While we need to deal with those problems, it will save the state resources in the long run if we emphasize prevention services that can help avoid those problems to begin with.
4. Providing support to local communities as they assume greater responsibilities for children and families. This plan calls for significant technical assistance, training, and other forms of support to help communities succeed. The state will need to coordinate technical assistance and training, making those supports more useful to local communities.

C. Current State Employees Affected by the Plan

At the end of the transition period envisioned by the plan, the number of state employees that currently provide services or support the provision of services to children and families would be significantly reduced. To mitigate the adverse impact on state employees, the plan recommends that the Governor create a commission to develop a proposal for state employee transition. Among other things, the commission should study and report on options for transporting insurance coverage and other benefits, and for opening KPERS to participation by non-profit service provider organizations.

D. The Corporation for Change

On July 1, 1997, the statutes creating the Corporation for Change will be repealed, and the resources of the Corporation, including the Children and Family Trust Fund and the Permanent Families Fund, would be transferred to the Governor to be used to support the implementation of the *Families First* reform plan.

Appendix A

Planning Process Stakeholders

The following list includes persons who participated in one or more of the stakeholder meetings. Inclusion in the list does not imply that the individuals endorse or support the *Families First* reform plan.

Jane Adams	Karen Hawk	Lynne Owen
Ruth Ascher	Robin Hazel	Judge Nancy Parrish
Karen Baker	Sandra Hazlett	Nancy Perry
Gwen Beegle	Anne Henderson	Lil Peters
Barry Bertram	Carolyn Hill	Sen. Marge Petty
Lorraine Bockorny	Larry Hinton	Ellen Piekalkiewkz
Jo Bryant	Rep. Sheila Hochhauser	John Poertner
Ronna Chamberlain	Mary Ann Humphries	Gayle Price
Donald Chronister	Fran Jackson	Dennis Priest
Ben Coates	Jan Johnson	Linda Ramirez-Clanton
Cris Collier	Marshall Jones	Charles Rapp
Lauri Corcoran	Phyllis Kelly	Sarah Robinson
Jamie Corkhill	Ann Koci	Franklin Ross
Aileen Cray	Linda Laird	Chris Ross-Baze
Jill Crumpacker	Cassie Lauver	Larry Rute
Judy Culley	Bruce Linhos	Wayne Sailor
Bill Culp	Sue Lockett	Rep. Ellen Samuelson
Judy Donovan	Sherry Love	John Schneider
Shelly Duncan	Rep. Jim Lowther	Paula Schneider
Tom Eastman	Bill Mason	Paul Shelby
Leadell Ediger	Melissa Masoner	Judge Janette Sheldon
Katie Evans	Mike Massey	Kandy Shortle
Kay Farley	Nancy McCarthy-Snyder	B. Wayne Sims
Sharon Freden	Thomas McDonald	Barb Smith
Judy Frick	Sue McKenna	Carol Smith
Diane Friend	Chris McKenzie	Linda Sorrell
Patty Gerdel	Kim Moore	Stella Tharp
Martin Gerry	Terry Moore	Connie Trimble
Claudia Gilchrist	Virginia Moxley	Larry Walker
Joe Gilman	Sam Muyskens	Farrell Webb
Terrie Glasscock	Carla Nakata	Sue Weltner
Betty Glover	Debra Nelson	Kathleen White
Judge Thomas Graber	Melissa Ness	Wint Winter, Jr.
Pat Hanrahan	Lee Nuser	Marnie Wuenstel
Robert Harder	Debra Nusz	
Bob Hartman	Paul Oller	

