Approved: 1-20-98
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on January 13, 1998 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Emalene Correll, Legislative Research Department
Robin Kempf, Legislative Research Department
Norman Furse, Revisor of Statutes
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Rochelle Chronister, Secretary, Social and Rehabilitation Services
Ann Koci, Commissioner, Adult and Medical Services, SRS
Shannon Manzanares, Children and Family Services, SRS

Others attending: See attached list

**Introductions and Announcements**

After welcoming remarks and introduction of Committee and staff, the Chair announced that the Committee will be briefed on carry-over Committee bills from the 1997 Legislative Session at the next meeting.

**Presentation by SRS**

Rochelle Chronister, Secretary of SRS, addressed the Committee and noted that a ten state regional conference was held in Kansas City last week on the expansion of children's health programs. Of the ten states that were at the conference, Secretary Chronister pointed out that eight of the states plan to expand their Medicaid program to cover more children Michigan already has a program based on their state health insurance for state employees. A summary of the proposed state plans will be provided to the Committee at a later date as well as federal requirements relating to the expansion of children's health programs.

Ann Koci, Commissioner, Adult and Medical Services, briefed the Committee on the five basic issues regarding federal requirements for the state children's health insurance program. The five basic issues are: basic program design, setting eligibility levels, allotments, outreach/enrollment and administration, and financing and maintenance of effort as outlined in her written testimony. (Attachment 1) Committee discussion related to expanding financing and maintenance of effort.

Shannon Manzanares, Children and Family Services, SRS, briefed the Committee on the Adoption and Safe Families Act and Kansas Initiative for Decision Support (KIDS). Ms. Manzanares noted that the Adoption and Safe Families Act has four titles: Reasonable Efforts and Child Safety Provisions, Adoption Promotion Provisions, System Accountability and Reform Provisions, and Additional provisions as outlined in her written testimony. (Attachment 2) She also pointed out that the Kansas Initiative for Decisions Support (KIDS) is a new initiative which has begun to improve the handling of reports of children in need of care and the making of critical decisions related to those reports. With the help of the University of Kansas School of Social Welfare, SRS held a symposium at which they heard from leading experts in the field of risk assessment and decision support systems. Other meetings were held in Rhode Island and Michigan to learn about the operational aspects of decision support systems.

During Committee discussion concern was expressed regarding various aspects of the adoption process, and other issues related to foster care and family preservation. The Chair suggested that members prepare their questions for continued discussion at a future meeting of the Committee.

**Adjournment**

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

The next meeting is scheduled for January 14, 1998.

# SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
# GUEST LIST

DATE: 1-13-98

| NAME | REPRESENTING |
|---|---|
| Rochelle Chronister | SDS / Sec. |
| Shawnn Menzenares | SDS |
| Jane Kaie | SDS / Comm. A&M Sec. |
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# State of Kansas
# Department of Social & Rehabilitation Services

Rochelle Chronister, Secretary
Janet Schalansky, Deputy Secretary


For additional information, contact:

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**Senate Public Health and Welfare**
**January 13, 1998**

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**Testimony: Children's Health Initiative**

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**Adult and Medical Services**
**Ann Koci, Commissioner**

Senate Public Health & Welfare
Date: 1-13-98
Attachment No. 1

Kansas Department of Social and Rehabilitation Services
Rochelle Chronister, Secretary

# STATE OF KANSAS

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OFFICE OF THE GOVERNOR

## MEMORANDUM

**TO:** HHS Bi-Regional Conference Participants

**FROM:** Danielle Noe, Legislative Liaison

**DATE:** December 22, 1997

**SUBJECT:** Children's Health Insurance Program

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Thank you for the opportunity to update you on Kansas' plans for the Children's Health Insurance Program. At this time, Kansas is continuing to seek advice about the best way to provide insurance coverage to the estimated 60,000 children who are eligible for Title XXI benefits.

Like other states, Kansas has received much input on this program. Last fall, two different task forces began to study the issue. Together. they made a recommendation which includes a Medicaid expansion with the possibility of private sector initiatives.

