

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman James Barnett at 1:30 P.M. on March 12, 2008 in Room 136-N of the Capitol.

All members were present.

Committee staff present:

Emalene Correll, Kansas Legislative Research Department
Sara Zafar, Kansas Legislative Research Department
Nobuko Folmsbee, Revisor of Statutes
Renae Jefferies, Revisor of Statutes
Jan Lunn, Committee Secretary

Conferees appearing before the committee:

Senator Anthony Hensley
Askia Adams
Pat Eakes, Legislative Liaison, Kansas Commission on Disability Concerns
Tessa Goupil
Don Jordon, Secretary, SRS
Mike Oxford, Executive Director, Topeka Independent Living
Fred Miller
Chris Glenn, Service Employees International Union
Willa DeCastro, American Adoptions
Gina McDonald, Kansas Children's Service League
Kyle Kessler, KVC Behavioral Health Care
Elaine Ptacek, Mental Health Credentialing Coalition
Steven J. Solomon, PhD, TFI Family Services
Christine Ross-Baze, Kansas Department of Health & Environment, Director Child Care Licensing and Registration Program
Bruce Linhos, Executive Director, Children's Alliance
Melissa L. Ness, JD, MSW, Saint Francis Community Services
Sky Westerlund, Kansas Chapter National Association of Social Workers

Others attending:

See attached list.

Senator Barnett welcomed all attending the Public Health and Welfare Committee meeting.

SB 566 - Attendant care workers act; study of wages and benefits for attendant care workers who provide services for individuals in need of long-term in home and community settings.

Emalene Correll, legislative research department, briefed committee members on **SB 566**. The bill directs SRS to study wages and benefits for attendant care workers who provide services to persons who are beneficiaries under Medicaid, children who are developmentally disabled, individuals with head injuries, the frail elderly, and those who are technology assisted. Findings from the study are to be completed by October 31, 2008, and are to be reported to the Committee on Health Policy Oversight.

HB 2570 - Persons authorized to make adoption assessments

HB 2570 expands the pool of persons authorized to conduct adoption home assessments. Current law allows court-appointed social workers to conduct home assessments; **HB 2570** lists the categories of licensed professionals who would now be allowed to conduct these assessments, explained Emalene Correll, legislative research department. (Attachment 1)

SB 566 - Attendant care workers act; study of wages and benefits for attendant care workers who provide services for individuals in need of long-term in home and community settings.

Senator Anthony Hensley presented testimony supporting **SB 566** indicating this bill looks at workforce issues from the attendant care worker's perspective. The study will include evaluation of wage rates, health insurance costs, and other benefits for attendant care workers.

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on March 12, 2008 in Room 136-N of the Capitol.

Senator Hensley's testimony is attached and therefore, incorporated into these minutes (Attachment 2)

Askia Adams, a private citizen who is technology assisted, provided testimony indicating that current state reimbursement rates to attendants do not foster longevity in that attendants are compensated at higher rates in private sector medical settings. Mr. Adams encouraged favorable passage of **SB 566**. Testimony is attached to these minutes. (Attachment 3)

Pat Eakes, legislative liaison for the Kansas Commission on Disability Concerns (KCDC), spoke in support of **SB 566** providing testimony relative to personal experiences in various roles as a case manager. Ms. Eakes urged members to pass **SB 566** out favorably in order to begin the process of investigating pay inequities and benefits for attendant care workers. Ms. Eakes testimony is attached, and therefore, is considered part of the record. (Attachment 4)

Tessa Goupil, a citizen using an attendant worker spoke in support of **SB 566**. Ms. Goupil is part of the Consumer Attendant Action Network, and participated in the writing of the bill. Ms. Goupil's testimony is attached. (Attachment 5)

Rocky Nichols, who was scheduled to speak, was absent. However, Chairman Barnett called committee members' attention to his written testimony. (Attachment 6)

Don Jordan, Secretary of SRS, provided testimony relative to the current bill and also explained that SRS, through the System Transformation Grant, is conducting a study similar to what is proposed in **SB 566**. Secretary Jordan highlighted points contained in the Transformation Grant. Secretary Jordan indicated **SB 566** directs SRS to utilize funding from the Money Follows the Person (MFP) grant for the study or monies from the System Transformation Grant; he stated use of funds from the MFP grant would not be allowed for this type of study. Secretary Jordan suggested the proposed legislation should include a definition of "attendant care worker." Secretary Jordan's testimony is incorporated into these minutes. (Attachment 7)

Mike Oxford, executive director for the Topeka Independent Living Resource Center (TILRC), discussed a survey conducted in September 2008 by his agency. The survey sampled 900 individuals with disabilities, 33% of those responding to the survey indicated the number one priority was better pay and/or health insurance for personal attendants. He further reviewed other reasons for the favorable passage of **SB 566** out of committee. (Attachment 8)

Fred Miller, personal attendant and former high school teacher, discussed the grassroots spirit in favor of **SB 566**. He spoke regarding his desire to make the system stronger for the future of Kansans requiring personal attendant services. His testimony is attached for reference. (Attachment 9).

Chris Glenn, a Service Employees International Union and personal attendant, spoke in favor of **SB 566**, indicating current wages are inequitable and non-sustaining (No written testimony submitted).

Liz Bartow, mother of two sons with disabilities, spoke regarding difficulties in hiring good attendant care workers who are dedicated to staying in that role. Ms. Bartow supported **SB 566**. (No written testimony submitted).

HB 2570 - Persons authorized to make adoption assessments

Willa DeCastro and Shawn Kane from American Adoptions were present to provide testimony. Since there were many conferees, Shawn Kane deferred to Ms. DeCastro to testify. Ms. DeCastro's (Attachment 10) and Mr. Kane's (Attachment 11) written testimonies are attached and are considered part of these minutes. Ms. DeCastro urged Senators to pass **HB 2570** in order to expand the pool of licensed individuals able to conduct home assessments, and thus, eliminating or reducing adoption delays.

Gina McDonald, Kansas Children's Service League, supporting **HB 2570** indicated there is a

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on March 12, 2008 in Room 517-S of the Capitol.

Gina McDonald, Kansas Children's Service League, supporting **HB 2570** indicated there is a national shortage of social workers contributing to adoption delays. She discussed the various professional individuals who would be able to participate in home assessments for adoption decisions should legislation pass. Ms. McDonald's testimony is attached. (Attachment 12)

Kyle Kessler, KVC Behavioral Health Care, supports strongly **HB 2570**. His main point from his written testimony (Attachment 13), was that children would benefit from more timely adoptions.

Elaine Ptacek, from Colby, Kansas, with Heartland Rural Counseling Services, Inc, was present to support of **HB 2570** and to call attention to scopes of practice for master's prepared mental health professionals (independent practice level) as compared to bachelor's prepared mental health professionals. In addition, a graph showing the numbers of licensed mental health professionals by Kansas county was provided. (Attachment 14)

Steven Solomon, TFI Family Services, noted (Attachment 15) that in his professional opinion, the bill contains sufficient provisions to assure home adoption assessment will meet relevant professional standards and will expedite the adoption process.

Christine Ross-Baze, director of Child Care Licensing and Registration Program, KDHE, spoke in support of **HB 2570**, adding the bill provides safeguards to enable families seeking adoption to find competent, qualified professionals to perform adoption assessments. (Attachment 16)

Bruce Linhos, Children's Alliance, shared that his facility believes by expanding the pool of professionals, quality service can be maintained while expediting the adoption process. Mr. Linhos' testimony is attached. (Attachment 17)

Sandra Gasca, LMLP, Youthville, indicated her agency supports the favorable passage of **HB 2570**, indicating the focus should be on expanding the network of professionals allowed to conduct home studies. Ms. Gasca's testimony is considered to be part of this record. (Attachment 18)

Melissa L. Ness, JD, MSW, indicated that the bill is not about a shortage of social workers, it is about expanding a pool of qualified licensed professionals to expedite permanency in a child's life. Ms. Ness' testimony is attached, and therefore, is incorporated into this record. (Attachment 19)

Sky Westerlund, LMSW, executive director of the Kansas Chapter, National Association of Social Workers, stood in opposition to **HB 2570**. Ms. Westerlund indicated that the scope of practice for mental health providers allows diagnosis and treatment of individuals with a mental illness and to work, at the clinical level, independently. She stated an adoption home study is not diagnosis, treatment, or therapy. (Attachment 20)

Chairman Barnett stated the time allotted for the meeting had expired, and Ms. Westerlund had not had adequate opportunity to conclude. Therefore, Ms. Westerlund will continue with her testimony at the meeting on March 19, 2008.

Chairman Barnett adjourned the meeting at 2:34pm

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: March 12, 2008

NAME	REPRESENTING
Roxanna Clemens	Disabled Bill
Cleandis Jordan	Disabled Bill
Mark O'Sloan	TILRC - CAAN Bill
James Schwartz	KACIL
W. H. S.	SKIL
Jenny McDonald	KCSL
Kathy M. O'Callahan	People United
Chadwick Joseph	Kansas ADAPT
Carolyn Hans	TILRC
Kim Dietrich	TILRC
GARRETT M. O'HARA	TILRC
Paul O'Dell	TILRC
Audrey Wheeler	TILRC
Chris D.	Youthville, Inc.
Stacy S.	Youthvoice
Kyle Kessler	KVC
R.S. McKenna	SRS
Steve Solomon	TF / Family Services
Willie DeCorte	Am Adoptions

Shawn Kane

Kim Weidler

Memoria Bliss

Shannon Jones

Crystal Yering

Zakayyah Rabbs

ERIC BEER

Dan Bryan

American Adoptions

TILRC

TILRC

SILCIC

CAPAN Bill / TILRC

TILRC

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MEMORANDUM

To: Senate Committee on Public Health and Welfare
From: Renae Jefferies, Assistant Revisor
Date: March 12, 2008
Subject: HB 2570

HB 2570, as amended by House Committee, enumerates the categories of licensed social workers who can conduct pre-adoption assessments and would add licensed: Marriage and family therapists, professional counselors, psychologists, masters level psychologists, clinical psychotherapists and a licensed child-placing agency to the list of persons who can perform pre-adoption assessments. The bill also requires that any person performing a pre-adoption assessment have a minimum of two years experience in adoption services or be supervised by a person with such experience unless such person is licensed by the Behavioral Sciences Regulatory Board (Board) to diagnose and treat mental disorders in independent practice. Such person licensed to diagnose and treat mental disorders by the Board need only possess one year of experience in adoption services or be supervised by a person with such experience.

In addition, the assessment and report must comply with any applicable rules and regulations of the Department of Health and Environment.

The bill also clarifies that a nonresident who is filing a petition to adopt a child in Kansas must have the assessment done in such person's state by a person authorized by that state to conduct such assessment and that the report shall be filed with the court at least 10 days before the hearing on the petition to adopt.

The fiscal note shows no impact on the state budget.

The bill would take effect upon publication in the statute book.

State of Kansas

Senate Chamber



Office of Democratic Leader

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Testimony on Senate Bill No. 566 Wednesday, March 12, 2008

Senate Bill No. 566 would require SRS to conduct a study on the status and working conditions of workers who provide attendant care for persons in home and community based waiver programs. The study will be funded from the federal Money Follows with the Person Grant or from the federal Systems Transformation Grant, and will be completed before October 31, 2008.

The bill requires the study to include:

a mechanism for rate increases, travel and mileage reimbursement or allowance, reimbursement for the employer's share of premiums of attendant care workers participating in the state employee health care plan, and any other wage and benefit enhancements.