**Board of Directors
of the Corporation for Change**

Winton Winters, Jr.,
Chairperson

Melissa Ness,
Vice-Chairperson

Judge Nancy Parrish,
Treasurer

Kay Farley,
Secretary

Terrie Glasscock

Rep. Sheila Hochhauser

Fran Jackson

Marshall Jones

Sen. Sherman Jones

Melissa Masoner

Judge Jerry Mershon

Debra Nelson

Sen. Sandy Praeger

Rep. Ellen B. Samuelson

Eva Tucker

Kathleen White

Corporation for Change Staff

Gary Brunk,
Executive Director

Jim Tramill,
Director of Research and Planning

Judy Moler,
Director of Local Initiatives

Kyle Matchell,
Trust Fund Coordinator

Lititia Cameron Williams,
Business Administrator

Kelley Chilcoat,
Executive Assistant

Dianne Hilton,
Executive Assistant

Judy Seymour,
Administrative Assistant

Appendix B

The Need For Change

Over the past ten years over forty studies and special reports have been issued providing data, consumer opinion, and policy recommendations directed at reform of the social service delivery system for Kansas children and families. In addition to these Kansas specific studies, there have been countless national studies. Many reports have called for comprehensive reforms and for community based service delivery. In spite of those reports, most changes to the system over the past decade have been incremental in approach.

In developing the plan for system reform requested by the 1995 Legislature, we have tried to consider the findings and recommendations of many of those studies. In this appendix we highlight two recent assessments of consumer and provider concerns and a survey of Local Planning Councils.

I. The Families Count and Hugo Wall Assessments

Two recent assessments of consumer and provider concerns highlight the deficiencies of the current system and the need for change: the Kansas Families Count Survey and the Wichita State University Social Services Needs Assessment.

The Kansas Families Count Survey was conducted by Kansas Action for Children and Mainstream, Inc. in the fall of 1994. This assessment is the basis for the development of a five-year Kansas plan to change and expand family support and preservation services in Kansas. More than 4,200 families responded to the Kansas Families Count Survey.

In early 1994 Wichita State University's Hugo Wall School of Urban and Public Affairs assisted the Kansas Department of Social and Rehabilitative Services in assessing the concerns and the needs of families already served by the state's social welfare system. This study gathered ideas through focus groups and interviews with consumers, social workers and providers.

Problems and Concerns Regarding the Current System as Identified by Families, Service Providers and Social Workers

- Lack of Information and Accessibility to Needed Services
 - Less than one fourth of the respondents to the Kansas Families Count survey said that finding the family support service they needed in the community was not difficult.
 - Only 19% of the Kansas Families Count survey respondents said there is a single, well-know place in their community to find out about available services to help families.
 - In focus groups with consumers and providers in the Kansas Families Count survey, researchers found that services that could alleviate situations are often unavailable due to waiting lists or lack of user knowledge.
 - A major concern expressed by providers and consumers alike in the Wichita State University (WSU) assessment was the lack of access to information concerning available benefits and services as well as physical, logistical and language barriers to access services.
 - Researchers involved in the WSU needs assessment study found there was an extreme lack of awareness of services available among interviewed families.

- Economic Barriers and Concerns
 - Forty-two percent of the respondents to the Families Count Survey said that cost was a significant barrier to obtaining needed support services.
 - According to the Families Count survey, Kansas families are concerned about capacity to deal with unexpected significant expenses - especially costs of long-term medicine and medical treatments.
 - The survey also indicated that Kansas families have serious concerns about financing needed counseling.
 - A third of the respondents to the Families Count survey said the stresses affecting their family were so serious they could contribute to pulling their family apart or their family has already been pulled apart by these concerns.

- A consistent theme that emerged in the WSU assessment were families' concern over the costs of needed services that drive children into state custody.
- Inadequate and Unresponsive Supports
 - The Families Count survey showed that families share serious concerns about the care of their children while they are at work - day care, before and after school care, and lack of supervision for young teens.
 - Directly related to the issue of child care, Kansas families are concerned about meeting transportation needs for children to participate fully in after-school and summer activities.
 - The Families Count survey identified that the lack of basic support systems such as transportation and telephone services affect the usage of family support services and ability to obtain and maintain employment.
 - Nearly two-thirds of the family respondents to the WSU assessment said that they could not reach someone for support 24 hours a day. Over half of the workers responding affirmed that families could not reach support when they needed it.
 - In the WSU assessment, family members expressed that counseling, a continuum of support and affordable assistance in day care, transportation, and housing would have prevented their family from entering the system.
 - Families cited two themes in the WSU assessment when asked what is needed for them to get out of the current system: 1) escaping poverty by finding and keeping a job; and 2) sufficient support to stabilize their families, including parent education, counseling, and mental health services.
 - One concern families have with the current system is that it is too inflexible to meet their needs. According to the WSU assessment, families felt that state policy makers should allow more flexibility to be built into the system. Families should not be forced to fit solutions but solutions should fit families needs.

