Approved: 2-23-2008
Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairperson Brenda Landwehr at 1:30 P.M. on January 15, 2008 in Room 526-S of the Capitol.

All members were present except:
Representative Otto
Representative Storm
Representative Patton
Representativie Kiegerl

Committee staff present:
Norman Furse, Revisor of Statutes Office
Dianne Roselle, Revisor of Statutes Office
Melissa Calderwood, Legislative Research
Cindy Lash, Legislative Research
Chris Haug, Committee Assistant

Conferees appearing before the committee:
Gina Maree, Director of Health Care Finance and Organization, Kansas Health Institute

Others Attending:
See Attached List.

Melissa Calderwood, Legislative Research, gave an overview of the House Health and Human Services Bill Action Report. This was the final report of the 2007 committee. See (Attachment 1).

Cindy Lash, Legislative Research, gave a brief summary of the work of the joint committee on children's issues this summer. The full committee reports will be received soon. A copy of the report is (Attachment 2).
Overview from the Kansas Health Institute, Kansas Mission of Mercy (KMOM). Gina Maree, Director of Health Care Finance and Organization gave the report. The report findings are (Attachment 3). Questions from the representatives: Rep. Morrison asked whether the patients that received follow-up care received it at low or no cost. Gina said there was no follow-up to the surveys to see if the patients received follow-up care. Kevin Robertson, Kansas Dental Association, said "as far as follow-up care, we allow 3 weeks and we set up a network if people have specific issues regarding the care they have received at KMOM. When the patients go out the door they are provided a list of medicare providers and things like that are available to them and they have to make their own appointments beyond that." Rep. Morrison asked, "What was the most common problem that needed fixed?". Kevin replied, "extractions and a they do a lot of fillings". The report showed only forty two percent of patients who required more dental care after the KMOM clinic had a place to go to receive the needed follow-up service. Rep. Morrison's final question was, "Are there any areas in the state that are really deficient in Dentists?" Kevin said the rural areas are in the most need of dentists. The ratio of dentists to people in Kansas is 1 to 2,150. The national average is 1 to 1,650. Chairperson Landwehr asked Gina if it were possible to get a breakdown of the numbers on page 3, figure 1. She wanted a breakdown of the 19-30 and 31-40 age groups. Gina said she would provide that information. The next KMOM will be in Garden City on February 18th and 19th. Looking to do Emporia and Hays soon. They are planning on going to southeast Kansas after that.

Chairperson Landwehr stated we are doing the hybrid type committee with computers, so please bring the computers to the next meeting.

Chairperson Landwehr adjourned the meeting at 2:05 p.m. The next meeting will be Thursday, January 17, 2008.

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST

DATE: 1-15-08

NAME	REPRESENTING
Michelle Peterson	Capitol Strategies
Kim Sieber	Hein Law Firm
Gina C Maree	Kansas Health Institute
John Kiel	Kansas Health institute
Sarah Carkhuff Fizell	Kansas Health Institute
Derek Glasgow	Intern for Ed Trimmer
Austin Hayden	Hein Law Firm
Larrie Ann Lower	KAHP
Michael Kennedy, MD	President Kansas Acad Family Physicians
Kevin Robertson	Kansas Dental Association

House Health + Human Services
1-15-08
Attachment 1

House Health and Human Services
(Bill Action Report)
Final Report – 2007 Committee

BILL NUMBER	SUBJECT	DATE OF HEARING/ DISCUSSION	DATE OF FINAL ACTION BY HOUSE COMMITTEE	CURRENT STATUS OF BILL	Statutory Citation/ Enacted Bill
HB 2097	Administering of vaccines by pharmacists, pharmacy students and interns to persons age five and older. (Related bill: HB 2009)	1/31/07	2/13/07	03/27: Ref to S PH/W SCOW am. (2097 into S Sub for HB 2531)	Am. KSA 65-1635a (Supp). (Sec. 32, **2007 SB 11**)
HB 2214	Regulation of sedation permits by Kansas dental board (HC action includes contents of HB 2215)	2/19/07	2/20/07	Passed as am.(SC) Conf. Comm. adds SB 176	Am. KSA 65-1436 (Supp); 65-1147 (Supp); and 65-1456
H2418	***General hospital defined.***	2/15/07	2/20/07	Passed House (HCOW am.) No action, SC Discussed, no action taken – Conf. Committee	
H2483	Physical therapists evaluation and treatment of patients. *Difference*: SC and SCOW add additional provisions for PT practice and regulation by professionals. Also - HB 2224 (newborn screening) is added by SCOW.	2/15/07	2/20/07	Passed as am. (HC) Am. - SC; SCOW	Am. KSA 65-2901, 65-2912 (Supp). (Sec. 19-20, **2007 SB 11**)
S81	***Fingerprinting and criminal history background checks required by the board of healing arts.***	3/1/07	--	2007: No action, HC	
S104	An act concerning the board of nursing; membership thereon; amending K.S.A. 74-1106 and repealing the existing section.	3/7/07	3/21/07	Passed as Am. - HC, HCOW *Difference:* compensation of Bd members (HC am.) 03/28: S Concur, 40-0	Am. KSA 74-1106

BILL NUMBER	SUBJECT	DATE OF HEARING/ DISCUSSION	DATE OF FINAL ACTION BY HOUSE COMMITTEE	CURRENT STATUS OF BILL	Statutory Citation/ Enacted Bill
S107	***Fingerprinting and criminal history background checks for certain licensees of the board of nursing.***	~~3/7/07~~	--	2007: No action, HC	
S176	Dental hygienists; issuance of permits, authorized practice.	3/12/07	3/21/07	Passed HC No action, HCOW	*see HB 2214
S178	Cancer registry; uses of confidential data.	3/14/07	3/14/07	Passed - consent HC; Am. by HCOW *Difference*: Incl. of HB 2266, Umbilical Cord Donation Info. Act 03/28: Senate Nonconcur 05/14: remains in Conf. Comm. (Enacted in SB 11)	Am. 65-1,172 (Cancer) New 65-7501 (Umbilical Cord Donation Info Act) (Sec. 24-25, **2007 SB 11**)
S201	Child placement agencies; secretary of health and environment; information on persons at child care facilities or family day care homes.	3/20/07 3/21/07	3/22/07	Passed as Am. HC *Difference:* Substantiated vs. adjudicated; clarification of notification requirement (HC am.) 03/28: S Nonconcur; conferees apptd. 04/02: S Concur	Am. KSA 65-516 (Supp) Repeal 65-516a

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BILL NUMBER	SUBJECT	DATE OF HEARING/ DISCUSSION	DATE OF FINAL ACTION BY HOUSE COMMITTEE	CURRENT STATUS OF BILL	Statutory Citation/ Enacted Bill
S202	Definition of child care facility.	3/14/07	3/14/07	Passed HC; Am. by HCOW *Difference:* accredited schools exemption from child care facility licensure (HCOW am.) 03/28: S Nonconcur; conferees apptd. 04/03: CCR adopted. House recedes from HCOW am.	Am. KSA 65-503
S284	Radiologic technologists licensure requirements.	3/6/07	3/21/07	Passed as Am. HC *Difference:* House am. delays effective date 04/02: S Concur	Am. KSA 65-7305 (Supp) Repeal 65-7306 (Supp)
S323	*Kansas health policy authority; medicaid reimbursement.* (From Health Care Strategies)			No action, HC 04/02: HCOW Substitute for SB 11 includes SB 323.	New KSA 75-7426 (Sec. 12, **2007 SB 11**)

Second Committee has not made recommendation.

Other bills passed by the House Committee in 2007: HB 2098 (referred to HCOW) and HB 2255 (referred to H Fed/ State); HB 2531 (in SC; contents ncluded in 2007 SB 11).

Bills enacted: HB 2096; 2181; 2182; 2216; SB 62; 63; 72; 82; 105; 106; 138; 285; 368
(A summary of each bill is located on the Department's web site: http://skyways.lib.ks.us/ksleg/KLRD/Publications/2007_Summary_Final.pdf)

House bills remaining in Committee (not listed above): **2009** (see HB 2097 comment); **2030** (Inst. Licensees, Bd of Healing Arts); **2162** (Tobacco prohibition, schools); **2174** (Bd of Cosmetology); **2180** (Impaired licensees, BSRB); **2205** (Prostitution, infectious disease); **2213** (Child care facilities); **2215** (–contents enacted in HB 2214); **2227** (HPV); **2235** (Bd of Nursing Fees); **2239** (Definition health care provider, BSRB); **2243** (Tobacco use, medical care facility); **2247** (Home Plus beds); **2252** (Human cloning; penalties); **2254** (Crime concerning human embryos); **2265** (Occupational Therapists, nonmedical services); **2266** (see SB 178 comment; contents enacted in SB 11); **2271** (health care quality, performance indicators); **229[illegible]** (Abortion, minor, restrictions); **2312** (autopsy, phenylalanine test); **2327** (Behavioral science training, autism spectrum disorders); **2342** (Hospital Infections Disclosure Act); **2351** (Kansas Mental Health Parity Act); **2355** (Food Service and Lodging Act); **2376** (Treatment facilities and programs); **2392** (HB 2531 – short version passed Committee; enacted in SB 11); **2401** (Healthy Workplace Act); **2414** (Unlawful sale of ephedrine); **2416** (Prescription pgm model act); **2417** (Dental Bd membership); **2444** (Background checks, child care facilities, family day care); **2454** (Abortions, informed consent, sonograms); **2472** (Interpreters data bank); **2481** (Adoption assessments); **2482** (Deaths ruled suicides); **2503** (Child support enforcement–insurance, workers comp payments; 2007 subcommittee convened); **2570** (see HB 2481; adoption assessments).
Also, **HR 6006** (KUMC affiliation).
2008 Assignments: **2607** (School districts, healthy weight education pgm)

Senate bills remaining in Committee: **81**; **107**; **323**; **346** (Long-Term Care Bill of Rights – SWAM)

M. Calderwood
Kansas Legislative Research Department
Prepared 01/14/08

Report of the Joint Committee on Children's Issues to the 2008 Kansas Legislature

CHAIRPERSON: Representative Mike Kiegerl

VICE-CHAIRPERSON: Senator Julia Lynn

OTHER MEMBERS: Senators David Haley, Laura Kelly, Roger Reitz, and Susan Wagle; and Representatives Marti Crow, Brenda Landwehr, Bill Otto, and Sue Storm

STUDY TOPICS

The Committee is directed to oversee the implementation and operation of the children's health insurance plan, including measurable outcomes, and other children's issues the Committee deems necessary.

LCC REFERRED TOPICS

- Review Childcare Licensing
- Review State Children's Health Insurance Program
- Review State Foster Care Program
- Review Committee membership, authority, and meeting days

Health + Human Services Committee
1-15-08
Attachment 2

Joint Committee on Children's Issues

REVIEW OF CHILD CARE LICENSING DIVISION PRACTICES AND POLICIES; REVIEW OF THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM; REVIEW OF FOSTER CARE; AND COMMITTEE MEMBERSHIP, AUTHORITY AND MEETING DAYS

Conclusions and Recommendations

The Joint Committee on Children's Issues concludes and recommends,

- Appointments from the membership of the House Appropriations Committee and the Senate Financial Institutions and Insurance Committee be made to the Joint Committee on Children's Issues prior to the 2008 Legislative Session.
- The consideration of Senate Bill 16 introduced in the 2007 Legislative Session which among other things, would give the Joint Committee on Children's Issues statutory authority to introduce legislation.
- The number of authorized interim meeting days for the Joint Committee on Children's Issues be no less than three per interim.