The findings of the study will be reported to the Joint Committee on Health Care Oversight on or before November 1, 2008.

SRS is already planning to fund and conduct a study that is similar to the one proposed in this bill.

However, the SRS study will determine the cost and what is needed to serve individuals with disabilities whose needs are not being met currently. The study will look at whether reimbursement rates to providers are sufficient and compare those rates to other states.

PUBLIC HEALTH AND WELFARE

ATTACHMENT:

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03/12/08

The study proposed in Senate Bill No. 566 is similar but different in that the emphasis will be to study ways to improve the status and working conditions of HCBS programs most valuable asset - attendant care workers.

These are the individuals who day-in and day-out provide high quality services to the most vulnerable of Kansans -people with disabilities and senior citizens.

Too often in the past budget cuts have resulted in reduced reimbursement rates which have an adverse impact on attendant care workers. These workers are paid low wages and almost never receive any sick, vacation or holiday pay.

They typically do not receive any health insurance or retirement benefits. And, mileage reimbursement for on-the-job driving is also not provided.

The 566 study would primarily look at workforce issues from the worker's perspective not from the provider's perspective. The study will consider wage rates, the cost of health insurance, and other benefits and determine the best way to provide for them.

We all know that the number of Kansans who will need long-term care will continue to increase significantly for the next 35 years. Most of the demand will be for home and community-based services.

A study by the Kaiser Family Foundation predicts a severe workforce shortage that will grow worse over time unless something is done to improve the status and working conditions for direct-care workers. In some parts of the country, this shortage is already a reality.

We need a longer range vision in our state that includes the development of a high quality workforce able to meet the needs of an aging population. We now need to look at the issues of workers, especially the hands-on workforce who are taking care of our fellow Kansans.

Good Afternoon,

My name is Askia Adams; I am thirty years old, And have a great job. Like most people my age, my Life is very active. The only difference is the fact I have a disability, which requires me to rely on personal care attendants to assist me with activities of daily living. Please allow me to take a few minutes to share a little about my life and why it is so important that we have "living wages" for caregivers.

In October of two thousand I moved to my first apartment, which required me to have more staffing. My moving out of my parents' home meant that I needed caregivers twelve hours a day. Once I had my hours back the next challenge was finding staff to work. Finding caregivers to fill the needed shifts was and continues to be a challenge for one primary reason. The problem is simple. No matter how qualified my caregivers are, because of the state reimbursement rates they will never be paid what they could make if they worked in a hospital or another medical setting.

I would like to share a couple of stories of a few workers that have worked with me over the years. The first story is of a lady who was with me for close to four years. She had been in the nursing field for close to ten years working in nursing homes and hospitals as well as doing in-home caregiving. When she worked in nursing homes and hospitals she would make anywhere from ten to fifteen dollars an hour. She decided to start doing in-home care, and was making around ten dollars an hour until January of 2002 when the state reimbursement rate for caregivers was slashed causing the agency she worked for to cut her pay. This caused major hardship for her. Everyday I watched her worry about how she was going to make ends meet. Didn't she deserve to make a living wage; a wage that would have allowed her to be able to pay her bill?

My other story is about a worker who was a nursing student. This young lady was a good worker, but with school and raising a son working with me for eight dollars an hour just did not cut it. There were nights I watched her cry not knowing how she was going to pay her bills. Why should she have had to worry about paying her bills?

I could tell you at least five more similar stories of workers who have

struggled to make ends meet from the lack of a living wage. There was the worker who had to work two jobs to survive, the worker who did not make enough to pay for day-care, the worker who couldn't afford medical care; the list goes on and on. We as a state must ask ourselves a fundamental question. Do we truly believe Kansans with disabilities have the right to live in the community? Part of helping Kansans with disabilities live in the community means making sure caregivers receive a living wage. A wage that actual allows caregivers to make true livelihood.

Testimony to Public Health and Welfare
Wednesday, March 12, 2008
Support SB 566

Chairman Barnett and members of the committee thank you for the opportunity to provide testimony in support of SB 566. I am Pat Eakes, Legislative Liaison for the Kansas Commission on Disability Concerns (KCDC). We are charged with providing information to the Governor, the Legislature, and to State agencies about issues of concern to Kansans with disabilities (K.S.A. 74-6706). The KCDC Commissioners represent people with disabilities across the state and our state agencies.

KCDC believes that a study needs to be done to provide the Legislature with information on the status and working conditions of attendant care workers in the state of Kansas. These workers receive no health insurance, mileage reimbursement, or other benefits that other employees normally receive in the social service industry. However, these employees are charged with the long term care and support of our most vulnerable and growing populations.

I was a Case Manager assisting adults with Traumatic Brain Injuries (TBI) on the HCBS TBI Waiver for 3 years. During that time, it was a continual challenge for the consumers I worked with to find suitable people to work as personal care attendants due to the low pay and lack of benefits. Attendant care workers are the people who assist consumers who have functional limitations. The attendant workers provide assistance depending on each consumer's needs with daily living skills such as cleaning, laundry, shopping, changing their diapers, bathing, toileting, meal preparation, transportation, etc. If we were successful in finding someone who would work for the low wages and no benefits, they often would not stay long because they were looking for other work that paid more and, if possible had benefits. It was almost impossible to find people who had what I call the "gift," i.e. the compassion and understanding to work with people with significant disabilities, and then to find them and not be able to pay them a decent wage was an outrage in my eyes.

In addition, when a consumer needed Night Support, i.e. an attendant care worker to be there during the night to assist with toileting or whatever, the pay was \$25.00 for an 8 hour night shift. For example, one of my consumers was a quadriplegic and had to get up at least two times in the night for toileting which required assisting her to transfer to a Sera Lift then getting her to the bathroom, seating her and returning her to bedroom and assisting with transfer from Sera Lift to bed which took about 30 minutes total. How many of us would do that 2-4 times in 8 hours for \$25.00?

The main goal of the Home and Community Based Services (HCBS) Waivers is for consumers to live in the community. So if the consumers are to live and participate in community activities, this often requires the attendant care workers to transport the consumers to the location of these community activities and remain with them in case they need assistance. However, they cannot get paid mileage as do the Case Managers or the Transitional Living Specialists on the TBI Waiver. Why is this? Agencies who are the payroll agents say the rate reimbursement is a lot less and they cannot afford to reimburse mileage.

I could tell you many more stories, but I will stop here. You can see that this is an issue that I am passionate about, and I hope that you will pass SB 566 to start the process of investigating the inequity of pay and benefits for attendant care workers which affects the most basic care of people with disabilities who want to and can live in the community in Kansas.

Thank you for this opportunity. If you have any questions, I am available to try to answer them.

Pat Eakes
Legislative Liaison
296.6526 (Direct Line)



Consumer/Attendant Action Network

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Senate Public Health and Welfare Committee SB 566 "The Community Attendant Worker Act" Testimony by Tessa Goupil March 12, 2008

Mr. Chairman, members of the committee, I thank you for this opportunity to comment in favor of SB 566. I currently serve on the Governor's steering committee for the Money Follows the Person federal Medicaid grant and on the At-Large Advisory Council to the Kansas Health Policy Authority. I am also a part of the Consumer Attendant Action Network (CAAN) who wrote the bill. CAAN is a member of the Big Tent Coalition who also strongly supports this bill.

I'm going to let my colleague speak on the specifics of the bill and I am going to tell you why this bill matters to me. I have benefited as a consumer of services in Kansas for nearly twenty years. Because of my multiple disabilities, I require many supports to maintain a fulfilling and productive life, or to be honest, any life at all. The most obvious support is my wheelchair. Even more critical is the ventilator I use at night that literally breathes air into my lungs. But the most critical of all my supports is my personal attendant or PA. Without my PA, I could not get to my chair or be connected to my vent. Without my PA I couldn't eat or get dressed or be up in time to get my son ready for school. Without my PAs, I would languish and die in a nursing home. My home, my motherhood, my freedom, and my very existence, are made possible by my PAs. It is time to come forth and fight for those PA workers whom I trust with my life and ask you to please recommend SB 566 for passage.

We at CAAN wrote "The Community Attendant Worker Act" because attendant workers, who are at people's sides day and night, receive pay and benefits well below that of their colleagues who work in institutional settings. Some attendants are expected to travel between several consumers in a day's work without mileage compensation. Many attendants devote their lives to this type of work full-time, leaving no time to work another job that might pay medical insurance. My attendant workers pay for their own medical services out of pocket or just hope to "get better" on their own. If they can't afford to stay healthy, then my health is at risk.

I have had some great attendants over the years and lost them because the job was only a stepping stone to a "real" job with insurance and benefits. I've also had some very low quality helpers because the pay was so unattractive. Kansas's home and community-based services waiver programs have been very successful and are more cost effective than institutional care. If we hope to maintain and meet growing demand for community care we must look into compensating PAs properly. SB566 will show you the most efficient way to do that. I know my PAs have earned it.

I'd be happy to take questions. Thank you for your time.

PUBLIC HEALTH AND WELFARE
ATTACHMENT:
DATE:

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03/12/08



EQUALITY ♦ LAW ♦ JUSTICE

Disability Rights Center of Kansas

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Testimony in Support of SB 566 Senate Public Health and Welfare Committee March 12, 2008

Chairman Barnett and members of the Committee, my name is Rocky Nichols. I'm the Executive Director for the Disability Rights Center of Kansas (DRC), formerly known as Kansas Advocacy and Protective Services (KAPS). DRC is a public interest legal advocacy agency, part of a national network of federally mandated and funded organizations legally empowered to advocate for Kansans with disabilities. As such, DRC is the officially designated protection and advocacy organization for Kansans with disabilities. DRC is a private, 501(c)(3) nonprofit corporation, organizationally independent of both state government and disability providers.

SB 566 would create a study of attendant care worker wages and other related disability reimbursement rate issues. This study is needed. I don't think you will find any disagreement with the need. In fact, the Fiscal Note on SB 566 states that there is already \$500,000 of federal dollars in the Governor's Budget to conduct a similar study. In her budget Governor Sebelius called for a comprehensive and a multi-year approach to address the challenges facing community-based disability services (waiting lists, capacity issues, rates, care worker wages).

SB 566 calls for the findings and recommendations of the study to be provided to the Joint Committee on Health Care Oversight on or before November 1, 2008. Based on the recommendations at that time, the Joint Committee may request the Secretary of SRS conduct further study on this topic, or develop action plans or requests for funding or legislation. We believe that SB 566 is congruent with these other efforts, and it ensures Legislative involvement in any study of this important topic. We also believe that SB 566 is complementary to the joint Legislative Budget Committee recommendations on community capacity and reimbursement rate issues on the Developmental Disabilities (DD) Medicaid Waiver program. The Legislative Budget Committee has completed its assessment of the capacity and reimbursement rate needs on the DD Waiver, but not on the other Waivers (PD, TBI, FE, etc.). This bill would create a study of the needs attendant care workers and related reimbursement rate issues on all Waivers and all disability services, including mental health. Hopefully, this would provide for all other Waivers what the Legislative Budget Committee has provided for the DD Waiver – namely a credible document outlining the capacity needs at the community level.