The Governor is particularly interested in obtaining more information about potential private partnerships. He expects to have enough information to make a recommendation to the Legislature in early to mid January

*Presented by Debbie Chang, Director
Office of Legislation, Health Care Financing Administration
Co-Chair, U.S. Department of Health and Human Services CHIP Steering Committee

# STATE CHILDREN'S HEALTH INSURANCE PROGRAM

- BASIC PROGRAM DESIGN
- SETTING ELIGIBILITY LEVELS
- ALLOTMENTS
- OUTREACH/ENROLLMENT AND ADMINISTRATION
- FINANCING AND MAINTENANCE OF EFFORT

# BASIC PROGRAM DESIGN

- **States can choose to provide child health assistance to low-income, uninsured children through:**
  - **a separate insurance program;**
  - **a Medicaid expansion; or**
  - **a combination of these two approaches.**

# BASIC PROGRAM DESIGN

- For States that choose a separate program, they have four benefit options:
  - benchmark coverage (BCBS PPO, HMO, State employee plan);
  - benchmark-equivalent coverage;
  - existing comprehensive State-based coverage (FL, NY, PA); and
  - Secretary-approved coverage.

# BASIC PROGRAM DESIGN

*Separate Program continued.

- Cost-sharing:
  - At or below 150% of poverty, it must be at Medicaid medically needy levels (inflation adjustment permitted for cost-sharing);
  - Above 150% of poverty, it cannot exceed 5% of family income for all children in the family;
  - No cost-sharing is permitted for well-baby, well-child care, including immunizations.
  - Cannot favor higher-income children over lower-income children.

# BASIC PROGRAM DESIGN

- For States that choose to expand Medicaid, they must:
  - use full Medicaid benefits;
  - meet all Medicaid rules; and
  - comply with Medicaid cost-sharing rules (i.e., no cost-sharing for children).

# SETTING ELIGIBILITY LEVELS

- A "targeted low income child" is one who:
  - meets the State eligibility standards;
  - has a family income at or below 200% of poverty or 50% points above Medicaid limit;
  - is not eligible for Medicaid or other insurance (except State-only coverage in effect 7/1/97);
  - is not an inmate of a public institution;
  - is not a patient in an IMD; and
  - is not in a family eligible for State employee health plan.

# SETTING ELIGIBILITY LEVELS

- For States that choose Medicaid, the following categories can be a "targeted low-income child:"
  - child receiving inpatient psychiatric care; and
  - child in a family eligible for a State employee health plan.
- States that choose to accelerate coverage of 15 through 18 year olds under 100% of poverty will get enhanced match (until they age in).

# SETTING ELIGIBILITY LIMITS

- Immigrants: Under an 8/97 proposed rule, legal immigrant children who arrive after 8/22/96 will not be eligible for 5 years. States may cover those who arrive before 8/22/96. Under Medicaid, undocumented persons can only receive emergency care.
- Native Americans: Non-duplication rules do not apply to IHS programs.
- Crowd out: States must describe how this does not substitute for group coverage.

# OUTREACH/ENROLLMENT AND ADMINISTRATION

- New options under the BBA:
  - Presumptive eligibility for children;
  - 12 month continuous eligibility for children
- Current authority to conduct outreach:
  - shortened and simplified eligibility forms;
  - combined form for both Medicaid and CHIP;
  - outstationing eligibility workers

# OUTREACH/ENROLLMENT AND ADMINISTRATION

- Under CHIP, 10 percent of Federal expenditures may be used for total costs of:
  - outreach;
  - administration;
  - direct services to children; and
  - other child health assistance.
- The Secretary may waive the 10 % limit for coverage that is cost-effective and is provided through a community-based health delivery system.

# ALLOTMENTS

- A State must have an approved State plan for the Federal fiscal year (FY) in order to receive an allotment that year.
  - For example, to receive an allotment for a FY98, a State must have an approved plan by 9/30/98.
- The child health plan is not required to use the full allotment in a FY. Allotments are available to States for up to 3 years.

