

Approved: February 16, 2000  
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on February 7, 2000 in Room 423-S of the Capitol.

All members were present except: Representative Bob Bethell, Excused

Committee staff present: Emalene Correll, Kansas Legislative Research Department  
Dr. William Wolff, Kansas Legislative Research Department  
Norman Furse, Revisor of Statute's Office  
June Evans, Secretary

Conferees appearing before the committee: Jane Mackey, Assistant Secretary, KDHE  
Christine Ross-Base, Director, Child Care Licensing and  
Registration Section, KDHE

Others attending: See Attached Sheet

Jane Mackey, Assistant Secretary, Kansas Department of Health and Environment, gave a presentation of the Public Health Improvement Plan. The commission recommends that Kansas leaders consider three primary recommendations and the associated goals:

1. Leadership and governance: Institute a statewide, continuous public health policy-setting, planning and development process.
2. Stabilize funding and enhance capacity: Improve essential public health services and population health by increasing and stabilizing financial resources and allocating state funds for local community health improvement initiatives.
3. Effective delivery: Develop and enhance a statewide network for delivering professional education, workforce initiatives, communications, and public health related services.

The Secretary has promised that if funds are available, KDHE will continue the planning effort incorporating the stakeholders who so diligently worked during the phase one process. (See Attachment #1)

The Chairperson thanked the Sub-Committee on Mental Health Community Developmental Disability Organizations.

Representative Landwehr, Chairperson of the Sub-Committee, stated there were four meetings, hearings were held, Legislative Post Audit reviewed the audit of community developmental disabilities services and the findings and recommendations. Social and Rehabilitation Services staff gave information regarding proposed changes in contracts with community mental health centers and policy changes under discussion. Research staff and Post Audit staff provided material relating to funding of mental health centers.

Recommendations:

The Sub-Committee considered several options for amendments to the Mental Health Reform Act and the act under which community mental health centers are licensed, and is presenting proposed legislation to the Committee on health and Human Services.

The legislation proposed by the Sub-Committee is that considered necessary to deal with issues that are pressing and that need to be acted on by the 2000 legislature. A number of other issues relating to the delivery of mental health services in Kansas were discussed by the Sub-Committee and should be pursued

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on February 7, 2000.

during the interim following the adjournment of the legislature (See Attachment #2).

The full committee reviewed the draft bill, 9rs2181 (See Attachment #3 &4)

Representative Geiger questioned "shall"

The Chairperson said he would keep the committee informed and move forward, not next week. But as soon as possible.

The Chairperson opened the hearing on **HB 2755 - Disclosure of certain information in possession thereof; prohibitions and restrictions on disclosure.**

Christine Ross-Base, Director, Child Care Licensing and Registration Section, Kansas Department of Health and Environment, testified on **HB 2755**, stating they licensed approximately 9,000 child care facilities, including family foster homes and licensed day care homes. The Department also registers approximately 3,000 family day care homes. The Department is moving forward with plans to increase access to the public, disclosing personal information, such as addresses and telephone numbers of day care home providers and family foster home providers on the Internet has become a concern. Safety and privacy concerns were given as the main reasons for not wanting this information published. The Department offered statutory language that permits the Department to continue to provide access to certain personal information to certain agencies and allows day care home providers and family foster parents to choose whether or not to have their street address and telephone number made available to the public at large (See Attachment #5).

There were questions and the Chairperson asked for a balloon and will work another day and then closed the hearing on **HB 2755**.

The meeting adjourned at 3:05 p.m. and the next meeting will be February 8.

HEALTH AND HUMAN SERVICES

DATE February 7, 2000

NAME	REPRESENTING
Christine Ross - Baze	KDHE - Child Care
Stephen N. Paige	KDHE
James Nittler	KDHE
Michael Moser	KOHR
Jane T. Schalansky	JRS
Karen Suddath	"
Lyn Entekin Gocking	"
Bill Persinger	Kanza Mental Health Center
Gene Jack	ICHD Grassburg Board Member
Stinson CARTER	TROQUOIS CENTER
Rouven W. Fischer, Ph.D.	THE COUNSELING CENTER
Kevin Shaw	FRANKLIN County Mental Health -
Beck Mollett	Franklin County mental health
John Taylor	Franklin county mental health
Anjelnette Sink	Franklin County Mental Health
Kimberly Smith	Franklin Cty. Mental Health
KATH R LAUDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Brenda Mills	Family Service & Guidance Center
Bob Curtis	Miami County Mental Health Center
Daniel Boyd	CMHC of Crawford County.
Randy (Ph.D.)	Family Consultation Service, <i>Dep't.</i>
Tam Bell	Ks - Hosp. Assn.
Chris Collins	Kansas Medical Society
Marci Jan	Sedgewick County
Mae Faxon	Johnson County
Keith Richard	MEK Mental Health Ctr
Craig Kahn	KCDD
Bonnie Pennie	Families Together, Inc
Mike Huggles	Ks. Gov't Consulting
LeAnn	Her First Child