PUBLIC HEALTH AND WELFARE
ATTACHMENT:
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Social and Rehabilitation Services

Don Jordan, Secretary



Senate Public Health & Welfare Committee
March 12, 2008

SB 566 – Attendant Care Workers Act

Don Jordan, Secretary

For Additional Information Contact:
Dustin Hardison, Director of Public Policy
Docking State Office Building, 6th Floor North
(785) 296-3271 PUBLIC HEALTH AND WELFARE
ATTACHMENT:
DATE:

SB 566 – Attendant Care Workers Act

Senate Public Health & Welfare Committee
March 12, 2008

Chairman Barnett and members of the Committee, I am Don Jordan, Secretary of SRS. Thank you for the opportunity to appear before you today to discuss Senate Bill 566. This bill directs the Department of Social and Rehabilitation Services (SRS) to conduct a study on the working conditions of persons who provide attendant care for persons receiving services through the home and community based services waivers. There is also direction to utilize funding from the Money Follows the Person (MFP) grant or the Systems Transformation Grant to conduct this study. Today I would like to provide you with information related to both of these grants as well as projects that are currently being funded by those grants.

A Study

As the bill states, attendant care workers providing care to individuals in the home and community based services programs are vital to the independence and well-being of individuals with disabilities. SRS understands that the provision of services to individuals is reliant on our local community service providers. With this, careful consideration should be given to the wages paid to community direct care staff funded through reimbursement rates to providers. Consideration should also be given to the working conditions for these workers and the benefits that they receive. These workers may be known by different titles. Please find attached a chart showing the designation of direct care staff through the home and community based waivers. Whichever way the legislature decides to act on this, we would ask that it be clear as to which workers would be included in a study.

To support this, SRS, through the System Transformation Grant, is conducting a study similar to what is being proposed in SB 566.

A Systems Transformation (Real Choice 2006) Planning Grant in the amount of approximately 1.8 million dollars was awarded to the State of Kansas. The outcome of this grant is that Kansas will be in a position to make evidence-based decisions regarding all proposed structural, funding, and payment methodology changes in the Long Term Care Service delivery system. Three of the nine studies are identified below.

The grant is funding a comprehensive study of:

- The long term care funding / payment methodology structure. The desired outcome is that the contactor will conduct a comprehensive, evidenced-based study that will identify the costs of providing services to individuals (aging and disabled) in community settings with the focus on "independence, productivity and community living"; identify the capacity issues, such as availability of providers, and make recommendations regarding the funding necessary to meet the needs of Kansans and payment methodology structure in Kansas. The anticipated timeline is to enter into a contract with a qualified contractor by September 30, 2008 with a

completion date of October 1, 2009. (The extensive time required to complete the study is due to the time required to work with the selected contractor to develop a cost survey tool that will appropriately identify true costs across 6 HCBS waivers and several hundred qualified providers)

- The eligibility/level of care/needs assessment processes employed by each of the waivers. The desired outcome is to determine if the current tool(s) are appropriate to the population, are utilized in a manner that is effective, and accurately reflect the long term care service needs. The anticipated timeline is to enter into a contract with a qualified contractor by July 1, 2008 with a completion date of December 31, 2008.
- Individual Budgeting/Self-Determination/Self-Direction. Study the current practices, and recommend program changes that would support enhanced self-direction and individualized budgeting options in Kansas at the choice of individual consumers. There is no defined timeline for this project yet.

The "long term care-funding/payment methodology" structure study will provide much of the information being requested through this bill. There are currently \$500,000 budgeted for this study from the Systems Transformation Grant. From this study SRS will be able to develop a mechanism to assure that reimbursement rates are sufficient and make recommendations regarding any enhancements needed.

The bill recommends the use of funding from the Money Follows the Person (MFP) grant for this study. The funding for this grant would not allow for the use of funds for this type of study. The MFP demonstration grant is a federal project designed to provide incentives for Kansas to move individuals out of institutional settings into qualified community settings. There is no dollar value of the grant outside of the service costs that will be reimbursed for services. Therefore this type of study would not be allowed with MFP grant funding.

In closing, SB 566 directs SRS to conduct a study of the status and working conditions of workers who provide attendant care for individuals living in home and community based settings. The delivery of these services relies upon a strong partnership between state government and local community service providers. SRS supports a systematic review of compensation for HCBS direct care workers and their working conditions. This is demonstrated by SRS's use of the Systems Transformation Grant funds to study the current payment methodology for the HCBS waivers in Kansas.

That concludes my testimony. I will stand for any questions.

**Kansas Traumatic Brain Injury Waiver
Rate / Services Information**

Service	Staff person (worker) is known as a:
Transitional Living Skills	Transitional Living Specialist
Personal Services	PCA (Personal Care Attendant) or Attendant

**Kansas Frail Elderly Waiver
Rate / Services Information**

Service	Staff person (worker) is known as a:
Attendant Care Level I – S5130	PCA (Personal Care Attendant) or Attendant
Attendant Care Level II – S5125	PCA (Personal Care Attendant) or Attendant
Attendant Care – Self Directed – S5125 UD	PCA (Personal Care Attendant) or Attendant

**Kansas Physical Disability Waiver
Rate / Service Information**

Service	Staff person (worker) is known as a:
Personal Services - Agency Directed	PCA (Personal Care Attendant) or Attendant
Personal Services - Self Directed	PCA (Personal Care Attendant) or Attendant

**Kansas Mental Retardation / Developmental Disabilities Waiver
Rate / Services information**

Service	Staff person (worker) is known as a:
Residential Supports	Direct Care Staff
Day Supports	Direct Care Staff
Adult Family/Individual Support	PCA (Personal Care Attendant) or Attendant
Children Family/Individual Support	PCA (Personal Care Attendant) or Attendant
Supportive Home Care	PCA (Personal Care Attendant) or Attendant
Respite - Temporary	PCA (Personal Care Attendant) or Attendant
Respite - Overnight	PCA (Personal Care Attendant) or Attendant

Kansas Waiver Services / Staff and or Worker Designation

Kansas Technology Assisted Waiver Rate / Services information

Service	Staff person (worker) is known as a:
Respite Services	Medical Direct Care Staff
Nursing Services RN	Medical Direct Care Staff
Nursing Services LPN	Medical Direct Care Staff
Home Health Aide	Medical Direct Care Staff
Attendant Care Worker	PCA (Personal Care Attendant) or Attendant

Kansas Autism Waiver Rate / Services information

Service	Staff person (worker) is known as a:
Intensive Individual Supports	Intensive Supports Specialist
Respite	PCA (Personal Care Attendant) or Attendant



Topeka Independent Living Resource Center

785-233-4572 V/TTY • FAX 785-233-1561 • TOLL FREE 1-800-443-2207
501 SW Jackson Street • Suite 100 • Topeka, KS 66603-3300

Senate Public Health and Welfare Committee
SB 566 "The Community Attendant Worker Act"
Testimony by Mike Oxford
March 12, 2008

Topeka Independent Living Resource Center (TILRC) is a civil and human rights organization whose mission is to achieve a fully integrated and accessible society for people with disabilities. TILRC is a not-for-profit agency that is owned, controlled, staffed and managed by people with different disabilities of all ages. A large majority of the Board of Directors, the staff and management are people with all kinds of disabilities across the age span. These attributes are often known as "consumer control." This consumer control feature is what makes TILRC, and other agencies defined in state and federal law, a Center for Independent Living (CIL). This consumer control, combined with serving all disabilities and ages, is unique compared to other organizations which are disability or age specific.

Another feature of TILRC's consumer control is gathering, planning and most importantly, acting upon the input we receive from the cross-age, cross-disability folks we work with and serve. Over the past couple of years, we have been receiving feedback about the need for better pay and benefits, especially health insurance, for the attendant workers of the various Medicaid HCBS Waiver programs. This past September, we surveyed around 900 people as to their top priorities. Almost 300 responded and the number one priority of these 300 respondents was better pay and /or health insurance for the personal attendants.

The various feedback and priorities have led to the formation of the Consumer / Attendant Action Network (CAAN). TILRC continues to sponsor and assist with its formation, but CAAN is controlled by consumers and attendants working together toward a shared goal of better wages and benefits for workers, while maintaining quality services and ensuring no cuts or freezes or wait lists to programs occur. CAAN's top priority this legislative session is SB 566. The essence of SB 566 came from a worker and a consumer working together equally to create a draft.

While the goal of better wages, benefits and health insurance is clear, how to reach the goal is not clear at all. The HCBS programs are administered differently by different agency providers. In some cases, the consumer is the employer. In some cases, this is a shared responsibility; while in others, the agency is the employer of the worker. Additionally, the reimbursement rates vary from Waiver program to Waiver program and rates also may vary within a program depending on whether a consumer or the agency directs the services and employs the worker. Finally, the rates vary with the type of service such as night support or respite care.

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Advocacy and services provided by and for people with disabilities.

All of these variations create a complex weave of issues that may need to be addressed to determine how to fund and best provide benefits, health insurance and better wages from which a worker could make a career and a consumer a dependable, high quality worker.

This complexity is why CAAN sees the need for a study that will sort through these issues and create an answer that the legislature who must provide budgets can understand and buy in to, and that the Governor's office and administration can understand and buy in to and that consumers, workers and providers can all understand and make work where the rubber hits the road. While the proposed SRS Systems Transformation study may appear to have some similarities, its goals are mainly around how to serve currently unserved populations, the costs and reimbursement rates needed to do so, and how these compare to certain other states. While these things are important, they are a different mix of goals and issues compared to those that SB 566 is addressing and they are not what consumers and attendants want and, frankly, deserve.

Finally, the legislative oversight in SB 566 is important. Many times, studies and other research occur and the findings and conclusions sit on a shelf gathering dust. It seems, at times, as if policy makers never even know a major study has been undertaken much less its purpose and any results. How many on this committee are aware of any result from the recent multi-million dollar "Real Choice Systems Change" grant? This is not to criticize, but rather to point out a significant disconnect that is a barrier to achieving our desired result. We think the findings of important studies like that proposed in SB 566 should come to the attention of the legislature who will need, in this case, to address the budget issues that will undoubtedly arise.

TILRC asks that you report SB 566 favorably. Our surveys indicate that wages, benefits and health insurance are of statewide importance. National and regional studies have concluded that these workforce issues are of the greatest importance when considering the availability and quality of home and community services. Home and community services are clearly going to be increasingly demanded and utilized by the growing population of aging and disabled individuals. The workers are the engine that drives the home and community services train. It seems pretty clear that Kansas needs to service its engine, but before that can happen, we need to run some diagnostics.



Consumer/Attendant Action Network

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501 SW Jackson Street • Topeka, KS 66603-3300

Senate Public Health and Welfare Committee

Testimony in favor of SB 566

By Fred Miller, CAAN Organizer

Mr. Chairman, members of the committee, thank you for hearing testimony on Senate Bill 566, The Attendant Care Workers Act.

My name is Fred Miller. I became a part-time personal assistant (or attendant care worker) in 2001 while I was a full-time high school teacher. In 2003, I quit my teaching job and became a full-time personal assistant. After many other occupations, including operating my own trucking business, I can say that a full-time career as a personal assistant is as honorable and worthwhile as any work I've ever done.

We, at CAAN, wrote the Attendant Care Workers Act with the following considerations in mind.

1. We know that the state budget faces revenue projection shortfalls under the weight of program growth.
2. It would be irresponsible to ask for an increase in spending without a systematic understanding of the cost.
3. It would be even more irresponsible for us PAs to request higher compensation that might result in waiting lists for consumers to receive services. Incidentally, we CAAN members will oppose any recommendation that increases waiting lists.