# FINANCING AND MAINTENANCE OF EFFORT

- States will receive enhanced match for child health assistance.
  - For States that create a separate program, Federal funds, premiums and other cost-sharing cannot be used for the State matching requirements.
  - Medicaid provider taxes and donations rules apply.
  - Intergovernmental transfers can be used for State matching requirements.

# FINANCING AND MAINTENANCE OF EFFORT

- Maintenance of effort rules:
  - States cannot adopt more restrictive income and resource standards and methodologies for Medicaid than those in effect on 6/1/97.
  - New York, Pennsylvania and Florida must maintain State children's health spending at least at the 1996 levels.

# State of Kansas
# Department of Social & Rehabilitation Services


Rochelle Chronister, Secretary
Janet Schalansky, Deputy Secretary

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**Senate Public Health and Welfare**
**Tuesday, January 13, 1998**

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**Testimony: Adoption and Safe Families Act and K.I.D.S.**

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**Children and Family Services**
**Teresa Markowitz, Commissioner**

**KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES**
**Rochelle Chronister, Secretary**

**Senate Public Health and Welfare**

**January 13, 1998**

Madam Chair and Members of the committee, thank you for the opportunity to appear before you today on behalf of Secretary Chronister. We are here today to talk with you about two very exciting things that we believe will improve services to children and families by focusing on the safety and permanency for children.

## Adoption and Safe Families Act

First, congress has passed and the president has signed the Adoption Support and Safe Families Act - P.L. 105-89. This amends Titles IV-B and IV-E of the social security act related to child welfare, foster care and adoption assistance. The Adoption Support and Safe Families Act emphasizes that child safety is paramount, clarifies that re-unification efforts are not always reasonable and recognizes the urgency of making decisions related to children timely. It sends a clear message to all the players in the system - families, social services, prosecutors, judges - that it is no longer acceptable to dawdle along in an adult sense of time when a childs future is at stake. For a long time we have talked the talk about the importance of permanency for children. This legislation is now asking us to walk the walk. In Kansas many of the provisions of the act are already in state law and we can be proud that once again Kansas has set the pace for the federal initiatives. In your packet you will find a summary of the Adoption and Safe Families Act.

Briefly the Adoption and Safe Families Act has four Titles.

***Title I - Reasonable Efforts and Child Safety provisions:***

- Child health and safety is paramount.
- Reasonable efforts to preserve and reunify families - when a court finds re-unification not being reasonable the court must conduct a permanency hearing within 30 days.
- Efforts to adopt - the state must concurrently make reasonable efforts to recruit and approve qualified families and must document efforts to place children in a permanent home (adoption or guardianship).
- Termination of Parental rights - states are required to file a petition to terminate parental rights when the court has determined a child has been in out-of-home placement 15 of the last 22 months the child has been abandoned or a parent has assaulted the child or killed or assaulted another of their children, or in other aggravated circumstances as defined by state law.

***Title II - Adoption Promotion Provisions***

Adoption incentive payments of $4000.00 per child will be paid to the state for all foster children adopted over a base line number. For children with special needs, an additional $2,000.00 will be paid.

States must provide medical care for foster children who receive adoption support. Kansas does that now.

A child's eligibility for adoption support will continue if an adoption dissolves due to the death of adoptive parent or for any other reason.

States are not to deny or delay inter-state adoptions.

***Title III - System Accountability and Reform Provisions***

Permanency Hearing - States must have a permanency hearing within 12 months of date of entry into foster care (current Kansas law) to determine if child should:

- return home;
- be placed for adoption (state must have termination hearing within 30 days); or
- referred for legal guardianship or other permanency plan.

HHS will develop performance outcomes by which the state will be measured.

The number of demonstration grants to states is increased to 10.

***Title IV - Additional Provisions***

The act re-authorizes the Family Preservation and Family Support Act (IV-B part 2) with additional funding for time limited re-intervention services and adoption services. It also re-authorizes the funding for the court improvement project.

The act authorizes:

- a Kinship Care study,
- child welfare agencies to use the federal parental locator services to locate absent parents,
- a study of the relationship of substance abuse to child abuse
- increases to $5000.00 the amount of savings a youth with an independent living plan can conserve.