**KANSAS**  
**DEPARTMENT OF HEALTH & ENVIRONMENT**  
**BILL GRAVES, GOVERNOR**  
**Clyde D. Graeber, Secretary**

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**Presentation of the Public Health Improvement Plan**  
**Kansas House of Representatives**  
**Health and Human Services Committee**  
**Monday, February 7, 2000**

Thank you for the opportunity to review the highlights of the Public Health Improvement Plan. I hope by now you have all had a chance to review the report and appreciate the scope and magnitude of the project undertaken by the Governor's Public Health Improvement Commission. The nine members of the Commission spent countless hours traveling the state and meeting with Kansans who had an interest in our public health system. The Commission convened eight task forces, conducted several surveys, and held or participated in more than 50 meetings. More than 500 health leaders and stakeholders participated.

As a result, the Commission recommends that Kansas leaders consider three primary recommendations and the associated goals:

- 1) **Leadership and governance:** Institute a statewide, continuous public health policy-setting, planning and development process.
- 2) **Stabilize funding and enhance capacity:** Improve essential public health services and population health by increasing and stabilizing financial resources and allocating state funds for local community health improvement initiatives.
- 3) **Effective delivery:** Develop and enhance a statewide network for delivering professional education, workforce initiatives, communications, and public health related services.

KDHE has already started to build on the work of the Commission. This initial planning work was funded by a Turning Point grant supported by the Robert Wood Johnson Foundation and also by the Kellogg Foundation and the Kansas Health Foundation. The Turning Point program has announced additional funding is available for implementation grants. KDHE has submitted a request for funding which will support activities to improve our response to disparities in health status among racial and ethnic minorities in Kansas and to expand information technology connectivity between local health departments and KDHE. All indications are that our proposals will be favorably received; we should know about the funding in late March. We have also been able to gain support for these initiatives from the Kansas Health Foundation and Kansas Health Institute. The Secretary has promised that if funds are available, KDHE will continue the planning effort incorporating the stakeholders who so diligently worked during the phase one process.

Thank you for your interest in this assessment of public health in Kansas. I would be happy to answer any questions.

State of Kansas  
House of Representatives

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TOPEKA

BRENDA K. LANDWEHR  
Representative, Ninety-First District

February 7, 2000

COMMITTEE ASSIGNMENTS  
HOUSE APPROPRIATIONS—  
SRS SUBCOMMITTEE  
HEALTH AND HUMAN SERVICES  
CHAIR—  
CHILDRENS ISSUES COMMITTEE

**Report of the Health and Human Services Committee's  
Subcommittee on Mental Health and Community  
Developmental Disabilities Organizations**

**Meetings**

The Subcommittee held four meetings. Three of the meetings were all, or in part, hearings on issues relating to mental health services and developmental disability services. Following the first meeting and the assignment of the legislation introduced by the Post Audit Committee that would prohibit community developmental disabilities organizations from being service providers to another committee, the Subcommittee concentrated on issues relating to mental health reform and the delivery of mental health services.

**Conferees**

At the first Subcommittee meeting staff of the Division of Legislative Post Audit reviewed the audit of community developmental disabilities services and the findings and recommendations of the post audit agency. (*Performance Audit Report: Examining Issues Related to Community Developmental Disabilities Organizations, Part I: Assessing the Effectiveness and Availability of Services and Part II Reviewing Implementation and Funding Issues*) A representative of Interhab responded to the audit report and presented information to the Subcommittee.