Proposed Legislation: None.

Background

The Joint Committee on Children's Issues was created in 1998 as part of legislation enacting the state children's health insurance program, known as HealthWave in Kansas. As specified in KSA 46-3001, the Committee is responsible for overseeing the implementation and operation of the children's health insurance program. The statute also gives the Committee authority to address other children's issues as it deems necessary.

The Committee was required to operate as a special committee authorized by appropriations bills for the 2005 and 2006 interims due to appointments made in violation of KSA 46-3001(a) governing membership of the Committee. For the 2007 Interim, the Committee operated as the Joint Committee on Children's Issues although the membership of the Committee was not in compliance with KSA 46-3001(a) and no provision had been made in the 2007 Legislative Session for the Committee to operate as a special committee. The standing committee memberships not represented in the 2007 Interim were the House Appropriations Committee and the Senate Financial Institutions and Insurance Committee.

The Legislative Coordinating Council requested the Committee review the practices and policies of the Department of Health and Environment's Child Care Licensing Division and study how the child care licensing practices of the Department affect the children of Kansas.

As noted, in addition to topics referred by the Legislative Coordinating Council and statutory topics, the Committee has the authority to study other issues that affect children. Topics addressed during 2007 were a study of foster care and a

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review of the statutory membership and authority of the Joint Committee on Children's Issues.

Committee Activities

The Committee was authorized two meeting days for the 2007 Interim and met on September 18, 2007 and October 30, 2007. The Committee deliberations are summarized below.

Child Care Licensing

Staff Overview. The Committee received an overview of the Kansas child care licensing laws from staff in which it was noted the original statutory requirement that places in which children under age 16 who are cared for away from their own homes by persons who are not related to the child by blood or marriage are required to be licensed was enacted in 1919. The original 1919 laws remained substantially the same until 1994 when they were revised, amended, and augmented. One of the new 1994 provisions enunciates the child care policy of the State of Kansas as "families in fulfilling their roles as primary child care givers and educators of young children should have access to high quality, affordable child care." Seven principles to be used in guiding the development of state child care policy are set out in the Kansas statutes and include family self-sufficiency; investment in children; consumer orientation and education; accessibility; affordability; diversity; and efficient, coordinated administration and support for infrastructure.

The Secretary of Health and Environment has the authority to grant a license to operate a child care facility and a registration to operate a family day care home. The Secretary, in cooperation with the Secretary of Social and Rehabilitation Services, is required to develop and adopt rules and regulations for the operation and maintenance of child care facilities according to standards set out in statute.

Kansas Department of Health and Environment. The Committee heard testimony from the Director of the Division of Health, Kansas Department of Health and Environment, who discussed the Child Care Licensing and Registration Program located within the Division's Bureau of Child Care and Health Facilities. The program has four sections responsible for: 1) licensing child care facilities and registering child day care homes, resource and referral agencies, and programs serving school age children; 2) licensing 24-hour residential care facilities, treatment and correctional facilities serving children and youth, family foster homes, and maternity centers; 3) complaint intake, regulation development and revision, and enforcement protocols; and 4) support services, including processing background checks and reception and file management functions.

The Director noted that in FY 2007 approximately 11,000 child care facilities, foster homes, family day care homes and maternity centers were licensed or registered by the state. These facilities have the capacity to serve approximately 144,000 children on any given day. There are 19 state-level surveyor positions with primary responsibility for conducting child care inspections and complaint investigations. Additionally, the state contracts with 70 local health departments to conduct the regulatory program for child care facilities at the local level. The ratio of child care surveyors to facilities is one surveyor for every 153 licensed child care facilities and registered family day care homes. The ratio of foster care surveyors to facilities and homes is one surveyor for every 149 homes and facilities.

Over 63 percent of Kansas families with young children have parents working outside the home who rely on child care programs to care for their children while they are at work. The Department estimates that approximately 200,000 infant, toddler, preschool, and school age children attend day care each year.

The Director of the Division of Health also noted that a basic component of the regulatory process is the inspection of child care facilities by trained surveyors and that surveyor consistency is a prime concern of the Department which uses a "shadow survey" process to evaluate surveyor consistency. In FY 2007, over 2,700 complaints were received and processed for licensed child care facilities and family day care homes. Approximately 13,000 inspections were conducted, with 71 percent of the inspections finding the child care provider in full compliance or substantial compliance with regulations.

State staff perform criminal history and child abuse background checks on all persons over 10 years of age who live, work, or volunteer in child care facilities. In FY 2007, of the 40,000 background checks conducted, 379 individuals (1.0 percent) were identified as prohibited and not eligible to live, work, or volunteer in a child care facility or registered family day care home.

The Director of Health discussed three areas on which the Department is focusing to improve its regulatory process. They include changes to current statutes, revisions to departmental regulations, and expansions in the Department's licensing and registration information system.

In the 2007 Legislative Session, the state agency proposed statutory changes (HB 2213) that would give the Department additional tools to enforce statutes and regulations commensurate with the scope and severity of non-compliance. In part, the proposed changes would reduce the criteria for a civil penalty so that smaller civil penalties could be used as a deterrent earlier in the process before suspension of a license is mandated. The statutory changes also would authorize the Department to ban admissions and to restrict a license.

Additionally, the Department is developing priorities for the revision of the regulations governing licensed child care facilities and registered family day care homes. The regulations addressing family foster homes, maternity centers, child placing agencies, psychiatric residential treatment facilities, and day care resource and referral agencies currently are undergoing significant revision. The draft regulations for family foster care homes have been presented to hundreds of foster parents across the state in order to solicit additional comment prior to entering the formal regulation promulgation process. The Department also is reviewing the child care licensing system in Kansas. Issues will be identified through listening tours throughout the state and reviewed by a panel of experts utilizing the "Best Team" process.

The Director of the Division of Health noted the Department is reviewing possible enhancements to the web-based child care licensing and registration information system known as CLARIS. Currently, some state agencies, child care resource and referral agencies, and local health departments have access to the system. With additional statutory authority, the Department could give the public access to child care provider information to assist parents in making child care choices. Other enhancements could provide child placement agencies with online access to family foster home licensing and compliance information, allow health departments and child placing agencies to enter survey findings and licensure recommendations online, allow online application renewal, and permit facilities to look up their own licensing information, including staff background checks.

Social and Rehabilitation Services. The Committee heard testimony from the Directors of the Division of Children and Family Services and the Division of Economic and Employment Support, Kansas Department of Social and Rehabilitation Services, on the agency's role in the regulation of family foster homes and residential facilities. The Departments of Health and Environment and Social and Rehabilitation Services have an interagency agreement to assure a coordinated system of maintaining

roles and responsibilities for funding, licensing, and placement standards for children or youth placed in the custody of the Secretary of Social and Rehabilitation Services. In August 2007, there were 5,866 children in state custody, with approximately 3,900 of these children placed in family foster homes or residential facilities.

Social and Rehabilitation Services is responsible for performing child abuse and neglect registry checks on prospective foster families and employees in child care facilities regulated by the state. The two agencies have joint investigation responsibility in responding to complaints of abuse or neglect in a regulated child care facility. Senate Bill 16 was introduced in the 2007 Session at the request of the 2006 Interim Committee. The bill would give the Joint Committee on Children's Issues statutory authority to introduce legislation as it deems necessary in performing its functions. A hearing was held on the bill but no action was taken. In FY 2007, of the approximately 27,000 reports of suspected child abuse and neglect accepted for investigation, 554 were reports of allegations of abuse or neglect in family foster homes or state regulated child care facilities.

The Committee also heard testimony concerning the availability of federal funding for foster care and child day care facilities. The Department of Social and Rehabilitation Services transfers federal Title IV-E foster care program funds to the Department of Health and Environment on a quarterly basis to cover program expenditures. Approximately $921,000 in Title IV-E funds were transferred to the Department of Health and Environment in FY 2007.

Social and Rehabilitation Services is the federal Child Care Development Fund lead agency. This is the primary source of federal funding available to states for child care and is intended to impact all families using child care. The funding, in part, is to assist states in implementing health and safety standards; increase the availability, affordability, and quality of child care services; and promote parental choice in choosing child care. An annual transfer of approximately $2.3 million in funding is made to the Department of Health and Environment.

Social and Rehabilitation Services administers a child care subsidy program, serving an average of 21,000 children monthly at a cost of approximately $7.7 million annually. The subsidy program is designed to meet the goals of availability and affordability of child care and of parental choice for low income families to enable them to maintain and stabilize employment. The state agencies have established procedures for sharing compliance information to ensure that regulated providers enrolled in the subsidy program are meeting Kansas licensing standards.

Federal regulations require that a minimum of 4.0 percent of the Child Care Development Funds received by the state be allocated to improving quality of care. Kansas uses the funds to support the Kansas Quality Rating System for child care providers. The rating system is designed to build on state health and safety standards and provides information to assist parents with choice of providers. The funding also is used to support the Resource and Referral Network which provides referral information for parents and technical assistance and professional development opportunities for child care providers.

Local Government and Child Placing Agencies. The Committee heard testimony from representatives of the City of Wichita Child Care Licensing Program and the United Methodist Youthville child placement agency concerning the role of local government and child placing agencies in the regulation of child care.

The representative of the Wichita Child Care Licensing Program noted the Wichita program is one of the largest funded by and under contract with the state. The Wichita program provides licensure

services and education for Sedgwick County, including annual surveys of child care facilities, complaint investigations, and community outreach. The state agency provides quarterly surveyor training in interpretation of regulations, policies, and procedures. Additionally, the state agency periodically evaluates the performance of each contract agency to ensure a high degree of accountability and professionalism. It was noted, if local programs were not available, the state might not be able to meet the needs of the provider or families concerned with safe child care in a timely manner. Without state support for program development, training, oversight, and regulatory enforcement, local agencies would be required to invest additional resources to provide these services.

The representative of the United Methodist Youthville child placing agency testified that currently there are 59 child placing agencies and 2,415 licensed family foster homes in the state. The child placing agencies provide a variety of services to children and families, including intake and assessment, case planning, and aftercare services. For family foster care, child placing agencies recruit potential foster care families, conduct assessments, and provide training and other support services to foster parents. Child placing agencies also provide adoption services.

Report on Child Care in Kansas. The Committee heard testimony from the Executive Director of the Kansas Association of Child Care Resource and Referral Agencies. The Executive Director noted the Association is the network of child care resource and referral agencies that serves all 105 counties in Kansas. By working with parents, child care providers, and state and local government, the agencies work to ensure that families have access to affordable, high-quality child care. The conferee provided testimony concerning a report released by the National Association of Child Care Resource and Referral Agencies which ranked states on child care center standards and oversight. The national association is preparing a similar report on family child care standards.