Additionally it suggests states should consider standby guardianship provisions for chronically ill parents.

This is a major step forward for children. We are proud that the federal statutes reflect many of the provisions in current Kansas law. The Department will be introducing legislation related to those provisions not already in Kansas law.

## K.I.D.S. - Kansas Initiative for Decision Support

Secondly, we want to tell you about a new initiative which has begun to improve the handling of reports of children in need of care and the making of critical decisions related to those reports. Over the last ten years there has been considerable research around assessments of risk and safety. Several states have successfully standardized and validated tools and protocols to assist staff in making those important initial decisions concerning the immediate safety of a child and the risk of future harm. During the past year we have been researching the state of the art. With the help of the University of Kansas School of Social Welfare we held a symposium at which we heard from leading experts in the field of risk assessment and decision support systems. Two staff attended the national round table on risk assessment and staff went to Rhode Island and Michigan (two states which are leaders in the field) to learn about the operational aspects on decision support systems.

Improving assessment skills and decision making is the most important task we have to undertake and will result in overall better services to children and families. We owe it to Kansas families, our staff and communities to use the most up to date technology and methodology. Based on what we learned, it was decided to create a decision support system that fits the needs of the unique needs of Kansas. The Kansas Initiative for Decision Support-- KIDS--is the name given to this initiative. The implementation of KIDS will have a positive impact in the following ways:

- greater consistency in decision making from worker to worker and from one part of the state to another;
- enhanced child safety through the use of empirically validated assessment of risk of future harm;
- produce better client outcomes;
- supports case decision making at major crossroads such as case opening, service level (i.e. family preservation, foster care), case review, and closure and reunification;
- assists workers in the identification of needs and strengths to best target service interventions (most helpful to new and inexperienced workers); and
- provides useful information to managers and policy makers in determining resource needs, allocation of resources, workload analysis, and service gaps.

Decision support systems are a cohesive set of case work methods ( assessment tools and protocols) that guide critical case decisions. Decision support systems also create a data base which provides information to constantly re-validate the instruments used, identify services gaps and needs, and document decisions.

The components of a decision support system include structured, research based assessment tools or protocols to assess the risk of the likelihood of future harm, immediate safety of the child, and the strengths and needs of the family and child which can mitigate risk and safety issues. It also establishes services standards and interventions that are based on the assessments.

In addition to the support provided to the social worker who must make life alerting decisions KIDS will also provide information for work load management by translating services standards into resource requirements and will assist the agency in deploying resources equitably throughout the system.

Decision support systems have primarily been applied to child abuse and neglect cases and juvenile offender cases. Kansas has the challenge to apply the methodology to youth who come to the attention of the agency as the result of their behavior such as truancy, runaway, out of control behaviors. Roughly a third of the child in need of care case load is comprised of these youth.

In your packet you have a two page summary of the KIDS initiative and a one page general overview of decision support systems which will provide you more detail.

Thank you for the opportunity to talk with you about these major opportunities to improve the safety and permanency for children.

Shannon Manzanares - (785) 368-8190
Sue McKenna - (785) 296-3967
Children and Family Services