At subsequent meetings, the Subcommittee received testimony from representatives of the Association of Community Mental Health Centers of Kansas, Inc.; Family Consultation Service, a licensed mental health center in Wichita; COMCARE of Wichita; the Sedgwick Board of County Commissioners; Keys for Networking; the Johnson County Mental Health Center; the Wichita Guidance Center; Via Christie of Wichita; the Kansas Alliance for the Mentally Ill; Shawnee Community Mental Health Center of Shawnee County; the Miami County Mental Health Center; and the Department of Social and Rehabilitation Services. Written material related to funding of mental health centers was provided by Legislative

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Research Department staff and staff of the Division of Legislative Post Audit and Social and Rehabilitation Services. Social and Rehabilitation Services staff also informed the Subcommittee of proposed changes in contracts with community mental health centers and policy changes under discussion by the agency.

## **Recommendations**

The Subcommittee considered several options for amendments to the Mental Health Reform Act and the act under which community mental health centers are licensed, and is presenting proposed legislation to the Committee on Health and Human Services.

The legislation proposed by the Subcommittee is that considered necessary to deal with issues that are pressing and that need to be acted on by the 2000 Legislature. A number of other issues relating to the delivery of mental health services in Kansas were discussed by the Subcommittee and should be pursued during the interim following the adjournment of the Legislature.

## HOUSE BILL NO. \_\_\_\_\_

1 AN ACT concerning mental health centers; amending K.S.A.  
2 19-4002b, 39-1604 and 75-3307b and K.S.A. 1999 Supp. 19-4002  
3 and 19-4002a and repealing the existing sections.

4 Be it enacted by the Legislature of the State of Kansas:

5 Section 1. K.S.A. 1999 Supp. 19-4002 is hereby amended to  
6 read as follows: 19-4002. (a) (1) Every county which establishes  
7 a mental health center shall establish a community mental health  
8 governing board. Except as provided by K.S.A. 19-4002a and  
9 19-4002b, and amendments thereto, every county which establishes  
10 a ~~mental--health--center--or~~ facility for the mentally retarded  
11 shall establish a ~~community-mental-health-or~~ mental retardation  
12 governing board. Every county which wants to establish such  
13 board for the purpose of allowing such board to contract with a  
14 nonprofit corporation to provide services for the mentally  
15 retarded may establish a mental retardation governing board in  
16 accordance with the provisions of this section. Any board  
17 established under this subsection shall be referred to as the  
18 governing board. The governing board shall be composed of not  
19 less than seven members. The members of such governing board  
20 shall be appointed by and shall serve at the pleasure of the  
21 board of county commissioners of the county.

22 (2) When two or more counties desire to establish a mental  
23 health center or facility for the mentally retarded, the  
24 chairperson of the board of the county commissioners of each  
25 participating county shall appoint two members to a selection

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1 committee, which committee shall select the first governing  
2 board. Each participating county shall have at least one  
3 representative on such board.

4 (b) Membership of each governing board, as nearly as  
5 possible, shall be representative of public health, medical  
6 profession, the judiciary, public welfare, hospitals, mental  
7 health organizations and mental retardation organizations,  
8 education, rehabilitation, labor, business and civic groups and  
9 the general public. The governing board of a mental health  
10 center also shall include consumers of mental health services or  
11 representatives of mental health consumer groups and shall  
12 include family members of mentally ill persons.

13 (c) If the board of county commissioners desires to provide  
14 both mental health services and services for the mentally  
15 retarded in accordance with the provisions of this act, and  
16 determine it is more practical to establish a single governing  
17 board for mental health services and mental retardation  
18 facilities, the board of commissioners may establish a single  
19 board. If the board of county commissioners determine that  
20 separate boards are more practical, the board of county  
21 commissioners may establish a governing board for a mental health  
22 center and a separate board for mental retardation facilities.

23 Sec. 2. K.S.A. 1999 Supp. 19-4002a is hereby amended to read  
24 as follows: 19-4002a. (a) (1) In lieu of appointing a mental  
25 retardation governing board as provided by K.S.A. 19-4002, and  
26 amendments thereto, the board of county commissioners of Sedgwick

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1 county may serve as the ~~community--mental--health--or~~ mental  
2 retardation governing board for Sedgwick county.

3 (2) In lieu of appointing a governing board as provided by  
4 K.S.A. 19-4002, and amendments thereto, the unified government  
5 board of commissioners of Wyandotte county may serve as the  
6 ~~community-mental-health-or~~ mental retardation governing board for  
7 Wyandotte county.