Following an explanation of how the states were scored and ranked, the representative of the Kansas Association of Child Care Resource and Referral Agencies noted Kansas received 54 out of 150 points and was ranked 47th among the 50 states. Strengths identified in the Kansas program include the number of developmental domains child care centers are required to address. Kansas requires child care centers to address five of the six developmental areas. Additionally, Kansas requires seven of the 10 basic standards for health and safety. Weaknesses identified in the Kansas program include group size, child-staff ratio, educational qualifications for center directors, the educational qualifications for center teachers, and center staff not being required to have CPR training. The conferee focused on the issue of staffing qualifications and on-going professional development and noted the Association is working to establish a 45-hour pre-service orientation for individuals who have never worked in the early childhood field. The Committee was asked to give careful consideration to the improvements that could be made to move Kansas into the top 10 states in the nation.

Interested Parties. The Committee heard or received written testimony from 32 interested parties concerning the policies and practices of the Child Care Licensing Division. The interested parties included a legislator; parents; child care providers; facility surveyors; and representatives of child care associations and organizations. Comments and concerns raised by the interested parties included:

Legislator - a concern was expressed that the core problem appears to be the "police mentality" of state staff instead of a "consultive spirit." Recommendations to correct the problems of the agency included sending a survey to licensees asking for feedback on surveyors and how the system is or is not working; having surveyors

provide evaluation forms to new licensees; sending inspection reports to the state agency in order to provide feedback directly to the agency; having all surveyors take a one day "Dale Carnegie" seminar to improve "people skills"; and making some positions in the state agency unclassified to support efforts of top management to make program improvements.

Parents - one parent urged the Committee to keep the standards for child care high and a second parent, concerned about retaliation if complaints against providers are filed, advocated for allowing all interested parties to have input into the standards for child care in the state. The third parent, whose child died after being injured while in a day care home, recommended the following: day care providers should be required to have a homeowner's insurance rider set at a minimum of $300,000 in the event of injury to a child while in the care of the provider; mandatory, systematized, and consistent continuing education on safe child care techniques should be required, including an on-site observer or coach to ensure competency; subrogation policies should be rewritten to protect parents from having to pay exorbitant health care costs when providers are not held financially or legally liable; direct line of sight supervision for children in home day care should be required and the day care setting should be required to be on one level of the home; stricter liability laws should be enacted to hold negligent providers legally responsible; and stricter enforcement and follow-up should be required when regulatory violations are found.

Child Care Providers - support was expressed for the home day care setting because of the smaller teacher-to-child ratios. Concerns were expressed about the attitude of "policing" instead of "helping" on the part of surveyors and the lack of consistency among surveyors. Concerns also were expressed about the complexity of the child-provider ratio and the determination of when a child is "school age."

Recommendations for improvement of the child care system included: requiring first aid training every two years and CPR training every five years; requiring classes in child development, discipline and guidance, first aid, CPR, communicable diseases, and child abuse and neglect to be taken before a provider license is issued; providing an exception to the child-provider ratio for before and after school care; with the help of the State Fire Marshal and law enforcement, finding an inexpensive way for care givers to provide a means to evacuate the home in an emergency while allowing doors to be kept locked for security and safety reasons; not allowing surveyors to write up violations that are corrected at the time of the survey; requiring surveyors to explain rulings and the reason for the write-up; resolving discrepancies in facility code requirements at the local and state level; and reviewing and updating the regulations that set the child-provider ratios and the definition of a school age child.

Surveyors - the Committee heard and received written testimony from five county health department surveyors. One surveyor noted the state agency and local surveyors had made tremendous strides in an effort toward consistency across the state and, with approximately 116 surveyors in Kansas, 100 percent is not attainable. National standards recommend a ratio of one surveyor for every 75 regulated facilities. The county ratio is one surveyor for every 146 facilities, almost twice the recommended workload. Another surveyor noted current child care regulations are minimum standards.

Recommendations made by the surveyors to strengthen child care and safety in Kansas included: raising the qualifications of day care providers to include personal reference checks for new providers in that current regulations define the parameters of physical safety and other aspects of direct care but do not address requirements for the provider; requiring annual continuing education in areas such as first aid,

nutrition, and child development; and eliminating registered day care homes as a provider category since registered day care homes have no accountability and limited training requirements. Additional recommendations included: providing a wider range of enforcement options to assure that endangered children are protected sooner and that providers address required changes sooner; giving surveyors the authority to visit day care homes unannounced during open hours other than to conduct a survey or investigate a complaint and to have access to any part of the home; and continuing the current ratio of children to providers because the more children in care, the harder it is for the provider to pay appropriate attention to all of the children.

Associations and Organizations - the Committee heard testimony from Every Woman's Resource Center, KEY Staffing, the Kansas Association for the Education of Young Children, Kansas Children's Alliance, Children's Mercy Hospitals and Clinics, and Child Care Providers Together/AFSCME. Concerns presented to the Committee included the belief current regulations are subjective, intimidating, and difficult to use; the regulations on the ratio of children allowed in a facility during child care hours are unclear and difficult to understand; child care providers are not required to keep a current First Aid certificate, are not required to have a first aid kit in the home, and are not required to have a CPR certificate; child care providers may, but are not required to, attend training for the identification of child abuse; the reimbursement rates to providers have not been increased since 2002 and 81 percent of day care providers earn less than $20,000 a year; and the training for both providers and surveyors is inadequate.

Recommendations included providing the state agency with additional resources to monitor and enforce regulations; requiring that Child Abuse registry checks be completed before a person begins work in a child care facility; support mandatory, pre-service training for all child care providers; increase the required number of annual in-service training hours beyond the current five to ten hours per year; support revisions that would give the state agency additional enforcement options to help programs move into compliance; and provide feedback to providers concerning the outcome of background checks. Additionally, it was recommended the regulations for protecting child passengers be revised to meet the requirements of the Kansas Child Passenger Safety law and the licensing requirements include an annual car seat check by a certified child passenger safety technician.

State Children's Health Insurance Program

The Committee heard testimony concerning the status of the State Children's Health Insurance Program (SCHIP) from representatives of the Kansas Health Policy Authority, UniCare Health Plan of Kansas, Children's Mercy Family Health Partners, Cenpatico Behavioral Health Systems, and MAXIMUS.

Kansas Health Policy Authority. The Executive Director highlighted the Authority's priorities concerning the health of Kansas children by stating the goal of health reform, in part, is to help school children make wise nutrition choices, increase their physical activity and fitness, and take personal responsibility for healthy choices.

The State Medicaid Director updated the Committee on the status of the State Children's Health Insurance, known as a part of HealthWave in Kansas. The Committee was provided background information on the program and received an update on participating managed care organizations, the eligibility clearinghouse project, and the behavioral health contract. Dental coverage is now provided in a fee-for-service model. The successful transition, effective January 1, 2007, from one managed care organization to two organizations was noted.

Information was provided on the challenges the new federal Medicaid citizenship verification

requirement has presented and the status of federal funding. It was noted the state Medicaid agency has made significant progress in reducing the number of unprocessed applications and reviews caused by the federal citizenship verification requirement since its implementation in July 2006. As of October 11, 2007, the total number of unprocessed applications and reviews had been reduced to 5,920 from a peak of 15,000 in February 2007.

Concerning federal funding, the Medicaid Director noted the provision of federal law authorizing funding for SCHIP on a ten-year basis ended September 30, 2007. Currently, Kansas has approximately $8.0 million in carryover funds, and the agency is monitoring Congressional efforts to fund the program.

UniCare Health Plan. A representative of the UniCare Health Plan of Kansas provided an update on UniCare's activities in the last year including: the opening of two community outreach centers in Topeka and Wichita; providing community outreach grants to seven local health departments and community organizations; working with the Health Policy Authority in developing ideas for the Premium Assistance Program; and implementing disease management outreach programs. The UniCare representative also discussed the status of federal funding and noted the Kansas SCHIP Coalition estimates that Kansas will face a $31 million shortfall by federal FY 2012.

Children's Mercy Family Health Partners. The Chief Executive Officer of Children's Mercy Family Health reported they currently serve approximately 95,000 children in the HealthWave program. The provider network serving HealthWave has grown to 1,541 primary care physicians, 2,852 specialists, 111 hospitals, and 620 pharmacies. The Committee was provided an update on other activities in the last year, including: placing community relations, health improvement and provider relations staff in Hutchinson, Kansas City, Salina, Topeka, Wichita, and other areas of Kansas; establishing Provider and Community Advisory Councils to get feedback on program development and operational improvements; partnering with a variety of state and local health related organizations; and sponsoring numerous community outreach events.

Cenpatico. The Chief Executive Officer of Cenpatico Behavioral Health reported Cenpatico currently is managing behavioral health benefits for over 35,000 HealthWave members. In the past year, Cenpatico has focused on three program areas: improving choice for members by improving access to providers; improving quality of care; and demonstrating accountability. In addition to the 28 contracted community mental health centers which include over 1,275 providers, Cenpatico has added 30 facilities and 378 additional non-center credentialed providers to its network. Two of the facilities have improved services to rural members. Contractual changes were made in May 2006 which removed outpatient visit limits. Although not contractually obligated to do so, Cenpatico has continued to provide community-based services. Telemedicine and in-home therapy services have been added to ensure coverage for rural members. Care coordination, case management, and intensive case management services have been enhanced as well as the tracking of member and provider satisfaction. Since its inception in January 2005, Cenpatico program costs have been reduced by approximately 25 percent.

MAXIMUS. A representative of MAXIMUS noted the organization had been a contractor since August 1998 and is in the last year of the current contract awarded in October 2003. MAXIMUS determines new eligibility and completes yearly reviews for SCHIP (Title XXI) recipients; provides screening and ancillary work for Medicaid (Title XIX) recipients; collects and administers premium payments for SCHIP recipients; completes requested changes on open Clearinghouse cases; provides a toll-free line to the Customer Service Center; and processes the

citizenship and identity verification for Medicaid applicants. From October 1, 2006 through September 30, 2007, 112,966 applications and reviews were received and 387,114 pieces of mail and faxes were handled by the Clearinghouse. Two major operational changes were discussed: the conversion of more than 3.5 million pieces of paper and 150,000 case files into image files thus enabling more responsiveness, and the negative operational impact of the federal requirement to establish citizenship and verify the identity of all Medicaid recipients.

State Foster Care Program

Staff Overview. The Committee received a staff overview of the Revised Code For the Care of Children. Staff outlined the statutes and rules and regulations that concern children and youth who are the subject of abuse and neglect.

District Courts. A judge representing the Shawnee County District Court provided information on the court's role in the placement of children. The primary role of the court is to assure that due process is provided to each child alleged or adjudicated to be a child in need of care and that due process is provided to the child's parents or parent. The court is to carry out the policies and procedures set forth in state and federal law and Kansas Supreme Court rules and administrative orders.