For: Rochelle Chronister
Secretary
Department of SRS

Teresa Markowitz
Commissioner
Children and Family Services

| Summary | Action Needed |
|---|---|
| **Title I: Reasonable Efforts and Child Safety Provisions** | |
| *Child Health and Safety Paramount*: In making decisions the child's health and safety must be paramount. | Implement actions below |
| *Reasonable Efforts to Preserve and Reunify Families:* When the court finds that reunification is not reasonable, based on specified facts such as:<br>aggravated circumstances defined in state law including abandonment, torture, chronic abuse and sexual abuse;<br>parent has killed another child or has assaulted this child or another of their children; or<br>parent's rights to a sibling has been involuntarily terminated,<br>The court must conduct a permanency hearing within 30 days of the finding that reunification is not reasonable and the state must make reasonable efforts for adoption or guardianship. | Amend K.S.A. 38-1563, 1565 |
| Reunification and adoption efforts may be concurrent. | Train foster care and adoption contractors |
| *Documentation of Efforts to Adopt:* When permanency plan is adoption the state must document steps taken to:<br>find an adoptive home or relative home;<br>make a permanent placement; and<br>finalize the adoption/guardianship.<br>Additionally the state must document child specific recruitment plans. | Specify in the IV-B state plan and policy how the state will document steps taken. Modify the Case Planning Document. The adoption contractor is currently required to develop a child specific recruitment plan if an adoptive home is not identified within 90 days of the referral.. |
| *Termination of Parental Rights:* States are required to file a petition or join a petition to terminate parental rights when:<br>a child has been in foster care for 15 of most recent 22 months;<br>court has determined abandonment;<br>court has determined that a parent assaulted the child or killed or assaulted another of their children. | Amend the Kansas Code for Care of Children to provide court must make finding of fact that the child was abused or neglected and petition for termination of parental rights must be filed within 30 days.<br>Training for prosecutors on the act. |
| Concurrently state is to identify, recruit, process and approve a qualified adoptive family unless:<br>the child is cared for by a relative; | Adoption contract covers the identification, recruitment of qualified families and is in place. |
| the state has documented to the court compelling reasons a petition is not in the best interest of the child; | Through policy establish guidelines for compelling reasons a petition is not in the best interest of a specific child. |
| the state has failed to provide services deemed necessary for reunification when reasonable efforts to reunify are required. | Case planning documents currently provide documentation of services offered\provided. |

| Summary | Action Needed |
|---|---|
| *Termination of parental Rights:* - Continued | |
| For children who enter foster care after the date of enactment (November 1997) states are required to comply with the 15 of 22 months rule within three months of the end of the states first regular legislative session. (For Kansas July, 1998) | Ensure that information system can identify children related to the 15/22 rule. Develop policy related to Administrative Reviews.<br>Train foster care contractors.<br>Develop procedures for requesting motion by county/district attorney. |
| For children in foster care at the time of enactment states must comply in three phases:<br>1/3 of the children with in 6 months of the close of the legislative session (Oct. 1998);<br>1/3 within 12 months (April, 1999); and<br>full compliance by Oct, 1999. | Training for county/district attorneys and courts on the requirements. |
| *Criminal Record Checks:* State must do CRC prior to approval for foster and adoptive families for children eligible for IV-E foster care and adoption support. Foster or adoptive parent cannot be approved if there is a felony conviction for: child abuse/neglect; spousal abuse; crimes against children, including child pornography; or crimes of violence, rape, sexual assault or homicide. Also, parent cannot be approved if in the last 5 years there has been a felony conviction for physical assault, battery or a drug related offence. The Governor or legislature can opt out of this requirement. | Amend statutes to add adoptive families to the statues requiring the K.B.I. to do criminal background checks child care providers.<br><br>Or, opt out of the requirement. |
| *Quality Standard of Care:* By Jan. 1999 states must implement standards to ensure foster children receive quality services. | No Action required<br>Foster Care outcomes are in place<br>Foster parents are required to have MAPP training and annual training. |

| Summary | Action Needed |
|---|---|
| **Title II Adoption Promotion Provisions** | |
| *Adoption Incentive Payments:* States are eligible for incentive payments when:<br>the number of children placed in FY 1998 exceed the average number for FY's 1995-1997;<br>in FY 1999 and subsequently, when adoptions are higher than in any previous FY after 1996. | Determine baseline data |
| Incentive payment is $4,000 for each child above the base number plus an additional $2,000 for foster children with special needs. | Develop policy about sharing the incentive payments with the adoption contractor. |
| To be eligible for incentive payments in FY 2001 and 2002 states must provide heath insurance for any special needs child receiving adoption assistance. | Kansas would be required to provide a medical card for children in Kansas from states which are not ICMA reciprocal. |
| *Technical Assistance to Promote Adoption:* HHS will provide<br>T.A. to states for:<br>guidelines for expediting TPR;<br>concurrent planning;<br>specialized units to more toward adoption;<br>tools for determining risk of harm if child is returned home;<br>fast tracking children under 1; and<br>legal risk adoption. | No action required |
| *Eligibility for Adoption Assistance in Cases of Dissolved Adoptions:* Federal adoption assistance follows a child to a new adoptive placement. | Revise the eligibly and payment manual to reflect this change.<br>Include in state plan |
| *Health Care for Adopted Children with Special Needs:* States must provide medical care for adoption assistance children. | No action required. Provision currently in place |
| *Interjurisdictional Adoption:* States could lose IV-E eligibility if the Secretary finds a state has denied or delayed placement when an approved family was eligible in another jurisdiction. | Adoption contractor is required to conduct a national search when no Kansas resource is immediately available. Out comes in place to ensure no delays. |