Very simply, SB 566 provides for a study of "the status and working conditions of the attendant care workers." The study will identify appropriate procedures and mechanisms that the legislature may use when considering measures to strengthen the workforce of personal assistants in Kansas' HCBS programs. Specific measures to strengthen the workforce include health and retirement benefits and mileage reimbursement.

These specific measures came from a survey of consumers who expressed a surprising interest in compensating their assistants better. Consumers have difficulty retaining good employees because of low pay and benefits. Even Tessa, who has employed me for several years now, has great difficulty in recruiting back-up supports for my time off. Consumers like Tessa believe rightly that more-attractive pay and benefits would be great help in recruitment of workers.

Since we first drafted the Attendant Care Workers Act, other organizations, with interests similar to ours, have taken notice. On February 28th, the Big Tent Coalition voted to support Senate Bill 566. The Big Tent Coalition combines the organizing power of grassroots organizations like ADAPT with civil rights organizations and service providers who work for the elimination of all HCBS waiting lists and expansion of community capacity as well as high-quality HCBS services, supports and staff.

The grassroots spirit behind the Attendant Care Workers Act springs more from love of the job than from the wish for higher compensation. The study proposed in this bill, and any recommendations of the study, must be about fortifying the muscle of the home- and community-based supports system in Kansas. I became a PA after the HCBS programs were already going strong. We at CAAN wish to make the system stronger for the future of long-term services and supports in Kansas.

March 12, 2008
Senate Public Health and Welfare Committee
HB 2570

Senator Barnett and committee members,

Thank you for hearing HB 2570 today.

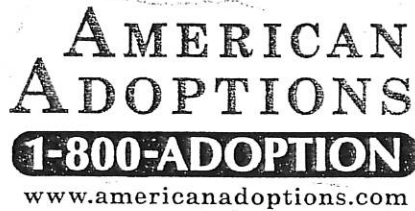
This is an issue that was first discussed at your Joint Committee on Children's Issues in 2006. If you reference your Committee reports you will find where the issue of expanding the pool of people who are allowed to perform adoption home studies was one of the topics on adoption that the committee heard about from multiple groups.

Last year two bills were introduced in the House dealing with this issue. HB 2481 and HB 2570. Over the past summer the groups who submitted those bills worked together to resolve the difference and presented a balloon to the House Health Committee. The supporting groups again worked with the committee to bring you the bill you see today. We believe this is fair and will help address some of the problems of delay that often occur for both families that are wanting to adopt and children waiting for a home. House members agreed with us and sent the bill to you with 118 votes.

The number of Social Workers in the state would reflex there is not a shortage; however, we must acknowledge that not all of them are in current practice or choose to do home studies. This bill will benefit both private and public placements and allow children to find permanency in a timelier manner.

Thank you for hearing this bill and I would stand for questions.

Willa DeCastro
American Adoptions



HB 2570
March 12th, 2008
Senate Public Health and Welfare Committee

Senator Barnett, and members of the committee, thank you for hearing HB 2570 today.

As it stands now, current law concerning adoptions determines that unless you are a licensed social worker, you are prohibited from doing any home study assessments for families wanting to adopt. We believe adding other state-licensed professionals, such as marriage and family therapists, professional counselors, psychologists or master's level psychologists, will provide more qualified people able to conduct home studies, which will better serve the constituents of Kansas trying to adopt.

Currently a 21-year-old recent college graduate from a Kansas college could perform a home study in the state of Kansas under their license with no supervision or training to provide such services. Recently at American Adoptions, we hired two new social workers from different Kansas accredited colleges who explained, to their knowledge, that their colleges did not provide course work or training on how to provide a proper assessment or write an adoption home study. To our knowledge, there is no college in the state of Kansas that offers course work in this area.

Current law would not allow a marriage and family therapist with a master's degree and 21 to 22 years of experience in counseling clients about marriage, family relationships, infertility and parenting to provide such an assessment. In our opinion, there are many qualified professionals that do not have social work degrees, but have other human service related degrees, such as marriage and family therapists, professional counselors or psychologists, who are qualified to provide such an assessment.

Who better to assess a married couple that wants to add to their family by way of adoption than someone who has experience in counseling clients about marriage, family relationships, infertility and parenting?

The current proposal will only allow master's educated and above related fields this opportunity, even though bachelor's level social workers with less education and experience can provide this service currently.

We feel that the ability to conduct a proper assessment and adoption home study is clearly within the realm of these other fields and HB 2570 would allow this to happen.

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As a national adoption professional, we see hundreds of home studies annually conducted by people of various human service and social work backgrounds, and the quality of the home study comes down to the performance of the person conducting the home study, not a certain academic degree.

Additionally, as a private child placing agency in the state of Kansas, we are constantly facing staffing challenges in western and more rural areas of Kansas, as well as losing great candidates in Kansas City to the state of Missouri.

For example, we can complete a home study in the Kansas City area within 2 to 4 weeks, whereas in parts of western Kansas, staffing shortages can delay a home study by 1 to 4 months. This also delays a Kansas family's adoption process.

Additionally, currently in Kansas City, bachelor's and master's level licensed marriage and family therapists, licensed professional counselors, licensed psychologists and licensed master's level psychologists are currently able in the state of Missouri to provide home study assessments. Kansas residents with these backgrounds are forced to work in Missouri due to this restrictive law, which seems unjust that we are not able to hire Kansas residents for Kansas jobs.

In closing, the addition of a licensed marriage and family therapist, licensed professional counselor, licensed psychologist or licensed master's level psychologist will certainly allow constituents of Kansas more options for home study providers.

Thank you for your attention and I would gladly stand for questions.

Shawn Kane
Executive Director
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**Testimony from Kansas Children's Service League
Regarding HB 2570
To the
Senate Public Health and Welfare Committee
Senator Jim Barnett, Chair
March 12, 2008**

Locations

Abilene	Lakin
Andover	Leoti
Cimarron	Liberal
Clay Center	Manhattan
Concordia	Marysville
Council Grove	Olathe
Deerfield	Pittsburg
Garden City	Pratt
Hays	Salina
Hugoton	Satanta
Hutchinson	Scott City
Johnson	Stafford
Junction City	Topeka
Kansas City	Ulysses
Kingman	Wichita

Thank you for the opportunity to testify today. My name is Gina McDonald and I am the Vice President for Education and Awareness with the Kansas Children's Service League (KCSL).

Kansas Children's Service League is a not for profit agency serving children and families across the state. In our 114 years, KCSL has provided a range of services driven by community need, spanning the areas of prevention, early intervention, treatment and placement. KCSL also has a long a rich tradition of advocating for the needs of Kansas children and their families as reflected in our mission. Our collective efforts are aimed at keeping children safe, families strong and communities involved.

I am here today to offer support for HB 2570.

Nineteen years ago I came before this legislature asking for a change in the Nurse Practice Act to allow personal attendants to perform functions for people with disabilities that were previously only able to be performed by Nurses. We had support from the Nurses Association because they recognized the lack of available nurses to provide those tasks for people who lived in their homes. Nurses and or physicians would continue to approve the disabled person teaching the attendant to perform medical tasks.

There was a great deal of concern and misunderstanding, but in your wisdom, this body passed HB 2012 and for 19 years people have self directed their own care at great cost savings to the state and an incredible increase in the quality of life for consumers.

I am back 19 years later asking you to pass HB 2570 which will give more professionals the option to perform assessments and home studies. We would like you to go further and allow these professionals to supervise the functions of the home studies and assessments, but we are satisfied that this

Kansas Children's Service League is the Kansas Chapter of Prevent Child Abuse America, a member of the Child Welfare League of America and the United Way. Accredited by the Council on Accreditation of Services for Families and Children.



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bill represents a good first step toward our goal.

As you've heard or will hear from other proponents there is a great shortage of Social Workers available to hire, not only in Kansas, but nation wide.

Currently at KCSL, as we complete Home Studies and Assessments, we often work with a multi disciplinary team approach to review all the information gathered about the family to make decisions. A licensed Bachelor's Social Worker may perform the home study, but a number of factors are taken into consideration using the skills of licensed Master's Social Workers, licensed Marriage and Family Therapists, and licensed Clinical Marriage and Family Therapists. A number of professionals review material and interviews before making final decisions about a family.

We have well qualified individuals who possess the degrees mentioned in HB 2570 who have many years experience working with families who today cannot complete these studies, yet an individual right out of school who has a license, may perform these duties.

However we also know the functions of these tasks are really learned on the job and through experience, not in a classroom. The common sense and intuition needed to determine if this is a good home for a child don't automatically come with a degree.

Please consider passage of HB 2570.

Thank you for the opportunity to testify before you today. I am happy to stand for questions.



**Senate Committee on Public Health and Welfare
Testimony in Support of HB 2570
March 12, 2008**

Corporate Office
21350 West 153rd Street
Olathe, Kansas 66061-5413
(913) 322-4900
www.kvc.org

Chairman Barnett and honorable members of the Committee, I am Kyle Kessler, Vice-President for Administration and Governmental Affairs at KVC Behavioral HealthCare. We appreciate the opportunity to provide testimony in support of HB 2570.

KVC has a long history of helping children and families. Currently, KVC is one of five agencies contracting with the Kansas Department of Social and Rehabilitation Services to provide child welfare services. One of the responsibilities in this set of contracts includes locating adoptive homes and placing children who have had parental rights severed with a family who will love and care for them.

KVC has had the privilege of helping over 700 children find adoptive families in the thirty-two months since the current contracts came into effect. In FY 2006, KVC helped 196 children to adoption. In FY 2007, KVC increased this number to 294, and so far in FY 2008, 217 children have been matched. As you see, these numbers are increasing steadily.

FY 2006—196
FY 2007—294
<u>FY 2008—217 (so far)</u>
Total—707

KVC believes strongly that by increasing the number of qualified professions to include marriage and family therapists, professional counselors, and psychologists, children may benefit from having home studies completed in a more timely manner. Furthermore, the addition of these professions that are already regulated by the Behavioral Sciences Regulatory Board (BSRB) would help alleviate some of the competition for social workers in a very competitive field.

In conclusion, KVC supports passage of HB 2570. The reality is that no child should have to wait longer than absolutely necessary before being placed in a home where they can receive the love and nurturing that has been absent from so much of their life.

This concludes my testimony. I would be happy to stand for questions.



**Heartland Rural Counseling Services, Inc.
270 North Franklin Ste C.
Colby, Kansas 67701
Phone 785-460-7588
Fax 785-460-2396**

**Testimony re: HB 2570 Adoption Home Studies
Senate Public Health and Welfare Committee
Presented by Elaine Ptacek
On behalf of the
Mental Health Credentialing Coalition
March 12, 2008**

Mr. Chairman, Members of the Committee:

My name is Elaine Ptacek from Colby, Kansas. I am speaking today on behalf of the Mental Health Credentialing Coalition, which is comprised of the members of the Kansas Counseling Association/Kansas Mental Health Counselors Association, Kansas Association of Masters in Psychology and the Kansas Association for Marriage and Family Therapy. I am in Private Practice with Heartland Rural Counseling Services in Colby, Kansas as a Licensed Clinical Professional Counselor. I have worked in the Mental Health field since 1990. I am a Mental Health Consultant with the Smart Start Program in Northwest Kansas and Mental Health volunteer for our local Red Cross. I have served as President of the Kansas Mental Health Counseling Association and currently serve as the Legislative Advocacy Chairman of Kansas Counselors Association.