Department of Social and Rehabilitation Services. A representative of the Department of Social and Rehabilitation Services informed the Committee that the foster care system in Kansas is governed by the Kansas Code for Care of Children which was enacted in 1982 and revised in 2006. The revised code has been designed as a set of checks, balances and partnerships that help protect the rights of parents while ensuring that children are safe from harm. Law enforcement and the Department are responsible for receiving and investigating reports of suspected child abuse and neglect. Social and Rehabilitation Services typically takes the lead during Monday through Friday business hours unless the report concerns serious injury or an emergency needing immediate action to remove the child from danger. In these situations, law enforcement participates with the Department in responding and conducting an investigation. Law enforcement also responds to reports of abuse and neglect after hours and on weekends if it is determined to be an emergency requiring immediate intervention. Only law enforcement has authority to remove a child from the home or take the child into protective custody without a court order.

The agency representative discussed the process required to place a child in the custody of the Secretary of Social and Rehabilitation Services and continued oversight by the court. Social and Rehabilitation Services contracts with four community based non-profit organizations to provide reintegration and foster care services. The Child Welfare Community Based Services contractor provides foster care for the child and works with the child and the family toward a successful reunification. The contractors also recruit and train foster parents.

Department of Health and Environment. The Committee heard from the Director of Health, Kansas Department of Health and Environment, on the role of the Department in ensuring the quality of foster care in Kansas. The Director noted that there were approximately 2,415 licensed foster care homes in FY 2007, with roughly 6,700 beds. Approximately 4,500 children are living in an out-of-home placement each month.

In addition, the Department licenses the approximately 59 child placing agencies providing foster care coordination and adoption services. State surveyors and child placing agency staff have joint responsibility for consultation and technical assistance in working with family foster homes. The state surveyors conduct the initial home inspection and complaint investigations alleging regulatory noncompliance. The child

placing agencies are responsible for placing children into family foster homes; recruiting foster homes; assessing families; providing support to the foster family; and conducting the renewal licensing inspection.

Concerning the roles of the Departments of Health and Environment and Social and Rehabilitation Services in regulating foster care facilities, the Director of Health noted that statute requires the agencies to work in partnership. The specific roles and responsibilities for each agency are outlined in Interagency Agreements.

Concerning regulatory revisions, the Director of Health noted the Department used a "Best Team" process to review and update the foster care regulations and to review the effect current policies, procedures and systems issues are having on the availability and safety of family foster home care. The draft regulations were discussed in forums across the state in which over 350 foster parents participated. In addition to regulatory changes, two statutory changes resulted from the Best Team work: A statutory change clarified that pre-adoptive homes with an adoption agreement are not subject to licensure and the Department was given the statutory authority to conduct fingerprint background checks. A system change under consideration would enable child placing agency staff to conduct family foster home initial inspections in addition to the renewal inspections and to conduct some complaint investigations as determined by the Department.

Child Placing Agencies. The Committee heard from representatives of the Child Welfare Companies of Kansas which include TFI, KVC Behavioral Health, St. Francis, United Methodist Youthville and DCCCA. It also heard from the Children's Alliance of Kansas which is the association for the private child welfare agencies.

Child Welfare Companies of Kansas. Representatives of the child welfare companies noted that, under contract with SRS, they provide family preservation and out-of-home placement and have adoption responsibilities for children removed from their homes and placed in the custody of the state. It was noted foster parents are a precious resource and that, although the number of licensed foster homes has improved over the last several years, the supply does not fully address the ongoing need for an adequate number of licensed homes. The pace of licensing has improved with the addition of state staff, but this has increased the need for mutual training to ensure clear understanding of the expectations for licensure. Concern was expressed that foster care providers fear retaliation.

Suggestions for improving the affiliation of Health and Environment, Social and Rehabilitation Services, contractors and foster families included: joint training with surveyors that includes, at a minimum, foster family recruiters and specialists; doing whatever it takes to get the state on-line computer system running at full capacity; and having the affiliates work together to develop joint training on standards, paperwork requirements, customer service, polices and requirements for exceptions, and the on-line computer system when fully operational.

Children's Alliance of Kansas. The Director of the Children's Alliance, as a member of the Best Team that updated existing foster care regulations, supported the process as a vastly improved way to develop regulatory language. He did express concern that the child placement agencies have been waiting for two years to get the new foster care regulations in place, but was optimistic that the new regulations would be effective by April or May 2008. He stated that some foster homes that are precluded from being licensed under the existing regulations may qualify under the new regulations and the new regulations will assist both public and private agencies in their ability to be clearer with prospective foster families about regulatory expectations.

Concerning regulatory enforcement, the Director expressed a sense of growing concern by child welfare service providers of a discernable change in the last six months in the level and expectation of compliance by the state agency. Concern also has been expressed by member agencies regarding differences in regulatory interpretation that are making it more difficult to maintain adequate numbers of qualified foster homes. The Director reported the most common concern is that current application of existing regulations is not consistent with past applications and, if a change in policy has taken place, the providers have not been notified. Also, fear of retaliation, whether real or perceived, is a problem for member agencies and foster parents.

The Children's Alliance Director provided the following suggestions to improve the foster care system: develop, and make a priority, joint training on the regulatory process and new regulations for both public and private partners which will improve communications; create a mutual understanding of the regulations and develop a customer service focus for all parties; provide child welfare providers with access to background checks on prospective employees; complete the CLARIS computer system upgrades as quickly as possible to streamline the licensing of foster homes, greatly reduce duplication and improve services to foster families, state agency staff, and child welfare providers; and work with Social and Rehabilitation services, and other private agencies, to develop a system to ensure an adequate supply of qualified, trained staff.

Interested Parties. The Committee heard from representatives of the Kansas Foster and Adoptive Parents Association and a specialized foster home provider.

Kansas Foster and Adoptive Parents Association. Representatives of the Foster and Adoptive Parents Association commented that one of the goals of the Association is to help empower foster parents to be more involved in the procedures within the foster care system. The state is not perceived as a "nurturer" as stated in the manual used for training foster parents, and foster parents are not yet considered as equal partners in the system. Foster parents sometimes are not given the foster child's specific diagnosis for fear of labeling the child. The Committee was asked to help create a climate in which foster parents will be recognized as full partners in the foster care system.

Specialized Foster Home Provider. A specialized foster home provider commented that foster and adoptive parents can be unfairly targeted and unduly stressed. He explained that a foster parent caring for special needs children may be visited by, and make visits to, a number of child care service providers, including the family social worker, each child's social workers and support workers, state investigators from both Social and Rehabilitation Services and Health and Environment, Court Appointed Special Advocates, therapists for individual children, medication managers, dentists, doctors, teachers and counselors. Additionally, such foster parents may be especially vulnerable to reports of abuse and neglect because of behavioral disorders of the children in their care. The foster parent expressed concern that the licensing agency does not appear to take into consideration that Social and Rehabilitation Services has "screened out" complaints of abuse or mistreatment and will still conduct an investigation even if it is not timely. He also expressed concern about retaliation.

The foster parent provided the following recommendations for the Committee's consideration: require instructional memoranda for such regulations as those directing bodies of water to fenced; require that some regulatory exemptions be made permanent; establish by law a Foster Parent's Bill of Rights; require that a foster child's psychological, medical and educational records be reviewed and testimony from knowledgeable therapists, educators, and medical resources be included in an investigation; require that investigators to be knowledgeable

about the behaviors and disorders presented by the foster and adoptive children in an investigation or recuse themselves from the investigation; and form an allegation review board outside the scope of the licensing agency, preferably made up of foster parents, police officers, judges, school teachers, and attorneys, to investigate allegations.

Committee Membership, Authority and Meeting Days

As part of its deliberations, the Joint Committee on Children's Issues noted that it was required to operate in violation of the statute governing membership and without authorization to operate as a special committee in the 2007 Interim. As stated in KSA 46-3001(a), the following standing committees are to be represented on the Joint Committee on Children's Issues: House Insurance (name changed to House Insurance and Financial Institutions in the 2007 Legislative Session); House Health and Human Services; House Appropriations; Senate Financial Institutions and Insurance, Senate Public Health and Welfare; and Senate Ways and Means. The standing committee memberships not represented on the Joint Committee on Children's Issues in the 2007 Interim included the House Appropriations Committee and the Senate Financial Institutions and Insurance Committee.

The Committee concurred with the findings of the 2006 Interim Special Committee on Children's Issues that the Committee's importance is reflected in the number of issues addressed over the years that are not addressed by any other committee and that the Committee should have the authority to introduce legislation.

Senate Bill 16 was introduced in the 2007 Session at the request of the 2006 Interim Committee. The bill among other things, would give the Joint Committee on Children's Issues statutory authority to introduce legislation as it deems necessary in performing its functions. A hearing was held on the bill but no action was taken.

The Committee also noted the limited number of authorized meeting days in the 2007 Interim did not provide the Committee sufficient time to address adequately the complexity of the issues before it, nor did it allow adequate time for input from interested parties.

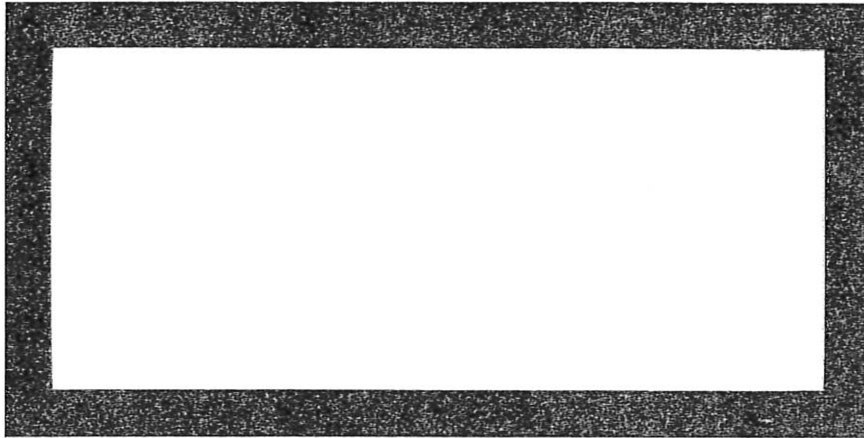
Conclusions and Recommendations

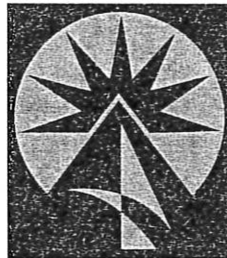
In summary, the Committee deliberations resulted in the following conclusions and recommendations regarding Committee membership, authority, and meeting days:

- The Committee recommends appointments from the membership of the House Appropriations Committee and the Senate Financial Institutions and Insurance Committee be made to the Joint Committee on Children's Issues prior to the 2008 Legislative Session.

- Because many issues considered by the Joint Committee on Children's Issues are not addressed by any other legislative committee, the Committee recommends passage of Senate Bill 16 to give the Joint Committee statutory authority to introduce legislation.

- To allow sufficient time to adequately address the complexity of issues within its statutory responsibility, the Joint Committee on Children's Issues recommends that the number of authorized interim meeting days be no less than three per interim.