| Summary | Action Needed |
|---|---|
| **Title III: System Accountability and Reform Provisions** | |
| *Permanency Hearings*: Must have permanency hearing within 12 months form date of entry into foster care. Entry into foster care is defined as:<br>date of first judicial finding of child abuse/neglect, or<br>60 days after a child's removal from the home. | Amend Kansas Code for Care of Children to provide hearing must be "permanency" hearing.<br>Amend Kansas Code for Care of Children to require court finding of fact regarding CA\N. |
| The purpose of the permanency hearing is to determine permanent plan for the child and includes time table for:<br>1. returning home;<br>2. placement for adoption/state filing of TPR;<br>3. referral for legal guardianship; or<br>4. other permanent plan based on compelling reason 1,2, or 3 are not options. | Training for contractors, court and prosecutors.<br>Amend Kansas Code for Care of Children. |
| *Participation in Case Reviews/Hearings:* Foster parents, pre adoptive parents and relatives providing care of a child must be given notice of hearing and have a right to be heard. Receiving notice does not equal being a party to the action. | Amend Kansas Code for Care of Children<br><br>Develop policy and procedure to provide up to date information to the court for proper notices. |
| *Performance Measures for State Child Welfare Programs:* HHS with assistance from states and advocates must develop outcome measures for states and report to Congress by May, 1999. | Outcome measures are in place.<br>Volunteer to participate with HHS in establishing outcome measures. |
| Measures are to be developed from AFCARS, in as much as possible and measure:<br>length of stay in foster care;<br>number of foster care placements;<br>number of adoptions. | No action required. Outcome measures are currently in place<br><br>Determine if FACTS\SACWIS can provide the data |
| Additionally HHS, with assistance from states and advocates must study and make recommendations to Congress for performance based incentive funding for IV-B and IV-E. Feasibility study due by May 1999. | No action required |
| *Child Welfare Demonstrations:* HHS may approve 10 demonstration programs for FY 1998-2002. Demonstrations must consider and address:<br>barriers resulting in delays in adoption;<br>identify and address parental substance abuse problems that endanger children and result in foster care placement;<br>address kinship care. | Plan to submit a project. Preliminary work begun. |