My testimony today encourages the Senate Public Health and Welfare Committee to support **HB 2570** on Adoption Home Studies. Being from Northwest Kansas, rural areas face many challenges for finding individuals in a rural location to complete the adoption home studies.

By the actions of the Kansas Legislature over the past decade, these three professions: professional counselors, marriage and family therapists, and clinical psychotherapists have joined previously licensed social workers and psychologist in providing the complex and broad array of mental health and child welfare services depended upon by our states citizens. In 1996, the Legislature recognized all three of our mental health providers as "qualified mental health professionals." For the past decade, the Behavioral Sciences Regulatory Board has worked with all five professions at one table to oversee a coordinated development of administrative rules for protecting a public who could likely seek services from any of the respective professions' licensees. Graduates from our universities across Kansas hope to provide services to our states citizens whether it be mental health services or adoption home studies instead of moving out of state simply to find work that is non discriminatory.

KSA 59-2132 was drafted in 1990. It limits adoption home studies to "court approved social workers licensed to practice social work in Kansas." Seventeen years ago, there

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were no other BSRB licensed professionals serving in the child welfare workforce in Kansas. Our agency, Heartland Rural Counseling Services, has a Bachelor Social Worker who completes our private adoption home studies. We are not able to complete Adoption Home Studies for SRS as we have been unable to locate or contract with an LSCSW.

SRS in Northwest Kansas contracts with a Salina agency, over 200 miles away because of the limitations in this statute. Our agency hired a BSW to do private adoption home studies. She is great, but it is hard to explain to other licensed individuals with a master's clinical degree why they can't do home studies. There is no professional scope of practice reason why the other BSRB licensees cannot perform adoption home studies. It is only because of the statutory prohibition that such providers cannot perform such services. It is interesting to me that the Licensed Bachelors Social Worker is able to do adoption home studies and they have not completed the 60 graduate level courses that would better prepare them to provide this service like all five of the professional licensees required by the BSRB in the graduate programs.

For about six months, our agency was contracting with SRS to do adoption home studies. We did approximately 5-6 before we received a call from our contractor that KDHE said we could no longer do them. That state statute said it must be completed by a LSCSW. We talked to KDHE about becoming a child placing agency along with the rules and regulations. SRS was satisfied with our adoption home study reports and recommendations, but these must be completed by an LSCSW. By expanding the statute to include Licensed Professional Counselors/Licensed Clinical Professional Counselors, Licensed Marriage and Family Therapists/Licensed Clinical Marriage & Family Therapists and Licensed Clinical Psychotherapist, we would no longer have an issue of access.

I have included two graphs that I would like to discuss with you and the number of providers by county.

1. Comparison of scopes of practice for KS BSRB Licensed Mental Health Providers Authorized to Diagnose and Treat Mental Disorders.

The information in this graph shows a very good comparison for the four licensed professional who are asking to complete Adoption Home Studies. As you can see in the first column, Clinical Social Workers (LSCSW) has a very similar scope of practice comparing them to LCMFT's, LCPC's, and LCP's.

2. Comparison of Licensure Requirements for Licensed Clinical Mental Health Care Providers State of Kansas 2002.

The information in this graph shows a great comparison of the requirements each profession must meet to become licensed with BSRB. It compares Statutory Authorization to Diagnose and Treat Mental Disorders, Graduate Education Requirements for Licensure, Minimum Coursework Supporting Clinical Practical

effective 7-1-2003, Supervised Direct Client Contact Hours Conducting Psychotherapy, Total Postgraduate Supervised Professional Experience, Postgraduate Clinical Experience and Competency Exams for each Licensee.

3. Licensed providers in Kansas by County-This information is available from BSRB.

Rural communities suffer disproportionately from a shortage of mental health professionals. This is no different in Western Kansas or the rural areas across the state. By adding professional counselors, marriage and family therapists and psychotherapists to HB 2570, this would help families and agencies alleviate the problem of access for adoption home studies.

The legislature's goal is to insure that as many children as possible are placed in a permanent home environment. The more competent and qualified providers that the state of Kansas can put in the field to assist with adoption home studies, the better the outcome for the legislative desire of placing children in a permanent environment.

Over the last decade, we were added to most Health Insurance Provider Networks. In 2005, we were able to serve Health Wave 21 clients for mental health services. In July, 2007 we became providers of the Medicaid system. We believe that this anachronistic statute should be changed to ensure that the state of Kansas can benefit from allowing all of its many competent and qualified providers to perform adoption home studies.

I feel being licensed at the highest level in Kansas under the supervision of the BSRB should level the playing field among all disciplines. Today, this statute prevents various agencies from utilizing the full range of professionals now employed in the states' mental health and child welfare agencies. This creates needless inefficiencies and bottlenecks due simply to a statute that is outdated and out of sync with our states' priority for an effective, multi-professional work force.

As you consider future actions to benefit the delivery of adoption home studies in Kansas, we urge you to address updating this specific statute to better match the Legislature's priorities set in the past decade. Please support HB 2570.

**A COMPARISON OF KANSAS REQUIREMENTS FOR CLINICAL LICENSED MASTER'S PREPARED
PEER MENTAL HEALTH PROFESSIONS (INDEPENDENT PRACTICE LEVEL)**

January 1, 2004

	LSCSW	LCPC	LCMFT	LCP
<i>Typical graduate degrees specific to respective profession</i>	MSW-Advanced Placement 42 credit hours (1 year) MSW - Standard 66-72 credit hours (2 years)	Masters Arts/Sciences in Counseling 60 credit hours (2 years minimum)	Masters of Arts/Sciences in Marriage & Family Therapy 45-60 credit hours (2 years minimum)	Masters of Arts/Sciences in Clinical/Counseling Psychology 60 credit hours (2 years minimum)
<i>Common language in Kansas licensing statutes requiring clinical practicum in masters degree</i>	KSA 65-6306(d)(1)(C)	KSA 65-5804a(c)(1)(C)	KSA 65-6404(b)(1)(C)	KSA 74-5363(c)(1)(C)
<i>Common language in Kansas licensing statutes requiring clinical coursework in masters degree</i>	KSA 65-6306(d)(1)(B)	KSA 65-5804a(c)(1)(B)	KSA 65-6404(b)(1)(B)	KSA 74-5363(c)(1)(B)
<i>2 years/4,000 hours of supervised professional experience after degree</i>	KSA 65-6306(d)(1)(D)	KSA 65-5804a(c)(1)(D)	KSA 65-6404(b)(1)(D)	KSA 74-5363(c)(1)(D)
<i>Professional recommendations (three)</i>	YES	YES	YES	YES
<i>National clinical exam</i>	YES	YES	YES	YES
<i>Continuing education every license renewal (2 years)</i>	YES - 40 hours, including 6 hrs in diagnosis & treatment of mental disorders; and 3 hours in professional ethics	YES - 30 hours, including 6 hrs in diagnosis & treatment of mental disorders; and 3 hours in professional ethics	YES - 40 hours, including 6 hrs in diagnosis & treatment of mental disorders; and 3 hours in professional ethics	YES - 50 hours, including 6 hrs in diagnosis & treatment of mental disorders; and 3 hours in professional ethics
<i>Common language in Kansas licensing statutes authorizing diagnosis and treatment of mental disorders</i>	KSA 65-6306(d)(2)	KSA 65-5804a(c)(3)	KSA 65-6404(b)(3)	KSA 74-5363(c)(3)
	"...is authorized to diagnose and treat mental disorders specified in the edition of the diagnostic and statistical manual of mental disorders of the American psychiatric association designated by the board by rules and regulations"			

with no no u/ zsp
Hh1

Elaine Ptaoek

785-462-2777

p2

14-4

		LP	LASW	LBSW	LMSW	LSCSW	LCPC	LPC	LCP	LMLP	LCMFT	LMFT	RAODAC	TOTAL
AL	ALLEN	3	2	12	11	2	2	1	4	2	0	0	0	39
AN	ANDERSON	1	0	0	4	0	0	1	1	0	0	0	0	7
AT	ATCHISON	2	0	11	9	4	1	2	2	2	1	2	0	36
BA	BARBER	0	0	3	0	1	0	0	0	0	1	0	0	5
BB	BOURBON	2	0	13	2	1	1	2	0	3	1	0	0	25
BR	BROWN	0	0	5	8	2	0	0	0	1	1	0	0	17
BT	BARTON	4	1	32	11	2	2	4	10	8	1	3	0	78
BU	BUTLER	5	1	31	30	12	9	14	6	5	8	8	1	130
CA	CLARK	0	0	0	3	0	0	0	1	1	0	0	0	5
CD	CLOUD	4	0	15	4	2	0	0	1	2	1	0	0	29
CF	COFFEY	0	0	6	2	1	0	0	1	0	0	0	0	29
CK	CHEROKEE	0	0	10	4	3	0	2	2	0	0	0	0	10
CL	COWLEY	1	1	39	19	14	2	3	2	5	2	0	0	21
CM	COMANCHE	0	0	1	0	1	0	1	0	0	1	0	0	88
CN	CHEYENNE	0	0	0	0	0	0	0	0	0	0	0	0	4
CQ	CHAUTAUQUA	0	0	0	0	0	0	0	0	0	0	0	0	0
CR	CRAWFORD	10	3	61	13	9	4	11	12	13	6	4	4	150
CS	CHASE	0	0	0	0	0	1	0	0	0	0	0	0	1
CY	CLAY	0	0	10	1	2	0	0	0	0	0	0	0	14
DC	DECATUR	0	0	2	0	2	1	0	1	0	0	0	0	6
DG	DOUGLAS	78	1	67	199	145	16	16	13	21	8	8	5	577
DK	DICKINSON	0	1	17	5	5	0	2	0	0	0	1	0	31
DP	DONIPHAN	0	0	0	4	0	0	0	1	1	0	0	0	6
ED	EDWARDS	0	0	1	1	1	1	0	0	0	0	1	0	5
EK	ELK	0	0	1	0	1	0	0	0	0	0	0	0	2
EL	ELLIS	4	0	42	15	12	8	6	16	21	3	1	1	129
EW	ELLSWORTH	1	0	4	1	0	0	2	0	0	0	0	0	8
FI	FINNEY	0	0	17	13	9	6	9	5	4	1	0	0	64
FO	FORD	1	4	13	6	10	1	2	1	1	1	2	1	43
FR	FRANKLIN	0	1	10	8	7	1	3	5	3	0	0	1	39
GE	GEARY	0	0	19	14	9	0	2	1	2	1	2	0	50
GH	GRAHAM	0	0	2	0	0	0	0	0	0	0	0	0	2
GL	GREELEY	0	0	2	1	0	0	0	1	0	0	0	0	4
GO	GOVE	0	0	2	1	0	1	0	0	0	0	0	0	4
GT	GRANT	0	0	2	2	2	0	0	1	1	0	0	0	8
GW	GREENWOOD	0	0	3	3	0	0	2	0	1	0	0	0	9
GY	GRAY	0	0	5	1	2	0	0	1	0	0	0	0	9
HG	HODGEMAN	0	0	0	1	0	0	1	1	0	0	1	0	4
HM	HAMILTON	0	0	2	0	1	0	0	0	0	0	0	0	3
HP	HARPER	0	0	5	1	0	0	0	0	1	0	0	0	7
HS	HASKELL	0	0	0	1	0	0	0	0	0	0	0	0	1
HV	HARVEY	12	1	58	50	37	4	6	3	4	5	3	3	186
JA	JACKSON	0	0	10	13	18	1	1	3	2	2	0	0	50
JF	JEFFERSON	3	0	11	18	6	0	1	0	1	0	1	0	41
JO	JOHNSON	177	2	186	451	432	106	69	28	37	63	41	16	1608
JW	JEWELL	0	0	2	0	0	0	0	0	0	0	0	0	2
KE	KEARNY	0	0	1	2	0	0	0	0	0	0	0	0	3
KM	KINGMAN	0	0	2	1	0	0	0	1	0	0	0	0	4
KW	KIOWA	0	0	0	1	0	0	1	2	4	2	1	0	11
LB	LABETTE	3	0	20	10	8	3	1	1	3	0	0	0	49
LC	LINCOLN	0	0	1	0	0	0	1	0	0	0	0	0	2
LE	LANE	0	0	0	0	0	0	0	0	0	0	0	0	0
LG	LOGAN	0	0	5	0	0	0	0	0	0	0	0	0	5
LN	LINN	2	1	2	2	2	0	0	1	0	0	1	0	11
LV	LEAVENWORTH	8	0	15	37	17	8	4	2	4	4	1	2	102
LY	LYON	5	1	13	12	12	9	14	12	13	1	1	3	96
MC	MITCHELL	0	0	7	3	1	0	0	1	1	0	0	0	13
ME	MEADE	0	0	3	0	0	0	0	0	0	0	1	0	4
MG	MONTGOMERY	0	0	20	9	6	0	0	10	14	2	3	1	65
MI	MIAMI	3	0	9	13	10	1	3	3	4	1	1	0	48
MN	MARION	0	0	6	7	5	2	0	1	0	0	1	0	22
MP	MCPHERSON	3	0	31	23	14	1	2	2	1	6	5	0	88
MR	MORRIS	0	0	5	3	2	0	1	1	1	0	0	0	13
MS	MARSHALL	0	1	7	1	0	0	0	0	0	0	0	0	9
MT	MORTON	0	0	2	0	0	0	0	0	0	0	0	0	2
NM	NEMAHA	0	0	7	3	0	0	0	0	1	0	0	0	11
NO	NEOSHO	2	0	15	14	2	0	1	0	1	1	0	0	36
NS	NESS	0	0	2	0	0	0	1	0	0	0	0	0	3
NT	NORTON	3	0	0	2	1	0	1	0	0	0	0	0	8
OB	OSBORNE	0	0	1	0	0	0	1	0	1	0	0	0	3
OS	OSAGE	0	0	8	10	2	2	0	0	0	0	1	0	23
OT	OTTAWA	0	0	5	0	0	0	0	0	0	0	0	0	5
PL	PHILLIPS	0	0	9	2	4	0	1	1	2	0	1	0	20