KANSAS HEALTH INSTITUTE

Healthier Kansans through informed decisions

Health + Human Services Committee
1-15-08
Attachment 3

Kansas Mission of Mercy — Topeka: Patient Characteristics, Needs and Satisfaction

April 2007

Final Report to the United Methodist Health Ministry Fund
KHI/R 07-3

John Rule

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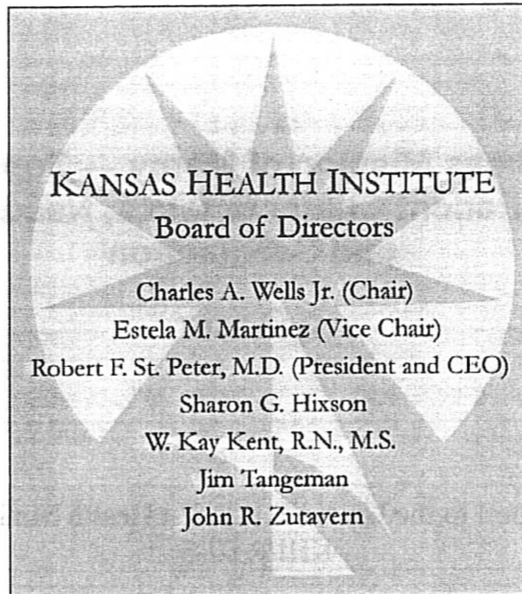

The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

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EXECUTIVE SUMMARY

The Kansas Mission of Mercy (KMOM), a project of the Kansas Dental Charitable Foundation, held a free dental clinic in Topeka, Kansas, on February 2 and 3, 2007. Staff collected 1,067 questionnaires representing 1,441 patients (patients who traveled together completed one survey together). The United Methodist Health Ministry Fund contracted with the Kansas Health Institute (KHI) to summarize and analyze the survey.

KEY FINDINGS

- The majority of patients were non-Hispanic White (68.2 percent) and over 18 years old (84.5 percent). Hispanic (12.0 percent) and non-Hispanic Black (12.6 percent) constituted the largest ethnic/racial minority groups.

- Seventy-three percent of clinic patients had not visited a dentist in the past year, and 56 percent had not visited a dentist in over two years. An additional 7 percent reported never having visited a dentist prior to the KMOM clinic.

- Financial reasons, including lack of dental insurance, are the primary reasons clinic patients had not seen a dentist recently.

- Most of the clinic patients reported that they did not have any kind of dental insurance (78.9 percent).

- More than half of patients (56.3 percent) reported having pain prior to the clinic. Of these individuals, about 50 percent had experienced pain for more than 30 days.

- Only 42 percent of patients who required more dental care after the KMOM clinic had a place to go to receive the needed follow-up services.

- Most patients traveled less than an hour to attend the clinic, though 15 percent had to travel more than two hours.

INTRODUCTION

Oral health directly affects general health and well-being. Poor dental health can negatively affect overall health, can result in pain and suffering, and may lead to absence from work and poor nutrition due to modified eating patterns. Despite its importance, access to dental care remains out-of-reach for some; and lack of proper care disproportionately affects the poor, racial and ethnic minorities, and residents of rural communities. The Kansas Mission of Mercy (KMOM), with funding from the United Methodist Health Ministry Fund, has attempted to reach out to the underserved populations of Kansas by organizing free dental clinics across Kansas annually since 2003. The purpose of this report is to summarize the experiences and characteristics of the clinic patients, to document the event, and to raise awareness of oral health issues in Kansas.

METHODS

The sample consists of an identified respondent from each group that traveled together to the clinic, resulting in 1,067 responses and representing the experience for 1,441 patients. The clinic experience was assessed with a 20 item survey instrument developed by KHI specifically for the KMOM free dental clinic project. This same survey instrument was used last year for the KMOM — Wichita clinic, and contains only minor changes (additional questions) from the survey used previously at the KMOM free dental clinics held in Garden City, Salina, Pittsburgh, and Wyandotte County. Clinic staff was available to answer questions or to help complete surveys when necessary. The survey was available in both Spanish and English.

Although patients were discouraged from completing more than one questionnaire, all repeat visitors may not have been identified in order to maintain the promised confidentiality of the survey. As a result, the findings may be biased. It may be that those who returned/attended more than one day were more likely to have reported on their first survey that they would require further care.

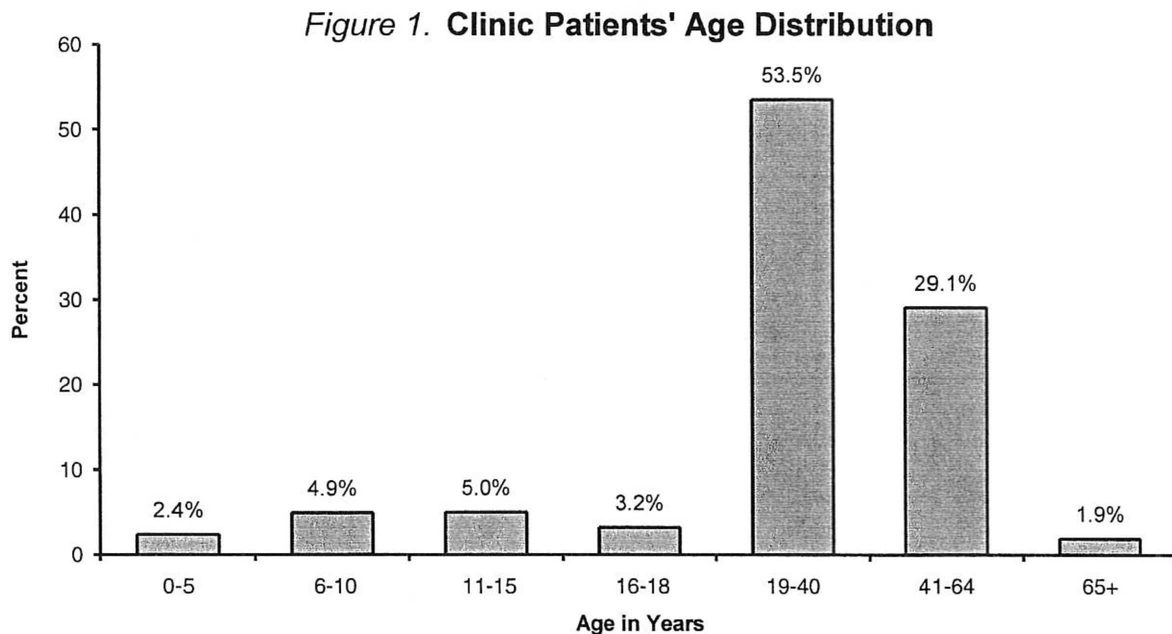
Data were entered into a Microsoft Access database and responses were recoded into categories for this report. Other errors, or any indeterminate responses, were excluded from analysis. Missing responses for individual questions were similarly excluded from analysis. A bilingual staff person translated all Spanish responses into English. The data were analyzed using STATA statistical software.

RESULTS

PATIENT DEMOGRAPHICS

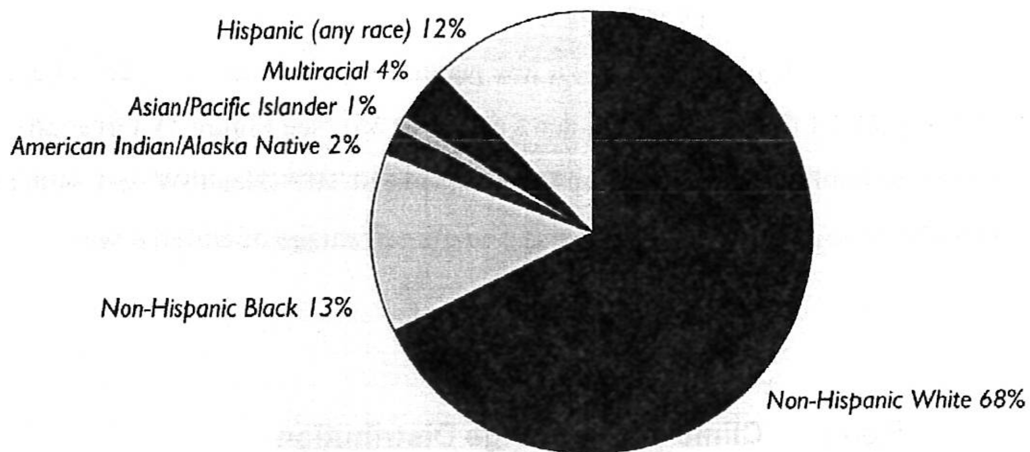
More than half (54.2 percent) of clinic patients were female. The majority of clinic patients (84.5 percent) were adults over 18 years old. Only a few patients (approximately 2 percent each) represented the extreme ends of the age range (under 5 and over 65) (see Figure 1). Given that children from low-income families can qualify for Medicaid and SCHIP (HealthWave), both of which provide comprehensive dental care coverage, the small percentage of children was expected.

Figure 1. **Clinic Patients' Age Distribution**



The majority of clinic patients reported race and ethnicity as non-Hispanic White (68.2 percent), while 12.6 percent indicated that they were non-Hispanic Black and 3.8 percent were multi-racial or "other." A little more than 12 percent indicated that they were Hispanic of any race. (Note: Race and ethnicity are reported mutually exclusively. Any patient counted as Hispanic is excluded from the count of racial groups.) The proportion of patients who were Hispanic and non-Hispanic Black is larger than their distribution in Kansas (8.4 and 5.5 percent, respectively).

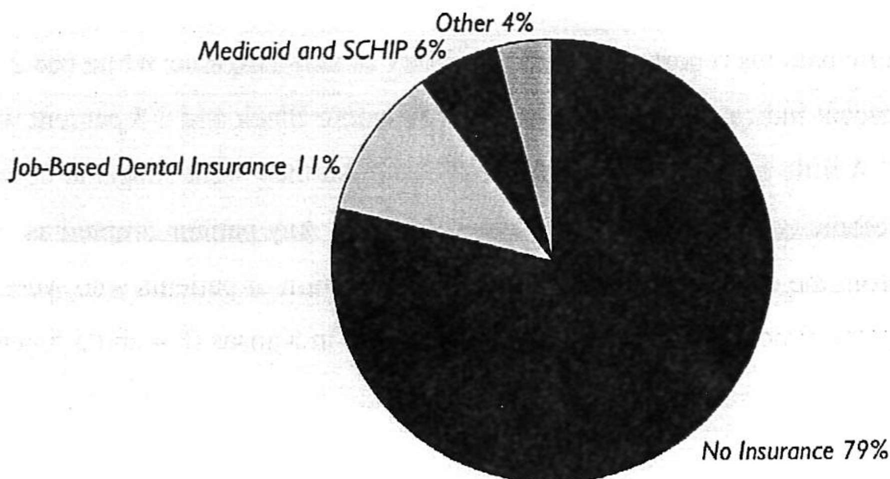
Figure 2. **Patients' Race and Ethnicity Distribution**



DENTAL INSURANCE STATUS

The majority of patients (78.9 percent) reported having no dental insurance, while 11.2 percent were covered by dental insurance through their own or their spouse's job and about 6 percent received dental coverage through HealthWave. (HealthWave is a public health insurance program that provides comprehensive dental care coverage for children in families with incomes below 200 percent of the federal poverty level). Fewer than two percent of patients had purchased their own private dental insurance (see Figure 3).