| Summary | Action Needed |
|---|---|
| **Title IV: Additional Provisions** | |
| *Reauthorization and Expansion of Family Preservation Program:*..IV-B, part 2, FP and FS and Court Improvements Projects is re-authorized. Part 2 is expanded and must include:<br>community based family support services;<br>family preservation;<br>time-limited reunification services (no more than 15 months);<br>adoption promotion support services (pre and post adoption services, activities designed to expedite the adoption process) | Update state plan to include the additional services and add an assurance that safety of the child is paramount. Develop policy and procedure |
| State plan must assure that the safety of the child is the paramount concern. | Add documentation of the assurances to case planning document. |
| *Kinship Care Report:* HHS to convene an advisory panel on the extent to which foster care children are placed with relatives. HHS is to report to the panel by 6-98, panel reviews and submits comments by 10-98. HHS to submit final report to Committees on Ways and Means and Finance by 6-99. | No action required. Foster Care and Adoption contractors currently utilize Kinship Care |
| *Federal Parent Locator Service:* Child welfare agencies are authorized to use FPLS to locate absent parents. | Current practice in many areas. Ensure that CSE is aware of the federal authorization. |
| *Coordination of Substance Abuse and CPS:* HHS is to report to the committees on Ways and Means and Finance on the out comes of substance abuse by November 1998. | No action required. Enhance effort to coordinate and exchange information with ADAS. |
| *Eligibility for Independent Living Services:* Revised to include children no longer eligible for IV-E because of assets up to $5000. | Develop policy changes. Coordinate with IM/EPS to ensure policy change does not render the child ineligible for a medical card. |
| *Standby Guardianship:* States should (not mandatory) have laws/procedures permitting chronically ill or near death parents to designate a standby guardian to take effect upon parents death/incapacity. | Can do under Kansas current laws. Training concerning the option is needed. |
| *Purchase of American Made Equipment:* To the extent possible equipment and products purchased under ASFA should be American made. | Inform purchasing |
| *Preservation of Reasonable Parenting:* Nothing in this legislation is intended to disrupt or intrude on the family unnecessarily or prohibit reasonable methods of parental discipline or prescribe a particular method of parenting. | No action required |

| Summary | Action Needed |
|---|---|
| *Use of AFCARS Data:*..To the extent possible information required by this act would be supplied through AFCARS.<br><br>*Temporary Reduction of Contingency Fund:* $40 million will be taken from the $2 billion TANF contingency fund.<br><br>**Title V: Effective Date**<br><br>Provision are effective on the date of enactment except for:<br>provisions dealing with termination of parental rights, and<br>legislation required by states to comply with state plan requirements (the first quarter following the end of the next state legislative session). | Determine availability of data in FACTS\SACWIS |

**KANSAS INITIATIVE FOR DECISION SUPPORT**
**"KIDS"**

With the privatization of direct foster care, adoption and family preservation services well underway, attention is turned to improving our ability to accurately assess the needs of children and families. And to target to those needs the services which will enable children to be safe and secure in their own families. Or, when that is not possible, to quickly become a permanent member of another family. Child safety is paramount both in terms of immediate harm as well as the likelihood of future harm. We need to ensure that we are utilizing state of the art methodology as we make the critical decisions which have life long effect on families.

Three activities over the past year helped to shape the direction we are moving in the search for methods to improve assessment and decision making. First, was the client assessment symposium co-sponsored by the KU School of Social Welfare and SRS Children and Family Services. We heard from leading experts in the field of risk assessment and decision support. Secondly, a four person delegation was sent to Rhode Island and Michigan (two states which are leaders in field) to learn about the operational aspects of decision support systems. Thirdly, two staff persons attended the national round table on risk assessment to learn more about what is going on across the country in this area.

Based on what we learned we concluded decision support systems have beneficial impact in the following ways:

- greater consistency in decision making from worker to worker and from one part of the state to another;
- enhanced child safety through the use of empirically validated assessment of risk of future harm;
- produce better client outcomes;
- supports case decision making at major crossroads such as case opening, service level (i.e. family preservation, foster care), case review, and closure and reunification;
- assists workers in the identification of needs and strengths to best target service interventions (most helpful to new and inexperienced workers); and
- provides useful information to managers and policy makers in determining resource needs, allocation of resources workload analysis, and service gaps.

The determination was made to create a decision support system that fits the needs of our unique service system in Kansas and better serves the needs of Kansas children and families. The Kansas Initiative for Decision Support (KIDS) is the name given to this initiative. Decision support systems have primarily been applied to child abuse and neglect cases and juvenile offender cases. Kansas has the challenge to apply the decision support methodology to youth who come to the attention of the agency as the result of their behaviors such as truancy, runaway, conflict with home school and community. Roughly a third of the child in need of care case load is comprised of these youth.



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Planning for the development and implementation of KIDS is based on:

- taking advantage of the research and development completed in other states;
- building upon the work methods and policies already in place that are working well;
- making improvements in the tools and work methods employed in other states;
- taking into consideration the new roles and responsibilities under privatization, Kansas laws, and the "settlement agreement" requirements" and
- making maximum use of field level involvement in both design and implementation.