PN	PAWNEE	9	2	16	10	8	2	3	10	6	0	0	3	69
		LP	LASW	LBSW	LMSW	LSCSW	LCPC	LPC	LCP	LMLP	LCMFT	LMFT	RAODAC	TOTAL
PR	PRATT	0	2	5	4	1	0	0	1	0	0	0	0	13
PT	POTTAWATOMIE	2	1	15	12	3	0	2	1	3	1	3	0	43
RA	RAWLINS	0	0	2	0	0	1	0	0	0	0	0	0	3
RC	RICE	0	0	2	2	0	0	0	0	0	1	0	0	5
RH	RUSH	0	0	2	3	2	0	0	0	0	0	0	0	7
RL	RILEY	18	1	74	40	42	8	6	4	10	13	11	0	227
RN	RENO	3	0	63	33	32	7	6	9	7	15	7	1	183
RO	ROOKS	0	0	2	1	1	1	1	0	0	0	0	0	6
RP	REPUBLIC	0	1	4	0	0	0	0	0	0	0	0	0	5
RS	RUSSELL	0	0	5	0	0	0	2	1	1	0	0	0	9
SA	SALINE	7	2	50	30	31	6	9	8	7	12	2	4	168
SC	SCOTT	0	0	4	2	0	0	0	1	1	1	0	0	9
SD	SHERIDAN	0	0	0	0	0	0	0	0	0	0	0	0	0
SF	STAFFORD	1	0	1	0	0	0	0	0	0	0	1	0	3
SG	SEDGWICK	97	6	337	366	206	27	34	40	41	94	69	13	1330
SH	SHERMAN	0	0	3	1	2	1	0	0	1	0	1	0	9
SM	SMITH	0	0	4	2	2	0	0	0	0	0	0	0	8
SN	SHAWNEE	53	7	182	233	231	12	15	20	35	21	11	7	827
ST	STANTON	1	0	0	1	1	0	0	0	0	0	0	0	3
SU	SUMNER	1	0	18	12	0	1	0	4	5	2	4	1	48
SV	STEVENS	0	0	0	0	0	0	0	0	0	0	0	0	0
SW	SEWARD	2	0	8	4	3	0	0	2	1	0	2	1	23
TH	THOMAS	0	0	8	1	1	4	0	1	2	0	0	0	17
TR	TREGO	0	0	3	0	2	0	0	0	1	0	0	0	6
WA	WALLACE	0	0	1	1	1	0	0	0	0	0	0	0	3
WB	WABAUNSEE	1	1	6	5	5	0	2	0	0	0	0	0	20
WH	WICHITA	0	0	1	1	1	0	0	0	0	0	0	0	3
WL	WILSON	0	0	5	2	2	0	0	0	0	0	0	0	9
WO	WOODSON	0	0	5	2	0	0	0	0	0	0	1	0	8
WS	WASHINGTON	0	1	3	0	0	0	0	0	0	0	0	0	4
WY	WYANDOTTE	14	1	53	75	36	7	12	5	0	2	4	0	209
	TOTAL	546	46	1810	1928	1454	271	287	267	314	286	213	68	7490

14-7

**COMPARISON OF SCOPES OF PRACTICE FOR KANSAS BSRB LICENSED CLINICAL MENTAL HEALTH PROVIDERS
AUTHORIZED TO DIAGNOSE AND TREAT MENTAL DISORDERS**

Licensed Specialist Clinical Social Worker	Licensed Clinical Marriage and Family Therapist	Licensed Clinical Professional Counselor	Licensed Clinical Psychotherapists	Licensed Psychologist
<p>KAR 102-2-1a (e) “Clinical social work practice” means the professional application of social work theory and methods to the treatment and prevention of psychosocial problems, disability, or impairment, including emotional and mental disorders. Clinical social work shall include the following:</p> <ol style="list-style-type: none"> (1) Assessment; (2) diagnosis; (3) treatment, including psychotherapy and counseling; (4) client-centered advocacy; (5) consultation; (6) evaluation; and (7) interventions directed to interpersonal interactions, intrapsychic dynamics, and life support and management issues. 	<p>K.A.R. 102-5-1 (c) “Clinical marriage and family therapy-practice” means the professional application of marriage and family therapy theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including behavioral, emotional, and mental disorders. Clinical marriage and family therapy shall include the following:</p> <ol style="list-style-type: none"> (1) Assessment; (2) diagnosis of mental disorders; (3) planning of treatment, which may include psychotherapy and counseling; (4) treatment intervention directed to interpersonal interactions, intrapsychic dynamics, and life management issues; (5) consultation; and (6) evaluation, referral, and collaboration. 	<p>K.A.R. 102-3-1a (e) “Clinical professional counselor practice” means the professional application of professional counseling theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including behavioral, emotional, and mental disorders. Clinical professional counseling shall include the following:</p> <ol style="list-style-type: none"> (1) Assessment; (2) diagnosis of mental disorders; (3) planning and treatment, which may include psychotherapy and counseling; (4) treatment intervention directed to interpersonal interactions, intrapsychic dynamics, and life management issues; (5) consultation; and (6) evaluation, referral, and collaboration. 	<p>K.A.R. 102-4-1a (d) “Clinical psychotherapy practice” means the independent practice of master's level psychology and the application of psychology theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including behavioral, emotional, and mental disorders. Clinical psychotherapy shall include the following:</p> <ol style="list-style-type: none"> (1) Assessment; (2) diagnosis of mental disorders; (3) planning of treatment, which may include psychotherapy and counseling; (4) treatment intervention directed to interpersonal interactions, intrapsychic dynamics, and life management issues; (5) consultation; and (6) evaluation, referral, and collaboration. 	<p>K.A.R. 102-1-1 (c) “Clinical psychological services” means the application by persons trained in psychology of established principles of learning, motivation, perception, thinking, and emotional relationships to problems of behavior adjustment, group relations, and behavior modification when those principles are applied through either or both of the following activities:</p> <ol style="list-style-type: none"> (1) Providing psychological assessment and therapeutic treatment to individuals or groups with the intent of modifying attitudes, emotions, and behaviors that are intellectually, physically, socially, or emotionally maladaptive; or (2) performing any other clinical applications of psychological principles as approved by the board.

14-7

TFI Family Services



Building Brighter Tomorrows for Families and Children

Testimony in Support of HB 2570 Presentation to Senate Public Health and Welfare Committee March 12, 2008

I am Steve Solomon, Director of Public Policy for TFI Family Services. As a PhD psychologist, I have been licensed to practice in Kansas since 1975. TFI is a Child Placing Agency in Kansas and as such sponsors over 620 family foster homes. We are the contracted provider of Family Preservation Services in Region III and the contracted provider for Family Reintegration Services in Region I. In addition to these child welfare services, we provide an array of mental health and substance abuse treatment services, independent living services, and other in-home services. We have recently expanded into the arena of early childhood services by obtaining a Montessori Pre-school in Lawrence and have operated a child day care center in Junction City for about a year.

I am testifying in support of HB 2570 because I think it provides the opportunity to increase options for conducting adoption home studies. The bill recognizes that a variety of licensed mental health professionals have the basic academic and technical backgrounds that equip them to conduct home studies of potential adoptive families under the proper conditions. I think we should also recognize that ultimately there needs to some reliance on an individual's judgment that one can deliver any particular service that might fall within an array of possible services in a given field, such as mental health. For example, persons are not licensed specifically to provide mental health services to children as opposed to adults; or to provide services to unique populations, such as persons with physical disabilities or children who have been removed from their homes.

I believe a critical path for managing the workforce crisis in the child welfare is to look more closely at current practice that may limit provider options when efficient access is problematic. I believe passage of HB 2570 would help us move in that direction.

Perhaps more importantly, I do believe there are sufficient provisions in the bill to assure that the work performed meets relevant professional standards and will assist in meeting the goal of expediting the adoption process.

Steve Solomon, PhD
Director of Public Policy
TFI Family Services
816-810-2929
steves@the-farm.org

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A member of Child Welfare League of America - Children's Alliance of Kansas - Missouri Coalition of Children's Agencies
A non-profit agency accredited by Council on Accreditation of Services for Families and Children, Inc.

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Chanute, Concordia, El Dorado, Emporia, Fort Scott, Garden City, Hiawatha, Independence, Iola, Kansas City, Lansing, Lawrence, Manhattan, Overland Park, Parsons, Phillipsburg, Pittsburg, Salina, Topeka, Wellington, Wichita, Winfield and Kansas City, MO





*Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary*

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

Division of Health

**Testimony on HB 2570
to
Senate Committee on Public Health and Welfare
By
Christine Ross-Baze, Director
Child Care Licensing and Registration Program**

March 12, 2008

Chairman Barnett and members of the Committee on Public Health and Welfare, my name is Christine Ross-Baze and I am the director of the Child Care Licensing and Registration Program at the Kansas Department of Health and Environment. Thank you for the opportunity to present testimony in support of House Bill 2570.