II. The Survey of Local Planning Councils

The Corporation For Change has been actively involved in the development of Local Planning Councils and community integrated service initiatives across the state. Local Planning Councils are groups of concerned citizens, parents, providers, state and local officials and other community leaders who have come together in local communities to do comprehensive planing, needs assessments and to generally work toward the development of more responsive and effective local service delivery systems. Currently there are 40 Local Planning Councils in Kansas.

In the Spring and Fall of 1995 the Corporation surveyed Local Planning Councils to determine what barriers at the community and state levels have prevented collaborative efforts. Many of the responses from Local Planning Council members mirrored the findings and responses from the Families Count Survey and the WSU assessment. From the responses received from local communities across the state, several consistent themes have appeared.

- Inflexibility and Ineffectiveness of Current Approaches

Many community responses reflected a need for more flexible funding to allow for more local community decision making. Some of the more common Local Planning Council responses were: the state needs to give more voice to local communities in terms of funding for needs assessments and service inventories; allow for more sharing of information between service providers; and categorical, inflexible funding streams are a barrier to local initiatives.

The current service delivery system is less a system and more a laundry list of separate, uncoordinated programs. Over the past 30 years, many specific programs have been developed to assist families with different needs. This specialization, however, has been accompanied by the growth of separate bureaucracies. The result is a variety of distinct categorically based programs that are concerned with specific family problems but that have few linkages between them to address the entire range of family needs.

In addition, the current system is primarily reactive and has little capacity to prevent problems such as abuse and neglect from occurring. Many services are only available after what is often irreversible damage has been done, and at best can only deter even worse crises.

- Uncoordinated Efforts Leading to the Inefficient Use of Limited Resources

Many community leaders across the state have serious concerns about the duplication of effort and the need to balance restricted resources with local needs. Some of the most common responses from Local Planning Council Members in this regard were: different branches or agencies of state government are not working together; each agency has separate requirements and reporting forms; there is too much territorialism among service agencies; there is a duplication of efforts at the local level; and there are too many local councils, i.e., Wrap Around, Transition, 3113 Council.

The current system is characterized by overlapping services as well as gaps in service areas. Current funding streams reinforce fragmented thinking and operating, and provide inadequate resources to solve complex problems. In addition, the dispersal of similar functions between different agencies and the discontinuity of related functions among community agencies sharing the same clients is costly and results in an incoherent system.

For example, when a child welfare agency approaches a family which has children who appear to be neglected its services may be focused on changing parental behavior. A juvenile justice agency may approach the same family and define the problem in terms of the oldest son's behavior and the risk it creates for his school and for the community. Their interventions will concentrate on altering that young person's behavior or on removing him from his home and neighborhood. The mental health agency may also assist the same family because of the mother's alcoholism and assume that treating her illness is the primary goal. Meanwhile, school administrators are concerned about the children's increasing truancy and will focus interventions on other services.

Often more providers are involved with a single family than could possibly be effective. Front-line service providers are aware of the need for integrated services, and do their best to provide them to children and families. The work of front-line providers, however, is often constrained by barriers established by Federal, state, and local policies and regulations.

Real solutions to problems identified by the community are further hindered by the complexity of current financing and governance structures. Multiple governance structures means that basic decision-making is difficult and better suited for maintenance rather than change. Because decision making that could be directed at genuinely improving the situation of children and families is so difficult, current human service agencies as well as schools tend to focus more on managing resources rather than on achieving results.

- Lack of Accountability and Authority at the Local Level

A third theme derived from Local Planning Council responses to recent surveys is the need for a clearer definition of authority and accountability for children and family issues at the local level. Some of the responses from Local Planning Council communities were: it is difficult for local councils to establish legitimacy; the Legislature needs to more clearly define the role of local councils; there is a need for some mechanism to involve key players in the community; there is a lack of support from certain governmental agencies and their leaders; there is a lack of available funding for management or administration of collaborative efforts at the local level; and there is a need for funding of staffing for local councils to be more effective.