Figure 3. **Reported Types of Dental Insurance**



Non-Hispanic White patients had the highest proportion of individuals with job-based dental health insurance. While children 18 years old and under were more likely to have some form of dental insurance than were adults, most children participating in the clinic (66.5 percent) had no dental insurance.

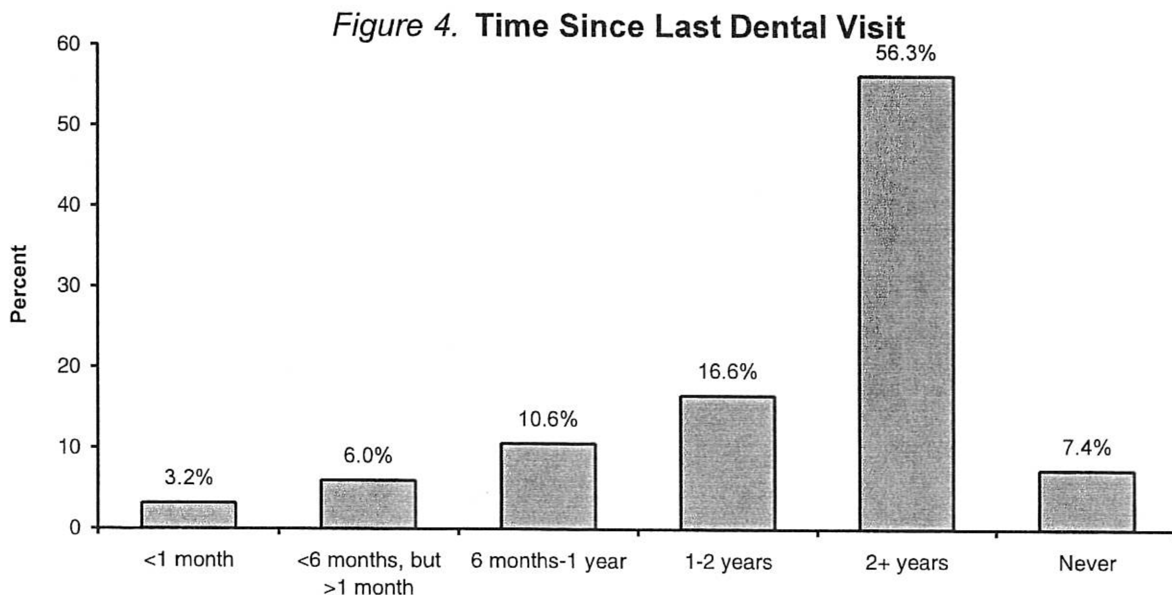
The racial/ethnic group with the largest proportion of patients without dental insurance was Hispanic (83.6 percent). Non-Hispanic Black patients had the next largest proportion without dental insurance (81.3 percent), followed by non-Hispanic White patients (77.0 percent).

ACCESS AND NEEDS

Time Since Last Dental Visit

Most patients reported limited or inadequate access to care. Only 19.7 percent reported having seen a dentist within the past year, and only 9.2 percent reported a dental visit within the past six months. Fifty-six percent reported that they had not seen a dentist in two years or more and an additional 7 percent indicated they had never seen a dentist before visiting the KMOM clinic (see Figure 4).

Figure 4. **Time Since Last Dental Visit**



The majority of those who had not received care within the past six months (87.9 percent) indicated the primary reason was lack of dental insurance and an inability to pay (see Table 1). A total of 6.9 percent reported that a dentist refused to see them. This issue may warrant further review. Further, only 2.2 percent reported that there was no dentist available where they live.

Table 1. **Reasons Why Respondents Have Not Received Dental Care in More Than Six Months***

Reason	Percent
No insurance (cannot afford to pay)	87.9
Dentist refused to see me	6.9
Do not like receiving dental care	4.0
Did not think I needed to go	3.6
No dentist was available where I live	2.2
Dentist offered appointment, but I could not take it	1.8
Other	7.9

*Percentages total more than 100% because respondents were asked to "check all that apply."

Hispanic (6.0 percent) and non-Hispanic Black (6.3 percent) patients were less likely than non-Hispanic White patients (9.0 percent) to have seen a dentist within the past six months. Adults were just as likely to have seen a dentist in the past six months as children under 18 years old (8.4 percent vs. 7.9 percent, respectively).

Required Further Care

Nearly 41 percent of patients reported that they were told at the clinic that they would require further care. Of these patients, only 41.5 percent reported having a place where they could go to receive follow-up care. While children were less likely than adults to need further care, there was not a large difference (< 3 percent difference) in the need for follow-up care between racial/ethnic groups.

Pain and Duration

More than half (56.3 percent) of clinic patients said they had experienced dental pain prior to the KMOM clinic visit. Among these, half experienced pain for 30 days or longer while one-third experienced pain for one week or less (see Figure 5).

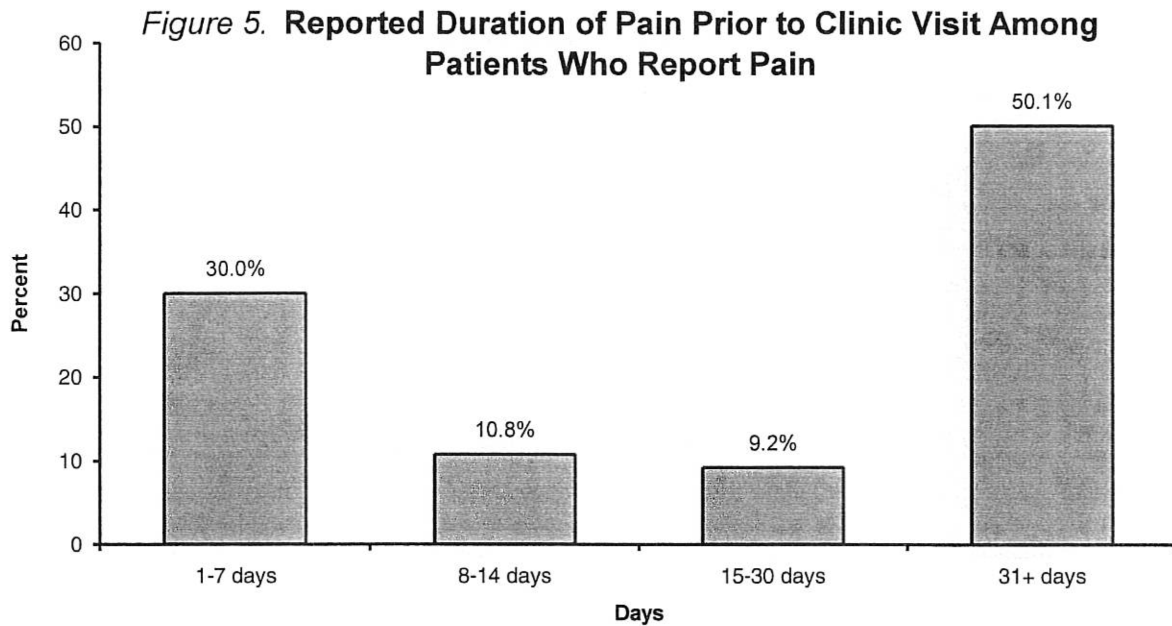


Figure 5. **Reported Duration of Pain Prior to Clinic Visit Among Patients Who Report Pain**

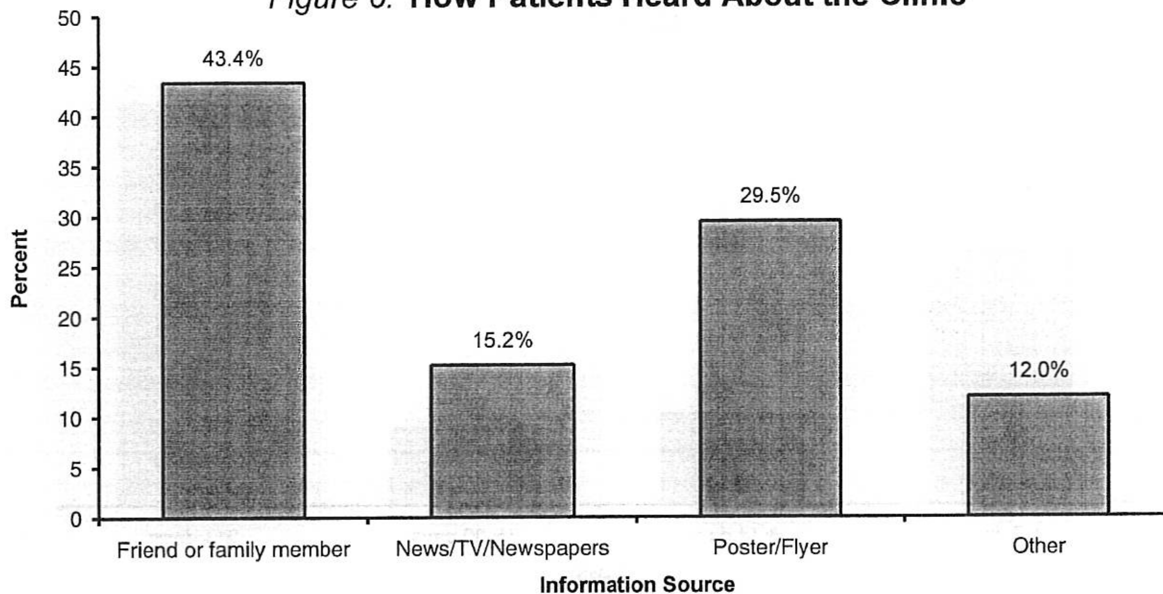
More adults than children under 18 years old who reported experiencing pain prior to the clinic had pain that lasted more than 31 days (50.3 vs. 44.4 percent, respectively). Sixteen to 18 year olds had the largest proportion of individuals who reported experiencing pain for longer than 31 days prior to the KMOM clinic (71.4 percent).

OUTREACH

More patients attended the clinic on Friday (54.7 percent) than Saturday (40.7 percent). A few individuals attended the clinic both days (4.6 percent).

How Patients Heard About Clinic

Clinic patients learned about the clinic from a variety of sources (Figure 6). They reported hearing about the clinic from friends and family (43.4 percent), a poster or flyer (29.5 percent) and the news, TV, or newspapers (15.2 percent). An additional 12 percent indicated hearing about the clinic from some other place. Most often listed in this category were health-related businesses (e.g., physicians, dentists, clinics), schools, mental health centers, churches and Social and Rehabilitation Services (SRS).