House Bill 2570 proposes to provide additional flexibility in the professional disciplines authorized to perform adoption assessments and provides safeguards for families seeking to adopt. This additional flexibility coupled with the safeguards contained in the bill will enable families seeking adoption to find competent, qualified professionals to perform adoption assessments and will provide assurances that children who need homes are placed with families that can meet their needs.

For these reasons, the Department supports passage of HB 2570 as amended.

Thank you for the opportunity to appear before the Committee today. I will now stand for questions.

BUREAU OF CHILD CARE AND HEALTH FACILITIES CHILD CARE LICENSING AND REGISTRATION PROGRAM
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 200, TOPEKA, KS 66612-1274

Voice 785-296-1270 Fax 785-296-0803

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**Senate Public Health and Welfare
HB 2570
March 12, 2008**

I appreciate the opportunity to submit testimony to this committee in support of HB 2570. My name is Bruce Linhos and I am the director of the Children's Alliance of Kansas.

The Children Alliance is the association of the private child welfare agencies that serve the State's children through family preservation, foster care, and adoption services. Member agencies provide better than 90% of all services to these children who are in the states custody.

The Children's Alliance supports this legislation because we believe it is a step in the right direction in helping to address what has become a serious workforce issue in this state through our inability to tap into a broader pool of qualified professional. Furthermore we believe that children awaiting adoption and families prepared to adopt those children need to be attended to as quickly as possible. Our reading of HB 2570 would expand the workforce of licensed professionals that would be able to conduct adoptive home assessments to include licensed counselors, licensed psychologists, and licensed marriage and family therapists, licensed psychotherapists, and licensed child placing agencies. The inclusion of these additional trained and licensed professional groups would greatly assist in ensuring timely permanence for children awaiting a home.

Our members have discussed the fact that in the field of child welfare experience and maturity of judgment are among the most important factors in making good decisions for children and families. Likewise our people, many of whom represent this broader pool of professionals, feel that the work of family assessment can be performed as well by experienced clinicians whether they be psychologists, counselors, marriage and family therapists, or social workers.

The thing that should drive your decision on this issue is can we provide high quality services to adoptive families and the children awaiting adoption by expanding the pool of licensed professionals that can share in this work. The Children's Alliance believes the passage of HB 2570 will do just that.

Thank you for the opportunity to offer our support for this issue.

Bruce Linhos
Executive Director
Children's Alliance



Mr. Chair and Members of the Committee:

My name is Sandra Gasca, Chief Program Officer of the Child Welfare/Community Based Services (CW/CBS) Contract and Foster Home departments for Youthville. I am responsible for oversight of case management, adoption, and foster home services in my role as the Chief Program Officer. Thank you for the opportunity to share my thoughts with you regarding House Bill 2570.

Youthville is the Foster Care/Reintegration contractor for the department of SRS in Region 5 which includes all of Sedgwick County. We currently serve 1200 children in out of home care. Since the inception of the new contracts in July of 2005, Youthville has finalized over 500 adoptions in the foster care system. While we consider this to be a huge success, this has not been met without significant challenges. Because of the current statute that only allows social workers to conduct home studies, we believe that some of these adoptions could have been expedited if there were more available social workers to conduct them. We fully support, and see the need for, HB 2570 which will open up the network of professionals of those who can conduct home studies.

On a personal note, I would like to share that even though I have been in the social services field (5 years in mental health and 6 years in child welfare), and have overseen case management and adoption services, the fact that I am licensed through the State of Kansas as a Masters Level Psychologist prohibits me from being able to conduct adoptive home studies. As a professional, I find this to be an unnecessary road block to the realm of services I should be able to provide given my vast experience working in child welfare, specifically adoptions. By passing HB 2570, professionals like me will be able to conduct home studies and thus allow for more expediency in finalizing adoptions.

In closing, I would like to say that we would be concerned about any amendments offered to modify this bill that would restrict the number of licensed professionals allowed to conduct the home studies. The focus needs to be on expanding the network of professionals available to children who could be adopted into homes and avoid shrinking the available pool to a very select club of those already in the business or licensed clinicians.

I appreciate your consideration for passage of House Bill 2570. Thank you.

Sandra Gasca, LMLP
Youthville
Chief Program Officer
CW/CBS Contract & Foster Care

GIVING CHILDREN BACK THEIR CHILDHOOD

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Saint Francis Community Services

Serving Children and Families Since 1945

2008 LEGISLATIVE SESSION~

Senate Public Health and Welfare

HB 2570 Persons Authorized to Make Adoption Assessments

2008 POLICY AGENDA~

SERVING A RURAL POPULATION

The needs, perspectives and culture of our rural and frontier population shall be reflected in decisions and policies that shape services to children and families at all levels.

MENTAL HEALTH AND BEHAVIORAL SERVICES

All children in the child welfare system will have access to quality, and timely mental health and behavioral health services designed to sustain and reunite families.

MANAGING POSITIVE SYSTEMS CHANGE

System changes that impact children and families must be adequately funded, accompanied by plans to build system capacity, and have a process for monitoring and evaluating performance against outcomes.

For more information contact mlness@connections-unlimited.net

The system serving children and families will reflect regional differences, ensure access to critical services and effectively manage change

St. Francis has a rich history of serving troubled youths and their families over 60 years. We provide a range of services from family preservation, reintegration/ foster care, drug and alcohol services, foster care homes, residential services and community supports. Through those programs we serve over 2000 children and families, in 53 rural and frontier counties, with 12 offices and over 600 full and part time employees.

We appear in support of HB 2570 because it would expand the pool of qualified licensed professionals available to provide an important service in the steps leading to permanency for children in our care.

For over two years St. Francis has participated in a Rural Committee of Mental Health Services for Children and Families. Through that participation we have become increasingly concerned about the availability of professionals to provide timely and quality child welfare and mental health services in Kansas. A theme not uncommon throughout child welfare and the state is our shrinking human resource pool. This bill would allow us to tap into current qualified resources to perform a critical step in the permanency continuum under the guidance of the state and its regulatory body. At St. Francis we believe that finding solutions to gaps in human resources, which the courts recognize, takes on greater urgency because of the rural and frontier nature of our service area. (see handouts)

We are confident that the bill as written provides relevant safeguards so that children and families will be protected as well as recognizing this compliment of professionals as an important resource base for these services and support the House amendments.

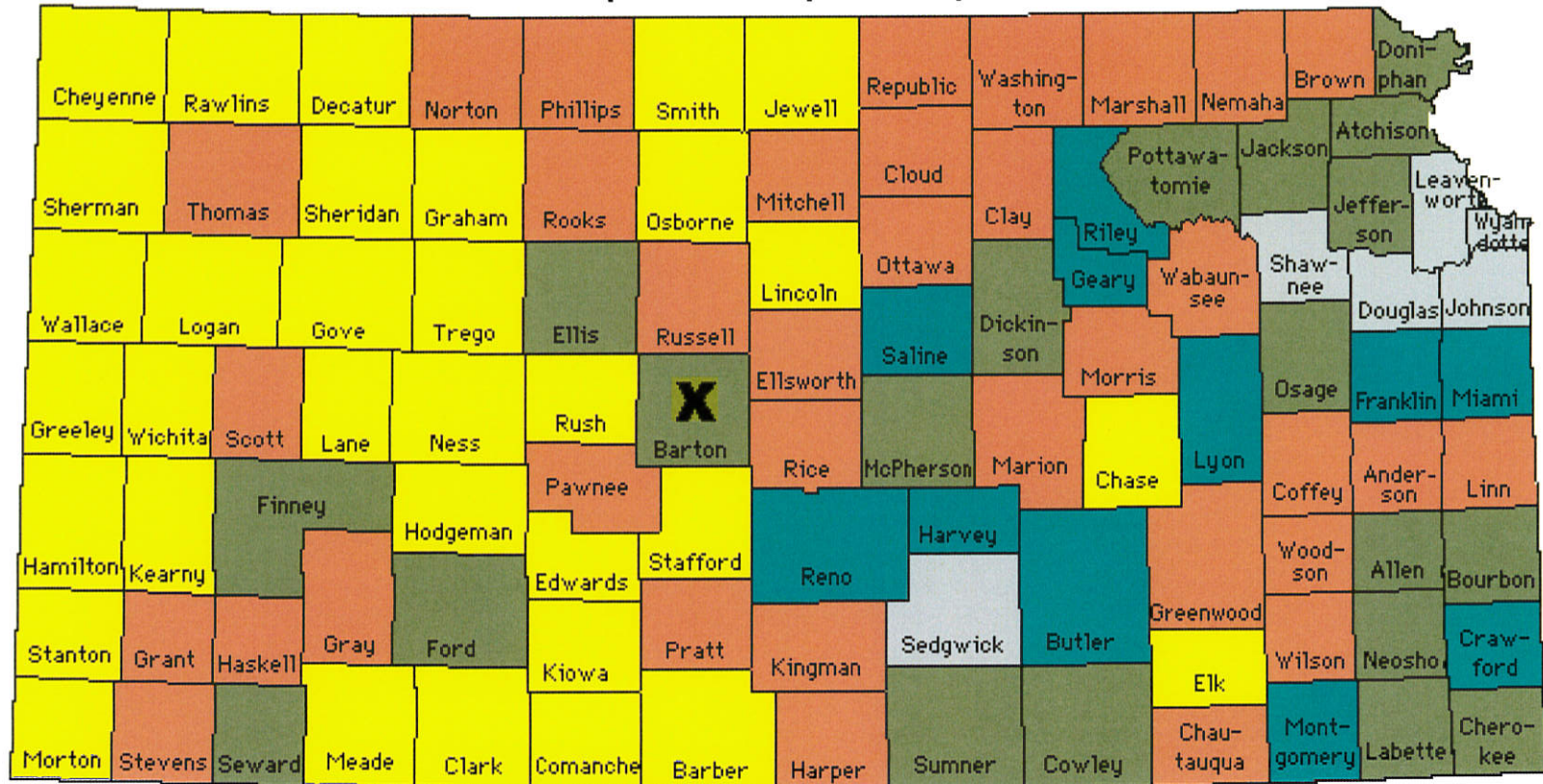
Although we know efforts of this nature will not comprehensively address our workforce challenges we nonetheless believe it is a first step in a solution-based approach to an urgent need . We look forward to working with you on its successful passage.

Respectfully submitted,
Melissa L. Ness JD, MSW

19-2

The Frontier through Urban Continuum Definition

Population Density Peer Groups*



- Frontier (less than 6 persons per square mile)
- Rural (6 to 19.9 persons per square mile)
- Densely-settled rural (20 to 39.9 persons per square mile)
- Semi-urban (40 to 149.9 persons per square mile)
- Urban (150+ persons per square mile)

*Based on 2006 U.S. Census Bureau Population Estimates using the peer group definition adopted by the Kansas Department of Health and Environment.