The current system, with its multiple agency response and multiple jurisdictional authority, has successfully detached itself from the local electorate and the very consumers it serves. Local control and consumer input is limited. The problems encountered in service planning and problem assessment are ultimately the result of no one being accountable on a local level for the welfare of families as a whole and thus for the results of the services rendered on their behalf. No one is in charge of local community services for children and families. No one governs the totality or has overall responsibility for outcomes at the local level.

The Corporation for Change has identified at least 12 separate state agencies or departments that administer over 100 programs that serve children and families in Kansas. At the federal level there are over 125 different categorical programs spread across six federal agencies. With the current array of political subdivisions and state and local agencies involved in family service delivery it is difficult to account for where the money is spent at the local level; and it is almost impossible to recognize the success and/or failure of current programs.

Local government, as it is currently organized, cannot by itself resolve the problems in the current system. Without an overarching mechanism to bring the separate players together, service systems will continue to act as a set of many different parts working on individual agendas. One way to overcome this problem is to organize a new governance entity and/or reorganize existing governance entities with a significant mandate to work toward better lives for children and families.

Appendix C

Goals for Children and Families

Following is a list of indicators local communities and the state could use to measure progress toward meeting goals for children and families:

A. Healthy Births

State Monitored Performance Indicators:

- Reduced infant mortality rates
- Higher rates of school-aged youth avoiding pregnancy
- Lower rates of low birth weight babies
- Reduced rate of childbearing women and babies who test positive for HIV at birth
- Reduced rate of congenital disabilities

Community Monitored Strategy Indicators:

- Increased rates of adolescents and young adults who are in good health and not substance abusing
- Increased numbers of babies whose mothers received adequate prenatal care
- Increased numbers of babies whose mothers did not use illicit drugs, alcohol, or tobacco during pregnancy

B. Safe Children and Stable Families

State Monitored Performance Indicators:

- Lower rates of reported/confirmed child abuse and neglect
- Lower rates of reported/confirmed domestic violence
- Reduced rates of youth center placements
- Reduced numbers of children placed/enrolled in institutional and congregate care
- Reduced total numbers of children served away from their own families
- Decreased average length of stay in out-of-home placements

- Decreased number of placement disruptions
- Lower rates of homeless families
- Increased rates of child support payments
- Increased number of child care facilities which meet established basic standards
- Decreased reported crimes against people or property

Community Monitored Strategy Indicators

- Increased rates of Kansans with geographic and economic access to basic health care
- Increased rates of Kansans with geographic and economic access to parent education training.
- Increase percentage of available resources to family centered services and family community-based foster care across all child- and family-serving systems
- Increased numbers of Kansans who volunteer at least 50 hours of their time per year to civic, community, or nonprofit activities
- Increase in the number of counties with significant cultural exchange opportunities
- Increase in the number of Kansans served by a public library which meets minimum service criteria
- Increased voter registration and number of Kansans who vote.
- Increase in the number of opportunities for recreational and cultural enrichment

C. Children Ready for School

State Monitored Performance Indicators:

- Increased rates of children with immunizations complete by age two
- Increased numbers of children living in own family or stable foster care
- Increased numbers of children entering kindergarten meeting specific developmental standards for their age (cognitive, physical well-being, language and literacy)

Community Monitored Strategy Indicators

- Increased rates of children with no untreated vision or hearing defects
- Increased rates of children with no preventable or untreated health or growth problems

- Increased rates of children with timely early intervention services (conversely there should be decreased numbers of children needing such services)
- Increased number of parents who have access to the training and support they need to be their child's first teacher
- Increased number of children who receive the nutrition and health care needed to arrive at school with healthy minds and bodies and maintain the mental alertness necessary to learn

D. Children Living in Families that are Economically Self-Sufficient

State Monitored Performance Indicators:

- Reduced numbers of families with incomes below 150% of the federal poverty level
- Reduced numbers of families meeting eligibility standards for: AFDC, Free/Reduced school lunch, Food stamps and Medicaid
- Increase in the number of jobs that do not require social services support