8 (b) If the board of county commissioners or the unified  
9 government board of commissioners elects to serve as the  
10 governing board pursuant to this section, the board of county  
11 commissioners or the unified government board of commissioners  
12 shall appoint a ~~mental--health-and~~ mental retardation advisory  
13 board of not less than seven members. Members of the mental  
14 retardation advisory board shall serve at the pleasure of the  
15 board making their appointment. Membership of the advisory board  
16 shall include consumers ~~of---mental---health---services~~ or  
17 representatives of ~~mental--health~~ consumer groups and shall  
18 include family members of mentally ~~+++~~ retarded persons and, as  
19 nearly as possible, shall be representative of public health,  
20 medical profession, the judiciary, public welfare, hospitals and  
21 mental health organizations and education, rehabilitation, labor,  
22 business and civic groups.

23 (c) The board of county commissioners or the unified  
24 government board of commissioners, as the ~~mental-health-or~~ mental  
25 retardation governing board, shall seek the recommendations of  
26 the ~~mental-health-and~~ mental retardation advisory board prior to

1 adopting the annual plan and budget for county mental ~~health--and~~  
2 retardation programs.

3 Sec. 3. K.S.A. 19-4002b is hereby amended to read as  
4 follows: 19-4002b. (a) In lieu of appointing a mental retardation  
5 governing board as provided by K.S.A. 19-4002 and amendments  
6 thereto, the board of county commissioners of Johnson county may  
7 serve as the ~~community--mental--health--or~~ mental retardation  
8 governing board for Johnson county.

9 (b) If the board of county commissioners elects to serve as  
10 the governing board pursuant to this section, the board of county  
11 commissioners shall appoint a mental health and mental  
12 retardation advisory board of not less than seven members.  
13 Members of the mental retardation advisory board shall serve at  
14 the pleasure of the board of county commissioners. Membership of  
15 the advisory board shall include consumers ~~of--mental--health~~  
16 ~~services~~ or representatives of ~~mental--health~~ consumer groups and  
17 shall include family members of mentally ~~iii~~ retarded persons  
18 and, as nearly as possible, shall be representative of public  
19 health, medical profession, the judiciary, public welfare,  
20 hospitals and mental health organizations and education,  
21 rehabilitation, labor, business and civic groups.

22 (c) The board of county commissioners, as the ~~mental--health~~  
23 ~~or~~ mental retardation governing board, shall seek the  
24 recommendations of the ~~mental--health--and~~ mental retardation  
25 advisory board prior to adopting the annual plan and budget for  
26 county mental ~~health--and~~ retardation programs.

1           Sec. 4. K.S.A. 39-1604 is hereby amended to read as follows:  
2   39-1604. (a) On or before October 1, 1991, and in accordance with  
3   rules and regulations adopted under K.S.A. 39-1603 and amendments  
4   thereto, the secretary shall develop and adopt a state assessment  
5   of needs and a plan to develop and operate a state system to  
6   provide mental health services for persons who are residents of  
7   Kansas, including all targeted population members designated by  
8   rules and regulations adopted by the secretary. The plan for the  
9   state system shall include coordinating and assisting in the  
10  provision of community based mental health services in the  
11  service delivery areas of mental health centers, including the  
12  services provided by state psychiatric hospitals and the  
13  provision of state financial assistance. On or before March 1,  
14  1992, the secretary shall adopt a state plan for an integrated  
15  system to coordinate and assist in the provision of community  
16  based mental health services within Kansas. The assessment of  
17  needs and plan for the state shall be reviewed and updated by the  
18  secretary on an annual basis.

19           (b) The secretary shall assist and coordinate the  
20  development by each mental health center of a community  
21  assessment of needs and a plan for the community system to  
22  provide community based mental health services for persons who  
23  reside in the service delivery area of the mental health center,  
24  including all targeted population members. The secretary shall  
25  review and approve, or return, with recommendations for revision  
26  and resubmittal, all such assessments of needs and plans in

1 accordance with criteria prescribed by rules and regulations  
2 adopted under K.S.A. 39-1603 and amendments thereto. ~~If necessary~~  
3 ~~services--for--a--service-delivery-area-cannot-be-provided-by-the~~  
4 ~~mental-health-center-or-in-order-to-ensure-that--a--continuum--of~~  
5 ~~services--will--be--provided--in--a--service--delivery--area, the~~  
6 ~~secretary may require the provision of--services--for--a--service~~  
7 ~~delivery-area-through-contracts-between-two-or-more-mental-health~~  
8 ~~centers.~~ In order to assure equity in funding for community  
9 mental health centers providing mental health services intended  
10 to be funded by this act, the secretary shall enter into  
11 contracts with nonparticipating community mental health centers  
12 who have not contracted to be an affiliate with the participating  
13 community mental health center. In such instances, the secretary  
14 shall be responsible for the determination of the allocation of  
15 funds as between or among the community mental health centers.