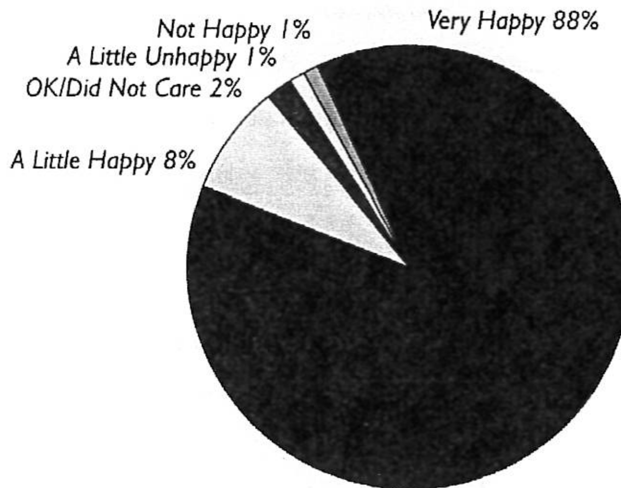
Education at Clinic

More than half of those treated at the clinic received written information about what to do for their teeth following treatment and were shown how to brush/clean their teeth (54.3 percent and 51.6 percent, respectively).

Satisfaction with the Clinic

The majority (87.6 percent) reported that they were "very happy" with the services they received (Figure 7). Less than two percent reported any dissatisfaction. Those who were dissatisfied indicated displeasure with not receiving all the services they wanted or needed, wait time, and the season in which the clinic was held (winter months). It should be noted that a significant number of patients waited overnight outside in the cold for the clinic to open its doors. In addition, several patients recommended the use of a number system that would ensure that order of arrival determines the order of treatment.

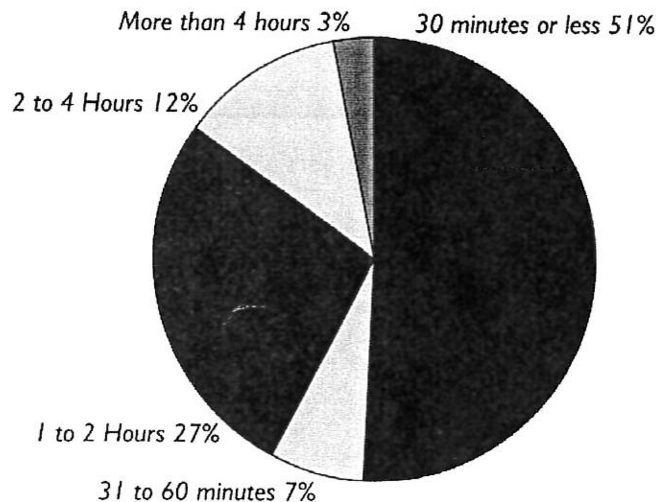
Figure 7. **Level of Satisfaction with the Clinic**



Travel Time/Distance

Similar to the other KMOM clinics, some patients traveled great distances to attend; 15 percent traveled more than two hours (see Figure 8). Most patients (57.8 percent), however, reported having to travel one hour or less to attend the clinic; 50.4 percent traveled 30 minutes or less. Additionally, it is noteworthy that 8.7 percent of the patients at this year's clinic had been treated at a previous KMOM clinic. This may indicate the level of unmet need in the state, due the growing number of individuals who seek care at another KMOM clinic.

Figure 8. **Travel Time Required to Attend the Clinic**



SUMMARY AND CONCLUSIONS

The Topeka KMOM clinic provided dental treatment to a large number of patients, many of whom reported high need and poor access to dental care. Poor access was verified by the high level of chronic pain, the reported small proportion of patients with dental insurance coverage, and the substantial number of patients who had not recently visited a dentist, even when experiencing pain.

These findings raise several concerns regarding oral health and access to dental care in populations similar to those served by Topeka and other KMOM clinics:

- A substantial proportion of all patients lacked dental insurance (78.9 percent).
- Seventy-three percent of clinic patients had not visited a dentist in the past year, and 56 percent had not visited a dentist in over two years. An additional seven percent reported never having visited a dentist prior to the KMOM clinic.
- Hispanic and non-Hispanic Black patients were least likely to have seen a dentist within the past six months.
- More than 50 percent of patients reported having pain prior to the clinic, and 50 percent of them for more than 30 days in duration.
- Only 42 percent of patients who required more dental care after the KMOM clinic had a place to go to receive the needed follow-up services.
- Only 7.9 percent of pediatric clinic patients had visited a dentist within the past six months.

APPENDIX A

Kansas Mission of Mercy Patient Survey

February 2-3, 2007

Please take a few moments to complete this survey so that we can evaluate how well this clinic is serving the public. This information will be kept confidential and will not be used to identify you or your family.

1. What day did you attend the clinic? (Circle one):

a.) Friday, February 2 b.) Saturday, February 3 c.) Both days
About what time did you arrive? (for example, 9 a.m.):____________________

2. How did you hear about the clinic? (Circle one):

a.) Friend or family told me
b.) Saw in the news/TV/paper
c.) Saw flyer/poster/information. Where did you see it? (write in):________________
d.) Someplace else (write in):________________________

Please mark the boxes in the columns that apply for you and any other family members (your spouse, children, or other relatives) who received services today. Please use an extra form if there are more than 5 people.

	You	**Person 2**	**Person 3**	**Person 4**	**Person 5**
3. Age					
4. Mark (M) for male or (F) for female					
5. Which race describes you and your family? (Check all that apply)					
a.) African American/Black					
b.) American Indian/Alaska Native					
c.) Asian/Pacific Islander					
d.) White					
6. Are you Hispanic? (Circle yes or no)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
7a. Before coming to the clinic today, have you or other family members had dental pain? (Circle yes or no):	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
7b. If yes, about how many days were you in pain?					
8. Did someone at the clinic show you how to clean your teeth? (Circle yes or no)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
9. Were you given written information about what to do for your teeth after today? (Circle yes or no)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
10. Were you told today that you needed more dental treatment? (another cavity to be filled, a root canal) (Circle yes or no)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
11. Do you have a place to go to be seen for dental care after today? (Circle yes or no)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

	You	Person 2	Person 3	Person 4	Person 5
12. What, if any, insurance do you have that pays for dental care? (Check all that apply) a.) No insurance					
b.) Insurance from my job or my spouse's job					
c.) HealthWave or Medicaid					
d.) A plan I purchase myself					
e.) Other (write in):					
13. When was the last time you saw a dentist? (Select one) a.) This is the first time					
b.) 2 years or more ago					
c.) More than 1 year, but less than 2 years ago					
d.) Within the past year, but more than 6 months ago					
e.) Within the past 6 months, but more than one month ago					
f.) Within the past month / 4 weeks					

14. If you or one of your family has not been to a dentist in more than 6 months, what has kept you from getting dental care? (Check all that apply)

a.) No insurance (and cannot afford to pay) ____________

b.) No dentist was available where I live ____________

c.) Dentist offered appointment, but I could not take it ____________

d.) Dentist refused to see me (because I could not pay, pay with Medicaid, etc.) ____________

e.) Did not think I needed to go ____________

f.) Do not like receiving dental care ____________

g.) Other reason (write in):____

15. How long did it take you to travel to the clinic?__________ Hours __________Minutes

16. What is the name of the closest town or city to where you live?______________

17. What county do you live in? ______________________________

18. Have you been treated at a Kansas Mission of Mercy event before this one? (circle one)

No Yes If yes, where? ______________________________

19. How happy were you with the services you received today? (Circle one)

Not happy ☹ A little unhappy OK/Did not care 😐 A little happy Very happy ☺

Please use the space below to provide any comments or suggestions for improving our services.

APPENDIX B

COMMENTS FROM PATIENT SURVEY

1. A long wait but a lot of people did a good job
2. A small package of soft foods to go for extraction patients? Pudding pack, jello pack, Mashed potatoes instant, etc
3. All of you have done a great job. Thank you from the bottom of my heart.
4. Asked for teeth to be cleaned that was not done. All the help and dentist were marvelous would come again.
5. Awesome People!
6. Bless you all
7. Dentist needs to pay more attention, was in a lot of pain because I wasn't numbed enough.
8. Did a good job.
9. Did a great job! Everybody is real good. May God bless and keep you, Thanks again!
10. Didn't like the wait
11. Doing more than one procedure per day! People were very nice.
12. Dr. X was great! Very attractive also.
13. Dr. X did an excellent job on my teeth, thank you very much but he lives in Wichita but ask Dr. X to see me and he said yes.
14. Dr. X good dentist.
15. Ecstatic
16. Everyone did great I loved it
17. Everyone was helpful, professional, and kind.
18. Everyone was so nice and considerate, one man in filling too bad X was a rear end and he really sticks out like a sore thumb w/everyone else so nice.
19. Everyone was sooooo nice and friendly. Will do again if offered. Thank you soooo very much.
20. Everyone was very kind and friendly. I appreciate all that has been put into this by everyone. My wife and I could not have done this today otherwise. Thank you.
21. Everyone was very nice and helpful! Thank you!
22. Everyone was very nice. I was very impressed.
23. Everything was great! Thank-you and God bless you!
24. Excellent Beautiful thing you are doing!
25. Excellent job done by all
26. Excellent service
27. Excellent, wonderful service except for the X anesthetic he was very unprofessional
28. Exceptional clinical competence. When it's difficult to cover basic bills it is incredibly appreciated to be able to receive care. What about giving consideration to holding 3-4 clinics in the state all on a smaller scale on an annual basis? Thank you.
29. Excellent. Thank you so much!
30. Extremely Happy. Great Service! Would of liked a little more thorough check of all my teeth instead of just fixing the one that hurt.
31. Extremely happy. Procedure was unable to be done, but willing to put patient under free of charge.
32. Extremely Happy! Thank you soo much. I will definitely recommend and write to the dentist that saw me.
33. Extremely!! You were all great. Thank you so much. You are all angels for this!
34. Felt like he was ripping my lip off.
35. For the winter months, it would be helpful if people (esp. older and/or handicapped) could be seated inside out of the cold.
36. Friendly Volunteers!
37. Good Job
38. Thanks and I hope to receive a follow up.
39. Great Clinic, would come again if needed. Thank you.
40. Great dentist
41. Great job
42. Great Job!