Community Monitored Strategy Indicators

- Increased rates of displaced workers re-employed within 24 months and earning at least 90% of previous income
- Increased access to entrepreneurial programs
- Increased numbers of Kansas households that can afford the median-priced Kansas home
- Increase in the availability of affordable low income housing
- Lower rates of chronic unemployment and underemployment in jobs with significant promotion potential
- Increase in the percentage of employees working in firms which train over 50% of their work force 20 hours or more annually in work skills or work processes
- Increase the percentage of employers who make contributions for employee training and education

E. Children Avoiding High Risk Behavior

State Monitored Performance Indicators:

- Reduced instances of school-age pregnancy
- Reduced rates of substance abuse

- Decreased involvement in violence among youth:
 - Lower rates of crimes involving youth
 - Lower suicide rate
 - Lower homicide death rate; lower homicide arrest/conviction rate
 - Lower arrests for violent crime
- Reduced rates of sexually transmitted diseases and HIV/AIDS among youth

Community Monitored Strategy Indicators

- Reduced rates of school age idleness (e.g., not in school and not employed)

F. Children Succeeding in Elementary, Middle (Junior High), and High School *(Shared with local Board(s) of Education)*

State Monitored Performance Indicators:

- Academic achievement measures demonstrating competency over challenging subject matter
- Lower rates of truancy and school drop-outs
- Lower rates of behaviors that lead to student suspensions
- Higher rates of high school graduation
- Higher rates of students pursuing post-secondary education/training

Community Monitored Strategy Indicators

- Increased rates of high school students with significant involvement in professional-technical education and entrepreneurial programs
- Increase rates of disabled high school graduates moving to competitive or supported employment

Appendix D

Models of State Level System Reform Efforts

In the process of discussing and developing the draft plan, stakeholders and Board members reviewed reform efforts in other states. This appendix describes models of state level reform currently being implemented in four states.

West Virginia: Governor's Cabinet on Children and Families

The Governor's Cabinet on Children and Families consists of the Governor, the Attorney General, the Vice Chancellor for Health Sciences of the University of West Virginia, the State Superintendent of Schools and the Secretaries of Health and Human Resources, Commerce, Labor and Environmental Resources, Education and the Arts, and Administration. A member of the State Senate and House of Delegates serves in an advisory role. The Cabinet provides policy leadership and oversight to the delivery of services to children, youth and families. The Cabinet may designate state officials as members of an Operations Group to carry out activities related to the West Virginia Consolidated Plan.

The Governor's Cabinet or its Operations Group may appoint work groups or task forces, which may include both public officials and private citizens, to report on specific issues or implement policy. The Cabinet or its Operations Group provides opportunities for public participation before making final policy decisions.

The Governor designates a Director for the Cabinet. The Cabinet staff consists of personnel detailed by the participating departments or financed from its own appropriation. The costs of the Cabinet and Operations Group are paid from appropriations to the Cabinet, contributions from the participating agencies and private funds.

The Governor's Cabinet on Children and Families oversees the operation of local Resource Networks, facilitates development of protocols on protecting confidentiality, prepares amendments to the state plan as necessary and approves changes in other relevant state plans which agencies propose to submit for federal approval and which would impact the West Virginia Consolidated Plan.

Minnesota: Department of Children, Families and Learning

As part of Governor Arne H. Carlson government reform package, a new Department of Children, Families and Learning was established on October 1, 1995.

Designed to measurably improve the well-being of Minnesota's children and families, the idea for the new department grew out of a 1992 study that identified 250 state-funded programs for children and families spread across 33 state agencies, boards and commissions.

The new agency will be phased in over a three-year period. All programs in the Department of Education were shifted to the new agency effective October 1, 1995. Programs from other departments will be transferred into the new department on July 1, 1996 and July 1, 1997. The programs involved in the reorganization include the following: Head Start, Project Cornerstone, and Community Action Programs (from the Department of Economic Security); Teen Pregnancy Prevention, Action for Children, and the Minnesota Children's Initiative (from Minnesota Planning); Family Service Collaborative, Children's Trust Fund, Early Childhood Care and Education Council, Child Care, Migrant Child Care, Child Care Resource and Referral, and Child Care Service Development (from the Department of Human Services); Child Abuse/Child Victim (from the Department of Corrections); Drug Policy and Violence Prevention and Chemical Abuse and Violence Prevention Councils (from the Department of Public Safety).