16 (c) Each mental health center shall annually review and  
17 update such assessment of needs and plan for the service delivery  
18 area. If the assessment of needs or the plan for the community  
19 system to provide community based mental health services are not  
20 in compliance with the criteria prescribed by rules and  
21 regulations under K.S.A. 39-1603 and amendments thereto, the  
22 secretary shall withhold all or part of the state financial  
23 assistance provided to the mental health center.

24 (d) On or before October 1, 1991, and annually on or before  
25 such date thereafter, each mental health center shall submit a  
26 coordinated services plan addressing the service needs of the

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1 targeted population to the secretary of social and rehabilitation  
2 services for review and approval. The annual coordinated services  
3 plan shall be developed according to the standards established by  
4 rules and regulations adopted by the secretary of social and  
5 rehabilitation services.

6 Sec. 5. K.S.A. 75-3307b is hereby amended to read as  
7 follows: 75-3307b. (a) The enforcement of the laws relating to  
8 the hospitalization of mentally ill persons of this state in a  
9 psychiatric hospital and the diagnosis, care, training or  
10 treatment of persons in community mental health centers or  
11 facilities for the mentally ill, mentally retarded or other  
12 handicapped persons is entrusted to the secretary of social and  
13 rehabilitation services. The secretary may adopt rules and  
14 regulations on the following matters, so far as the same are not  
15 inconsistent with any laws of this state:

16 (1) The licensing, certification or accrediting of private  
17 hospitals as suitable for the detention, care or treatment of  
18 mentally ill persons, and the withdrawal of licenses granted for  
19 causes shown;

20 (2) the forms to be observed relating to the  
21 hospitalization, admission, transfer, custody and discharge of  
22 patients;

23 (3) the visitation and inspection of psychiatric hospitals  
24 and of all persons detained therein;

25 (4) the setting of standards, the inspection and the  
26 licensing of all community mental health centers which receive or

1 have received any state or federal funds, and the withdrawal of  
2 licenses granted for causes shown;

3 (5) the setting of standards, the inspection and licensing  
4 of all facilities for the mentally ill, mentally retarded or  
5 other developmentally disabled persons receiving assistance  
6 through the department of social and rehabilitation services  
7 which receive or have received after June 30, 1967, any state or  
8 federal funds, or facilities where mentally ill, mentally  
9 retarded or other developmentally disabled persons reside who  
10 require supervision or require limited assistance with the taking  
11 of medication, and the withdrawal of licenses granted for causes  
12 shown. The secretary may adopt rules and regulations that allow  
13 the facility to assist a resident with the taking of medication  
14 when the medication is in a labeled container dispensed by a  
15 pharmacist. No license for a residential facility for eight or  
16 more persons may be issued under this paragraph unless the  
17 secretary of health and environment has approved the facility as  
18 meeting the licensing standards for a lodging establishment under  
19 the food service and lodging act. No license for a residential  
20 facility for the elderly or for a residential facility for  
21 persons with disabilities not related to mental illness or mental  
22 retardation, or both, or related conditions shall be issued under  
23 this paragraph;

24 (6) reports and information to be furnished to the secretary  
25 by the superintendents or other executive officers of all  
26 psychiatric hospitals, community mental health centers or

1 facilities for the mentally retarded and facilities serving other  
2 handicapped persons receiving assistance through the department  
3 of social and rehabilitation services.