SRS area staff, supplemented by some staff from CFS, the KU School of Social Welfare and contractors were appointed to develop KIDS. They will identify the major decision points and recommend policy and practice in the following phases of a case.

**Child Protection Response**: Screening and intake--the decision point of whether to investigate and how quickly. Included will be an exploration of any benefits that might be derived from a statewide centralized screening process.

**Service Response:** Decisions related to whether services should be provided, and at what level (i.e. Family Services, Family Preservation, or Foster Care.) These decisions are made during and immediately after investigations of child abuse/neglect and are supported by risk and safety assessments. Decision making for non-abuse neglect will also be addressed.

**Assessment for Case Planning:** Attention is focused on decision points following the initial assessment and throughout the case life to support decisions in case planning and case management, including assessment of case progress and re-assessment of risk for the purpose of case closure.

A steering committee oversees and directs the work of the group. The steering committee is chaired by Commissioner of Children and Family Services and is comprised the CFS Executive Management Team; a representative of the KU School of Social Welfare; an Area Director; a CEO representing the foster care contractors, a children's advocacy representative, and work group chair persons.

The work group will complete their policy development and implementation planning by mid spring. CFS will coordinate data needs with the development of the next phase of AWISP, the child welfare information system.

# Overview of Decision Support Systems

Decision support systems are a cohesive set of case work methods (assessment tools and protocols) that guide critical case decisions. The following are the major features of decision support systems:

1. **Assessment tools** A series of structured assessment tools (i.e. risk assessment, safety assessment, and caretaker and child needs and strengths assessment) administered at critical decision points (i.e. case opening, service planning, case review, and re-unification) in the life of a child welfare case.

2. **Service standards** Service standards defining specific number of case contacts based on the risk and need scores.

3. **Case planning** Case planning protocols that tie client assessment to case outcomes through a service plan of action.

4. **Information System** A comprehensive information system to provide case documentation and information for the worker as well as information to support management functions such as supervision, monitoring, planning, and evaluation (including validation and refinement of the risk assessment tool).

5. **Workload Management** A workload accounting and budgeting system that translates service standards into resource requirements and helps deploy resources equitably throughout the system.

*The Major Assessment Tool Types Are:*

**Risk** - The risk assessment is an empirically validated instrument that provides information on the likelihood of future maltreatment. The resulting score is translated into a classification of Low, Medium, High, or Intense for both abuse and neglect. A risk assessment instrument is less of a clinical diagnostic tool that a method of sorting cases for differential response.

**Safety** - The safety assessment is a consensus based tool intended to identify factors that offset risk. The safety assessment identifies the factors associated with a child being in danger of serious harm and the safety factors that might help to keep the child safe (i.e. other family resources, use of other community agencies, perpetrator leaving, non-maltreating caregiver and child move to safe environment, out-of-home placement, or other).

**Family Needs and Strengths** - Family needs and strength assessment instruments are consensus developed and are designed to identify caretaker attributes that are the contributing factors leading to the abuse or neglect. Examples include characteristics such as emotional stability, parenting skills, substance abuse, domestic relations, and social supports. These factors are scored and needs are classified as low, medium or high need. This information is sometimes used with risk scores to determine service intensity levels. More importantly, these identified factors serve as the starting point for the service plan. This assessment is also used to monitor progress at case reviews and make decisions on re-unification.

**Child Needs and Strengths** - A child needs assessment is a consensus based tool that is intended to identify child needs and general functioning. Ten areas are assessed including: family relationships, substance abuse, mental health, intellectuality ability, school functioning, life skills, health, victimization, sexual adjustment, and support system/peers. Like the family assessment, factors are scored and needs categorized as low, medium or high. This information is used with risk scores to determine service intensity levels.

Decision support systems have primarily been applied to child abuse and neglect cases and juvenile offender cases. Roughly a third of the child in need of care cases in Kansas come to the attention of the agency because of their behaviors such as truancy, runaway, conflict with home, school and community. In developing a Kansas system, we need to apply decision support methodology to this different group of cases..