The establishment of the Department of Children, Families and Learning is budget neutral. No new funds are appropriated; costs are absorbed within the internal budgets of the affected departments. Existing programs are transferred at funding levels the legislature determines. This bill does not add or reduce funding.

Iowa: Child Welfare Decategorization Project

In 1987, the Iowa General Assembly authorized the Department of Human Services to develop new ways of financing child welfare and juvenile justice services. Analysis of the State's service system revealed a collection of categorical funding streams and programs not based on their needs but slotted to fit into specific funding streams. The General Assembly authorized a three-year demonstration project in two counties. In 1992, the Iowa General Assembly enacted statutory legislation for decategorization. Currently, there are seven sites - representing over one-third of the state's population - participating in the project.

The Child Welfare Decategorization Project was designed to restructure the delivery of child welfare services to be more community-based, family-centered, and prevention oriented. Decategorization is based on the concept of pooling public child welfare funds. The project requires a comprehensive community plan for the efficient utilization of the county's funding pool. Under decategorization, child welfare funding streams are combined to create one service fund within each county. These funding streams can include: foster care, in-home services, family-centered programs, wrap-around services, and court-ordered treatment funds.

The Iowa Child Welfare Decategorization Project required no organizational changes at the state level. The Department of Human Services continues to provide administrative tracking and technical assistance to decategorized counties.

Maryland: Subcabinet for Children, Youth and Families

The mission of children's and family services in Maryland is to promote a stable, healthy environment for children and families, thereby increasing self-sufficiency and family preservation. This requires a comprehensive, coordinated interagency approach to provide a continuum of care that is family and child oriented and emphasizes prevention, early intervention, and community based services. The Systems Reform Initiative was created in 1988 to restructure the human services delivery system on an interagency basis to implement the mission of the Subcabinet.

Local Jurisdictions establish local planning entities which are appointed by local government and have representatives from education, social services, juvenile services, health, mental health core service agencies and local government who have the authority to obligate agency resources. Local planning entities are the coordinating boards for all family and children services within the jurisdiction, including other boards. The local planning entity is responsible for interagency planning, goal-setting, resource allocating, implementing, and monitoring state funded or supported interagency services to children and their families in the local jurisdiction.

At the State level, a Subcabinet for Children, Youth and Families is established. The Subcabinet consists of the Secretaries of the Departments of Human Resources, Juvenile Services, Health and Mental Hygiene, Budget and Fiscal Planning, the State Superintendent of Schools, and the Director of the Office for Handicapped Individuals. It is chaired by the Special Secretary for Children, Youth and Families. The Subcabinet is responsible for achieving interagency consensus concerning the principles, policies, program and financing parameters of a non-categorical children and family service delivery.



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Bill Graves
Governor

Charles E. Simmons
Secretary

MEMORANDUM

DATE: January 22, 1996
TO: House Committee on Health & Human Services
FROM: Charles E. Simmons *Charles E. Simmons* Secretary
SUBJECT: SB 358

The Department of Corrections requested that SB 358 be introduced and urges that it be enacted. The bill was passed by the Senate last session by a vote of 40-0 but was not taken up by the House.

This bill amends K.S.A. 1994 Supp. 65-4915 to include within the definition of "peer review officer or committee" a health care provider monitoring the delivery of health care at correctional institutions under the jurisdiction of the Secretary of Corrections. The purpose of this amendment is to obtain the privilege of subsection (b) of the statute that the reports and other records of the peer review not be subject to discovery.

The Department believes it is important to monitor and review the delivery of health care to inmates in order to ensure that they receive necessary and proper care and treatment. A physician from the University of Kansas Medical Center is under contract to perform this review. We believe the effectiveness of this function would be improved if this process had the privilege set forth in subsection (b).

This amendment would place the correctional institutions on the same footing as state hospitals.

CES:dja

H. & H.S. Comm.
1-22-96
AHN. #3