4 (b) An entity holding a license as a community mental health  
5 center under paragraph (4) of subsection (a) ~~on--the---day~~  
6 ~~immediately--preceding--the-effective-date-of-this-act,--but-which~~  
7 ~~does-not-meet-the-definition-of-a-community-mental-health--center~~  
8 ~~set--forth--in--this--act,--shall--continue--to--be-licensed-as-a~~  
9 ~~community-mental-health-center-as--long--as--the--entity--remains~~  
10 ~~affiliated--with--a--licensed--community-mental-health-center-and~~  
11 ~~continues-to-meet-the--licensing--standards--established--by--the~~  
12 secretary, but which does not meet the definition of a  
13 participating community mental health center set forth in this  
14 act, shall continue to be licensed as a community mental health  
15 center as long as the center continues to meet the licensing  
16 standards established by the secretary.

17 Sec. 6. K.S.A. 19-4002b, 39-1604 and 75-3307b and K.S.A.  
18 1999 Supp. 19-4002 and 19-4002a are hereby repealed.

19 Sec. 7. This act shall take effect and be in force from and  
20 after its publication in the statute book.

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PROPOSED AMENDMENTS

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Section 1. K.S.A. 39-1604 is hereby amended to read as follows: 39-1604. (a) On or before October 1, 1991, and in accordance with rules and regulations adopted under K.S.A. 39-1603 and amendments thereto, the secretary shall develop and adopt a state assessment of needs and a plan to develop and operate a state system to provide mental health services for persons who are residents of Kansas, including all targeted population members designated by rules and regulations adopted by the secretary. The plan for the state system shall include coordinating and assisting in the provision of community based mental health services in the service delivery areas of mental health centers, including the services provided by state psychiatric hospitals and the provision of state financial assistance. On or before March 1, 1992, the secretary shall adopt a state plan for an integrated system to coordinate and assist in the provision of community based mental health services within Kansas. The assessment of needs and plan for the state shall be reviewed and updated by the secretary on an annual basis.

(b) The secretary shall assist and coordinate the development by each mental health center of a community assessment of needs and a plan for the community system to provide community based mental health services for persons who reside in the service delivery area of the mental health center, including all targeted population members. The secretary shall review and approve, or return, with recommendations for revision and resubmittal, all such assessments of needs and plans in accordance with criteria prescribed by rules and regulations adopted under K.S.A. 39-1603 and amendments hereto. ~~if-necessary-services-for-a-service delivery-area-cannot-be-provided-by-the-mental~~



~~health-center-or-in-order-to-ensure-that-a continuum-of-services-will-be-provided-in-a service-delivery-area,-the-secretary-may-require the-provision-of-services-for-a-service-delivery area-through-contracts-between-two-or-more-mental health-centers.~~ ^

(c) Each mental health center shall annually review and update such assessment of needs and plan for the service delivery area. If the assessment of needs or the plan for the community system to provide community based mental health services are not in compliance with the criteria prescribed by rules and regulations under K.S.A. 39-1603 and amendments thereto, the secretary shall withhold all or part of the state financial assistance provided to the mental health center.

(d) On or before October 1, 1991, and annually on or before such date thereafter, each mental health center shall submit a coordinated services plan addressing the service needs of the targeted population to the secretary of social and rehabilitation services for review and approval. The annual coordinated services plan shall be developed according to the standards established by rules and regulations adopted by the secretary of social and rehabilitation services.

Sec. 2. K.S.A. 1999 Supp. 39-1610 is hereby amended to read as follows: 39-1610. (a) Prior to January 1, 1991, for the Osawatomie state hospital catchment area, prior to July 1, 1992, for the Topeka state hospital catchment area and prior to July 1, 1993, for the Larned state hospital catchment area, the secretary shall enter into contracts with mental health centers so that there is a participating mental health center for each area of the state. Each participating mental health center entering into contract with the secretary under this section shall provide screening, treatment and

In order to assure equity in funding for community mental health centers providing mental health services intended to be funded by this act, the secretary shall enter into contracts with nonparticipating community mental health centers who have not contracted to be an affiliate with the participating community mental health center. In such instances, the secretary shall be responsible for the determination of the allocation of funds as between or among the community mental health centers.

evaluation, court ordered evaluation and other treatment services pursuant to the care and treatment act for mentally ill persons.

(b) Subject to the provisions of this act and appropriations acts, the secretary shall administer and disburse funds to each mental health center for the coordination and provision of mental health services for all persons who are residents of the service delivery area of such mental health center.

(c) Subject to and in accordance with the provisions of this act and appropriations acts, the secretary shall undertake, in cooperation with participating mental health centers, the establishment and implementation of the mental health reform phased program.