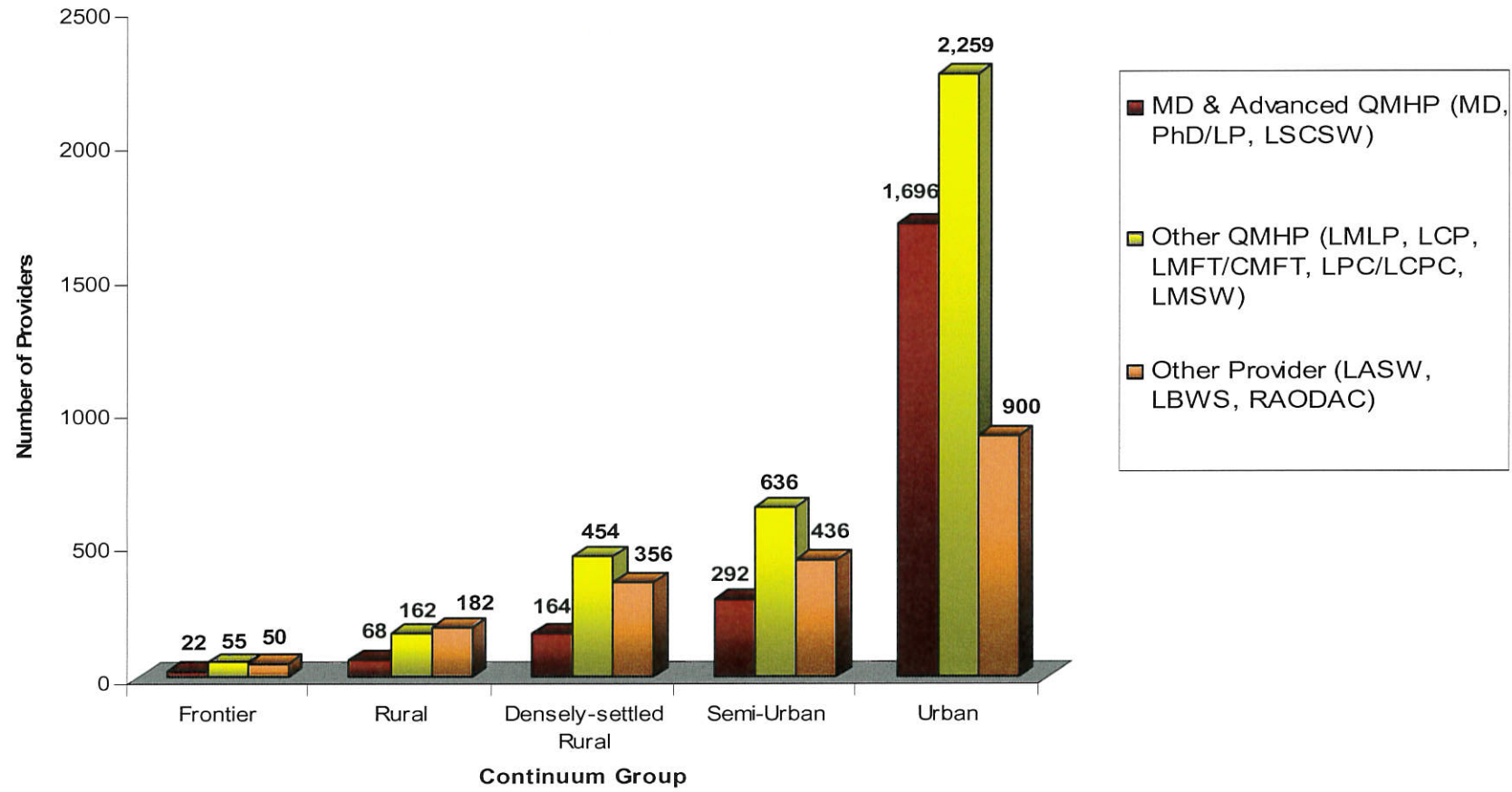
This map was created by KU's School of Social Welfare and the Frontier and Rural Committee of Mental Health Services for Children and Families and supported through a contract with SRS-HCP Mental Health Services Division.

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19-2

The Frontier through Urban Continuum Definition

Number of Providers Across the Frontier Through Urban Continuum in Kansas



Data Sources: MD counts obtained from Kansas State Board of Healing Arts, November 2007, all other provider counts obtained from Kansas Behavioral Science Regulatory Board, November 2007

19-2

Senate Public Health and Welfare
Wednesday, March 12, 2008

House Bill 2570

Concerning adoptions; relating to persons authorized to make assessments

Sky Westerlund, LMSW

Executive Director, Kansas Chapter, National Association of Social Workers (KNASW)

KNASW is the professional association working on behalf of the profession and practice of social work in Kansas. Social workers have been licensed to practice at three levels of expertise since 1976. These are the baccalaureate (LBSW), the master (LMSW), and the specialist clinical social worker (LSCSW). There are over 5500 social workers practicing and serving thousands of persons in Kansas every day. Social work is a broad and inclusive profession which allows social workers to provide a range of services and care in a wide variety of settings. Examples of services includes casework, coordination of services, case management, mental health care, psychotherapy, other forms of therapy, consultation, counseling, and social services. Practice settings include child welfare, juvenile justice, private practice, military bases, hospitals, hospices, disaster events, domestic violence, aged care, substance abuse, community mental health centers, schools, public health organizations, community programs and more.

HB 2570 would alter a section of the Kansas Adoption and Relinquishment Act adopted in 1990. The current statute requires that, for independent and agency adoptions, the petitioner shall obtain an assessment by a licensed social worker. The purpose of an adoption assessment is to screen the potential adoptive family in the interest of protecting children from harm and identifying the best fit for a child and potential family. The assessment is commonly referred to as an adoption homestudy.

Adoption assessments are one aspect of the social services offered within the practice field of child welfare work. Much of child welfare work is provided through public welfare, such as child abuse investigations, family preservation work, foster care, adoption profiles, adoption assessments and placement for children in state custody. Adoption assessments also occur in the private sector for private clients. International adoptions are also increasing. The Child Welfare League of America publishes the CWLA Standards for Excellence in Adoption Service. One of their core values and assumptions underlying adoption services states, "The knowledge, skill, and experience of professional social workers should be used in developing and providing all aspects of adoption services."

HB 2570 is an attempt to change a nearly twenty year old law to allow non-social workers the legal authority to perform adoption assessments. This is nothing short of expanding the scope of practice for the mental health providers listed. If they wish to expand the authority and scope of their practice, the appropriate route is through their individual practice acts, not in seeking authority to do something that they have not done and are not trained to do. These mental health providers' scope of practice allows them to diagnose and treat persons with mental illness and, at the clinical level, to work independently.

But, an adoption homestudy is not a diagnosis, treatment, or therapy.

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Further, the current law states that the adoption assessment must be performed by a “court approved social worker.” This language requires that the social worker seek court approval to do adoption homestudies. Court approval will depend on the license, but also information in the resume that indicates experience and expertise in the field of child welfare services and adoption casework. For many social workers, the professional development of skills and experience in child welfare begin when pursuing a bachelor degree, through internships at SRS, child placing agencies, and even the local district attorney’s office.

Given the support HB 2570 is enjoying so far, **KNASW would request that, if you wish to see this legislation become law, that you insert a balloon amendment.** The purpose of the balloon amendment is to preserve the integrity of the adoption homestudy and not permit it to become entangled in diagnosis, treatment, or therapy in any way. It would codify into law the current practice that an adoption homestudy is not done by the same social worker who is providing mental health therapy services for the family.

Balloon Amendment

On page 2, line 15, insert:

“(C) not have any previous or subsequent personal interaction or professional role with the petitioner, except to update the assessment of the advisability of the adoption each year, at the request of the petitioner.”

Thank you for your consideration.

Reference:

CWLA’s Standards for Excellence in Adoption Service, Child Welfare League of America, published February 2000

Available for purchase at www.cwla.org

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20-3

1 amendments thereto;

2 (G) licensed masters level psychologist as defined in K.S.A. 74-
3 5362, and amendments thereto;

4 (H) licensed clinical psychotherapist as defined in K.S.A. 74-
5 5363, and amendments thereto; or

6 (I) a licensed child-placing agency.

7 (2) Any person performing an assessment pursuant to this sub-
8 section shall:

9 (A) Possess a minimum of two years experience in adoption
10 services or be supervised by a person with such experience; or

11 (B) if licensed by the behavioral sciences regulatory board to
12 diagnose and treat mental disorders in independent practice, pos-
13 sess a minimum of one year of experience in adoption services or
14 be supervised by a person with such experience.

15 (b) The petitioner shall file with the court, not less than 10 days be-
16 fore the hearing on the petition, a report of the assessment and, if nec-
17 essary, confirmation or clarification of the information filed under K.S.A.
18 59-2130, and amendments thereto.

19 (c) If there is no ~~licensed social worker, licensed marriage and family~~
20 ~~therapist, licensed professional counselor, licensed psychologist, licensed~~
21 ~~masters level psychologist or licensed child-placing agency~~ **one author-**
22 **ized pursuant to this section** available to make the assessment and
23 report to the court, the court may use the department of social and re-
24 habilitation services for that purpose.

25 (d) The costs of making the assessment and report may be assessed
26 as court costs in the case as provided in article 20 of chapter 60 of the
27 Kansas Statutes Annotated and amendments thereto.

28 (e) In making the assessment, the ~~social worker, marriage and family~~
29 ~~therapist, professional counselor, psychologist, masters level psychologist,~~
30 ~~child-placing agency~~ **person authorized pursuant to this section** or
31 department of social and rehabilitation services is authorized to observe
32 the child in the petitioner's home, verify financial information of the pe-
33 titioner, shall clear the name of the petitioner with the child abuse and
34 neglect registry through the department of social and rehabilitation serv-
35 ices and, when appropriate, with a similar registry in another state or
36 nation, shall determine whether the petitioner has been convicted of a
37 felony for any act described in articles 34, 35 or 36 of chapter 21 of the
38 Kansas Statutes Annotated, and amendments thereto, or, within the last
39 five years been convicted of a felony violation of the uniform controlled
40 substances act, K.S.A. 65-4101 et seq. and amendments thereto and,
41 when appropriate, any similar conviction in another jurisdiction, and to
42 contact the agency or individuals consenting to the adoption and confirm
43 and, if necessary, clarify any genetic and medical history filed with the

1 petition. This information shall be made a part of the report to th
2 The report to the court by the social worker, child-placing ag
3 department of social and rehabilitation services **any person auth**
4 **pursuant to this section to perform this assessment** shall incl
5 results of the investigation of the petitioner, the petitioner's ho
6 the ability of the petitioner to care for the child.

7 (f) In the case of a nonresident who is filing a petition to adop
8 in Kansas, the assessment and report required by this section r
9 completed in the petitioner's state of residence by a licens
10 worker, a licensed child-placing agency or a comparable entity
11 state and filed with the court not less than 10 days before the he
12 the petition: **a person authorized in that state to conduct su**
13 **assessments. Such report shall be filed with the court not le**
14 **10 days before the hearing on the petition.**

15 (g) The assessment and report required by this section ~~mu~~
16 *comply with any applicable rules and regulations of the depart*
17 *health and environment and shall have been completed not mo*
18 one year prior to the filing of the petition for adoption.

19 (h) The assessment and report required by this section may be
20 by the court upon: (1) Review of a petition requesting such way
21 relative of the child; or

22 (2) the court's own motion.

23 Sec. 2. K.S.A. 2006 2007 Supp. 59-2132 is hereby repealed.

24 Sec. 3. This act shall take effect and be in force from and
25 publication in the statute book.

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(C) shall not have any previous or subsequent personal interaction
or professional role with the petitioner, except to update
The assessment of the advisability of the adoption, each year, at the request of the petitioner