43. Great Job! Keep it up! Thank you!
44. Great job! I am so happy that you provide this service for those who can't afford dental insurance.
45. Great Job! What a wonderful service!
46. Great job. Will extend my quality of life. I really appreciate this. More often organized to get Fed. Gov. Funds to help pay for this help to you out of our taxes. This is more rare than medical assistance and is expensive and great improves long term h
47. Great people, wonderful services to those of us in need- God bless all of you!
48. Great staff for all I saw! Thank you
49. Great work caring dentist. Keep it up!
50. Hand out numbers instead having people line-up out in minus 10 degree outside. That's just ridiculous. Do you want people to catch their death?
51. Have this during a warmer time of the year. Thank you so much.
52. Have to come back tomorrow to have a concerned tooth checked.
53. HEAT
54. Hey, thanks and god bless you!
55. Hopefully in the future you can do crowns and buildups. Try to figure out a way to get everyone into the venue even in line/queues inside the building within 5-10 minutes of opening the door we were in -10 wind chill for over an hour.
56. I am so happy you were here. Thanks so much.
57. I feel it was a wonderful experience, X made the experience even more pleasant, they were very positive spirited
58. I feel that in this facility almost all of the people in line at 5am could have been inside at 5:05am (I didn't reach the door until 6am & I was #XX). Please let everyone inside & have them line up around the perimeter of the arena next time.
59. I feel that the people here are heroes and the docs are sent from heaven
60. I felt very positive about my experience today. I was amazed on the procedures to get everyone through in a timely fashion. This was a great experience. Thank you!
61. I got no breakfast and now I can't eat I have no teeth.
62. I help people as a hobby and today I saw special people at work Thanks.
63. I just want to say thank you to everyone for making this available to people that need it.
64. I just want to say thank you! Please all your workers thank you for your time and skill you gave me!
65. I needed a filling and they said I would have to come back tomorrow - which I cannot do.
66. I really appreciate all of the volunteers helping all the state and surrounding states like this. I just hope that the government realizes they need to help people a little more.
67. I really appreciate that the Mission of Mercy does this, everyone benefits.
68. I really appreciate the opportunity you've provided.
69. I really appreciate the service that you all are doing for I waited for today. Thank you all so much. God bless all of you.
70. I thank everyone, was very happy with results & appreciate this service. Very nice doctor.
71. I think it is a great thing and probably saved 3 of my teeth.
72. I think that this is a great thing that you're doing! May God bless and keep you safe.
73. I think this is the most wonderful free "anything" anyone could ever give away. Thank you very much. P.S. X was wonderful with my teeth
74. I was very grateful for the patience and bedside manor of the dentist and the hygienist.
75. I wasn't expecting food! Thank you!
76. I wish they could have done all my work in 1 day.
77. If a patient tells you they aren't numb, don't do the procedure anyway. Wait till they are numb!
78. I'm very appreciative of the work. Everyone was very cheerful and helpful. The dentist didn't make me feel bad about how bad my teeth were either. Thank you!
79. In pain, but very happy and grateful.
80. Is a Godsend. Unable to afford the services that I needed.
81. Is there any way to allow people to sit inside the auditorium? My finger and toes were frozen and hurt once I was allowed to enter. It was about 10 degrees outside & we had to wait for 2 hours.
82. It was a long process but that is understandable and really convenient to provide food. The people are very friendly and outgoing which makes the time go by faster. When I was numbed, it wasn't enough and I could still feel the drill.

83. It was free!! Thank you!
84. It was painless.
85. It would be nice to have a shorter wait, but it's understandable why that would be hard to achieve
86. It's a wonderful service that you provide. Thank you.
87. Just disappointed that I couldn't get more done. But understand! Thanks
88. Just wish they could of filled all cavities.
89. Just would like to say thanks for the great services and everyone was so helpful and very nice. Thanks so much
90. Keep up the good work & thank you for caring enough to share your talents & gifts with Topeka folks and others. We need more people who love and care about what happens to someone with little or no income. God bless you all
91. Keep up the good work. Please keep me informed of when you are doing this again.
92. Keep up the good work. Top Notch web page also!
93. Keep up this free and wonderful service!
94. Love the people very friendly thank you
95. A thousand thanks for your help.
96. More organization needed.
97. More Sessions! This wonderful work you all are doing and a great contribution to the Kansas community.
98. Many thanks.
99. Many thanks KMOM, the collaborations and sponsor for what you are doing a an arduous journey. God Bless You.
100. My dentist did a wonderful job and everybody was so kind and friendly! Thanks a bunch!
101. My face is numb!
102. Need a better clown!!
103. Need to have coffee brought out more after driving night. I was here from 7pm the day before & temps. got below 30 degrees & lower.
104. Need to tell your people to have a personality. Need to not be of sulp and be more helpful. Was very disappointed in the service today.
105. Needed after care information.
106. No time for me to get fillings done - already met quota for the day.
107. On question 9 I did receive info from the dental hygiene area but not any other area. When I got in parking lot did not know which way to go or which door to use. Signs with arrows would have been nice. Overall very happy and wish it could be done more often
108. One of the volunteers in the seating area was very rude. I spoke to her because people were using the child under 7 deal to get ahead in the adult line.
109. Oral surgeon was great and fast.
110. Perfect.
111. Pleasantly surprised with efficiency and organization - Offer coffee.
112. Please have it in the Summer.
113. Please tell everyone thank you so much!
114. Pray for people in line a little love, humility & patience. God bless all of you.
115. Praise Jesus for caring people like you all. Thanks and I want to express my gratitude.
116. Professional and quality work, as well as being empathetic to how bad teeth can be with no dental care insurance.
117. Put a heated tent outside for cold mornings.
118. Question #8 was very annoying. I got this for 12 years in school.
119. Real good
120. Really appreciate the service and all the hard work put out by all involved.
121. Really appreciated this service-people, dentist, food & all. Son had 16 pulled today. He had to have the bag on his heart removed last April from the infection in his teeth. Dr. said they had to be removed. No way we could that so this was really an a
122. Really Happy!!
123. Services rendered here are not payable for an angel of mercy does not come mine or your way everyday as these services are about and beyond words of appreciation. Next we would rather be mosquito bit to frost bit for it's all bit nippy waiting in freezing

124. Should finish all treatment in one day if they are from out of town.
125. Some dentists should offer reduced or free services once in a while. Thanks for all you do!!
126. Some shelter from the cold!!!
127. Dr. X, who did my extractions, was great.
128. Thank you
129. Thank you
130. Thank you
131. Thank you
132. Thank You
133. Thank you
134. Thank you
135. Thank you
136. Thank you
137. Thank you
138. Thank you
139. Thank you all so much.
140. Thank you all very, very much. I never felt any pain at all.
141. Thank you all.
142. Thank you and God bless you.
143. Thank You Dentists
144. Thank you Dr. X
145. Thank you for everything, this was a wonderful thing you did!
146. Thank you for offering this clinic.
147. Thank you guys very much.
148. Thank you so much for doing this! What a blessing. I pray God will bless each of you for what you are doing. At first it seemed a bit chaotic & I felt like herd of cattle, but considering the number of patients you see, it is totally understandable.
149. Thank you so much for providing this service. All of the volunteers were pleasant and helpful!
150. Thank you so much for what you do for financially challenged individuals with no insurance. Everyone was professional expedited patients so courteous. May your rewards be on earth as well as with our heavenly father, Yahweh
151. Thank you so much great job everyone!
152. Thank you so much this was an answer to my prayer. You guys are wonderful servants! Your kindness is greatly appreciated.
153. Thank you so much!
154. Thank you so much!
155. Thank you so much! Your hard work is so important even if no one gives thanks verbally
156. Thank you so much. God bless all of you.
157. Thank you so much. Please keep warm.
158. Thank you so very very much. I can smile again!
159. Thank you to everyone!
160. Thank you very much
161. Thank you very much for coming here, and helping everyone.
162. Thank you very much great service.
163. Thank you very much
164. Thank you very much!
165. Thank you very much.
166. Thank you very very much.
167. Thank You!
168. Thank you!
169. Thank You!
170. Thank you!
171. Thank you!!
172. Thank you, hope to see you soon
173. Thank you, very good job
174. Thank You.

175. Thank you.
176. Thank you. Everyone was kind and very helpful. I really appreciate all the hard work and care provided. Thank you.
177. Thank you. Everybody was very nice.
178. Thank you. I am very happy!
179. Thank you. I live here in Topeka. I am an aunt and brought my nieces & nephew! Thank you so much.
180. Thanks
181. Thanks
182. Thanks
183. Thanks
184. Thanks a million much needed work done
185. Thanks a ton!
186. Thanks and continue the good work!
187. Thanks for having this cause now my tooth is pulled.
188. Thanks for taking away the pain.
189. Thanks so much
190. Thanks so much for offering this service being poor makes it impossible to receive medical and dental care.
191. Thanks so much. Great service.
192. Thanks To All
193. Thanks to everyone for making this available.
194. Thanks very much- with clinic- was not affordable God Bless you all
195. Thanks very much you are really doing a great thing!
196. Thanks you are a blessing
197. Thanks!
198. Thanks, and God bless you all.
199. Thanks. This is a great service.
200. The care was wonderful. People were kind and the treatment was painless. It was having to wait in the cold at my age and my illness that was bad.
201. The dentist and nurses were very friendly and made me feel very comfortable.
202. The dentist did a very excellent job
203. The dentist did very well
204. The dentist explained everything he was doing before he did it.
205. The dentist was nice and my face is very numb!
206. The generosity, kindness, and selfless giving of everyone involved is tremendously appreciated as well as an inspiration.
207. The people I saw were excellent & very nice. Thanks so much for everything.
208. The people were very friendly and helpful. XX cleaned my teeth and it was very pleasant. I am and was very pleased and would like the great work this organization provides. Thank you all so much. God Bless each and every one of you.
209. The service was great along with the people. The wait was a bit long but bearable 7:45 am-3:20 pm
210. The service was great!
211. The tooth I had the most problem with was not taken care of.
212. The Very Best Ever
213. They were all great! My wait time very short- service great!
214. This event was very well organized and volunteers were helpful and had a wonderful attitude.
215. This is a great event. Good job everyone!
216. This is a very good program for anyone without insurance. Praise God. Thank you all. May God bless you all.
217. This is a wonderful opportunity for people who can not afford dentistry. They, everyone here, were very kind, thoughtful, patient, and attentive. Thank you very much!
218. This is truly a blessing.
219. This was a very good service. The people here are very pleasant and nice. Only think - don't have when very cold or very hot. Thank you so much.
220. This was fun!

221. This was something very nice for all of you to do, I am glad that you were here for all of us that need you, and going to another country to help non-Americans. Thank you so much.
222. This was the best and least judgmental dental care I have ever had.
223. Thank you and may God Bless You.
224. Thank you to all staff personal. It was a wonderful experience.
225. To God's blessing thanks!
226. X is the Greatest Dentist!
227. This all went very well. Thank you so much for the help you gave the Spanish speaking.
228. Upset could not finish
229. Very Appreciative. Thanks!
230. Very friendly people glad I was able to come, thank you
231. Very good ability here
232. Very good job
233. Very good service. Thank you!
234. Very grateful - all were kind, courteous and professional. Thanks.
235. Very happy!!! Thank you
236. Very Hospitable
237. Very organized
238. Very thankful and grateful
239. Very Very Happy!
240. Very Very Happy. Thank to all who do this and may God bless you all.
241. Wanted to say thank you to dentist, but can't talk.
242. Was not seen for extraction which was important for me to take out because it is also painful.
243. Was told fri that I could have my fillings done after extractions by 3 people what wasn't true. Came back Sat because 3 people assured me I wouldn't have to wait that I didn't have to be rechecked in that I could go down to the floor to get a # and not have to wait
244. What a great job all have done. Thank you and may you and yours always know love,
245. Wish all cavities were taken care of but understand why not
246. Wonderful service thanks so much for being here
247. Wonderful thank you all!
248. Wonderful, friendly people
249. Would like to see a person be able to do more than one service while you are here. Instead I will have to return on sat. And spend more money on gas and wait in line again.
250. Would like to see the clinic come annually here in Topeka. Thank you
251. You all were great. I'm glad you all came & done such a wonderful job for us. Thank you all a lot.
252. You did a good job
253. You did a very good job thank you
254. You guys are doing a terrific job. Thanks for your generosity. Keep up the good work. This is a very needed service.
255. You guys did an excellent job with everything. Thank you.
256. You guys did an excellent job.
257. You guys do really good.