(1) Beginning with the Osawatomie state hospital catchment area, the secretary shall enter into contracts with participating mental health centers to reduce the rated bed capacity of the Osawatomie state hospital as follows:

(A) One unit of 20 to 30 beds for adults shall be closed by June 30, 1991;

(B) by June 30, 1992, an additional unit or units comprising 20 to 30 beds shall be closed for adolescents; and

(C) by June 30, 1993, an additional unit or units comprising 20 to 30 adult beds shall be closed.

(2) For the Topeka state hospital catchment area, the secretary shall enter into contracts with participating mental health centers to reduce the rated bed capacity of Topeka state hospital as follows:

(A) One or more units comprising 20 to 30 adolescent beds shall be closed by June 30, 1993;

(B) an additional unit or units comprising 20 to 30 adult beds shall be closed by June 30, 1994; and

(C) an additional unit or units comprising

Alternative to Section 1 Proposal

Where a nonparticipating community mental health center exists in the service delivery area, the secretary shall require that the participating community mental center in the service delivery area must equitably allocate the funds entrusted to it based upon the services intended to be funded by this act.

20 to 30 adult beds shall be closed by June 30, 1995.

(3) For the Larned state hospital catchment area, the secretary shall enter into contracts with participating mental health centers to reduce the rated bed capacity of Larned state hospital by closing one or more units comprising 20 to 30 adult beds in each of the fiscal years ending June 30, 1994, June 30, 1995, and June 30, 1996.

(d) The staff of each state psychiatric hospital and the staff of the participating mental health centers in the catchment area of the state psychiatric hospital shall develop and implement admission and discharge criteria for all patients. The provisions of this section shall be incorporated into all contracts entered into between the secretary and the participating mental health centers.

(e) A participating mental health center may expend funds received from the secretary to contract with a contracting agency for the purchase of administrative, financial and other nonclinical services from such contracting agency as may be needed to assist the participating mental health center to carry out the provisions of the contract entered into by the center with the secretary.

Sec. 3. K.S.A. 75-3307b is hereby amended to read as follows: 75-3307b. (a) The enforcement of the laws relating to the hospitalization of mentally ill persons of this state in a psychiatric hospital and the diagnosis, care, training or treatment of persons in community mental health centers or facilities for the mentally ill, mentally retarded or other handicapped persons is entrusted to the secretary of social and rehabilitation services. The secretary may adopt rules and regulations on the following matters, so far as the same are not

inconsistent with any laws of this state:

(1) The licensing, certification or accrediting of private hospitals as suitable for the detention, care or treatment of mentally ill persons, and the withdrawal of licenses granted for causes shown;

(2) the forms to be observed relating to the hospitalization, admission, transfer, custody and discharge of patients;

(3) the visitation and inspection of psychiatric hospitals and of all persons detained therein;

(4) the setting of standards, the inspection and the licensing of all community mental health centers which receive or have received any state or federal funds, and the withdrawal of licenses granted for causes shown;

(5) the setting of standards, the inspection and licensing of all facilities for the mentally ill, mentally retarded or other developmentally disabled persons receiving assistance through the department of social and rehabilitation services which receive or have received after June 30, 1967, any state or federal funds, or facilities where mentally ill, mentally retarded or other developmentally disabled persons reside who require supervision or require limited assistance with the taking of medication, and the withdrawal of licenses granted for causes shown. The secretary may adopt rules and regulations that allow the facility to assist a resident with the taking of medication when the medication is in a labeled container dispensed by a pharmacist. No license for a residential facility for eight or more persons may be issued under this paragraph unless the secretary of health and environment has approved the facility as meeting the licensing standards for a lodging establishment under the food service and lodging act. No license for a residential facility for the

elderly or for a residential facility for persons with disabilities not related to mental illness or mental retardation, or both, or related conditions shall be issued under this paragraph;

(6) reports and information to be furnished to the secretary by the superintendents or other executive officers of all psychiatric hospitals, community mental health centers or facilities for the mentally retarded and facilities serving other handicapped persons receiving assistance through the department of social and rehabilitation services.

(b) An entity holding a license as a community mental health center under paragraph (4) of subsection (a) on the day immediately preceding the effective date of this act, but which does not meet the definition of a community mental health center set forth in this act, shall continue to be licensed as a community mental health center as long as the ~~entity remains affiliated with a licensed community mental health center~~ and continues to meet the licensing standards established by the secretary.

Alternative to Subsection (b) Amendment

An entity holding a license as a community mental health center under paragraph (4) of subsection (a), but which does not meet the definition of a participating community mental health center set forth in this act, shall continue to be licensed as a community mental health center as long as the center continues to meet the licensing standards established by the secretary.



**KANSAS**  
**DEPARTMENT OF HEALTH & ENVIRONMENT**  
BILL GRAVES, GOVERNOR  
Clyde D. Graeber, Secretary

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Testimony

Presented to

**House Health and Human Services Committee**

February 7, 2000

by

Kansas Department of Health and Environment

Thank you for the opportunity to testify on HB 2755 concerning disclosure of certain information to the public by the Department of Health and Environment. The Child Care Licensing and Registration Section of the Department of Health and Environment licenses approximately 9,000 child care facilities, including family foster homes and licensed day care homes. The Department also registers approximately 3,000 family day care homes.

The Department is undergoing significant changes in the collection, management and dissemination of child care facility information. The section has recently completed Phase I of a three phase computerization project. The goal of Phase I was to establish a Y2K compliant core data base of child care facility information which could later be accessed by other agencies and the public. Phases II and III will link child care facility information either directly or over the Internet with other agencies, the regulated community and the public at large. As the Department moves forward with plans to increase access to the public, disclosing personal information, such as addresses and telephone numbers of day care home providers and family foster home providers on the Internet has become a concern.

The Department involved many agencies and individuals in the system design, including child care providers. The Department conducted a survey of child care providers which revealed that a significant number (63%) of child care providers who returned the survey were reluctant to have their personal information, including address and telephone number, placed on the Internet in a public fashion. Safety and privacy concerns were given as the main reasons for not wanting this information published. A typical home child care provider is one adult female caring for 6 to 10 children in a neighborhood where many of the neighbors are away at work. When the exact location of the day care home is readily accessible to the general public, the child care provider may feel more vulnerable to situations that put themselves and the children at risk. Day care home providers are much more comfortable with giving permission to the local health department or the local resource and referral agency to give out their information to parents looking for child care. In addition to safety concerns, child care providers are also concerned about being inundated with telephone calls during the day which interfere with the care of the children.

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In addition to day care home providers, the Department also licenses family foster homes. Foster parents often care for children who have been taken away from their parents due to abuse or neglect or sexual abuse. Having general public access to the exact location and telephone number of foster parents is a safety concern for the foster parents and the children in care.

In order to be both responsive to the real concerns for safety for day care home providers and foster parents, and to be responsive to the public's right to have access to child care information, the Department would like to have statutory language that permits the Department to continue to provide access to certain personal information to certain agencies and allows day care home providers and family foster parents to choose whether or not to have their street address and telephone number made available to the public at large.

HB 2755 addresses the balance of public access and safety in the following ways:

The amendments proposed to K.S.A. 65-506 expands the list of agencies required to receive licensing and registration information. The Department currently provides this information to these agencies both electronically and in the form of paper reports. The Department intends to further link child care facility information to these agencies either directly or over the Internet using security access codes.

The amendments proposed to K.S.A. 65-525 (a) continues to prohibit the disclosure of information identifying individuals but makes it clear that personal information of licensees and registrants does not fall under this category. The identifying information of children in care is an example of information that would not be released under this provision.

The amendments proposed to K.S.A. 65-525 (b) allows the day care home provider or foster parent to request, initially or at application renewal, that personal information, including street address and telephone number not be disclosed publically. The proposed language requires the Department to honor this request unless an administrative enforcement order has been issued or other statutes require release of the information.

The amendments proposed to K.S.A. 65-525(c) permits the Department to release personal information to certain agencies without the permission of the day care home provider or the foster parent even though they may have requested the information not be released. The language also allows the Department to release personal information of the licensee or registrant when an administrative enforcement order has been issued or other statutes require the release of the information. The amendment also restricts certain agencies receiving the personal information from further disseminating the information without the day care home provider or foster parent's permission.

Other states are also struggling with this issue concerning day care home providers. Some states have Internet sites with names, addresses and telephone numbers displayed and others do not. States appear to be unanimous in not publishing foster parent name, address and telephone number to the public at large.

The Department supports the passage of HB 2755. I stand for questions.

Presented by

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Child Care Licensing and Registration Section