

MINUTES OF THE HOUSE AGING AND LONG TERM CARE COMMITTEE

The meeting was called to order by Chairman Bob Bethell at 3:30 p.m. on March 19, 2009, in Room 711 of the Docking State Office Building.

All members were present except:

Representative Deena Horst- excused
Representative Scott Schwab- excused

Committee staff present:

Norm Furse, Office of the Revisor of Statutes
Doug Taylor, Office of the Revisor of Statutes
Kelly Navinsky-Wenzl, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Judith Holliday, Committee Assistant

Conferees appearing before the Committee:

Matt Zenner, Widower of Teri Zenner, Social Worker murdered by Client
Sky Westerlund, Executive Director, Kansas Chapter, National Association of Social Workers
Candy Shively, Deputy Secretary, Social and Rehabilitation Services
Gilbert Cruz, State Ombudsman

Others attending:

See attached list.

The Chairman brought the minutes of the March 17 meeting before the Committee for approval. Representative O'Brien made a motion to approve the minutes, seconded by Representative Furtado. The motion carried.

Hearing on SB 31 - Behavioral sciences; continuing education requirements.

Chairman Bethell opened the hearing on **SB 31** and called on Legislative Research to explain the bill. This bill provides that social workers would be required to complete six hours of safety training as part of their continuing education requirements at the time of their first licensure renewal. There is a fiscal cost to the bill.

Matt Zenner testified as a proponent of **SB 31**. (Attachment 1) Mr. Zenner is the widower of Teri Zenner, a social worker who was murdered by a client in Overland Park in 2004. Mr. Zenner recounted the events surrounding his wife's death and told the Committee that safety and self-defense training could have possibly saved her life. He has made it his mission to push for safety measures to protect social workers as they perform their jobs.

Sky Westerlund, Executive Director, Kansas Chapter, National Association of Social Workers, testified as a proponent on **SB 31**. (Attachment 2) Ms. Westerlund stated that there is an increase in frequency of violence in all social work settings, especially against new social workers who are more vulnerable to violence than the more experienced practitioners.

Ms. Westerlund told the Committee that **SB 31** provides a pro-active preparation for workplace safety by equipping the new social worker with an acute level of knowledge and skills to prevent violence. The required six hours of safety training does not add to the forty Continuing Education Units (CEU) already required for social workers, but is a one-time only requirement for a specific type of training.

There was discussion among the Committee that the bill creates a mandate that is prescriptive, and the desired results could be achieved without putting it into a statute; that the six hours of safety training could be included within the curriculum for the CEU requirements of forty hours; and that providing the safety training before social workers go out on the job, rather than after two years, would seem appropriate.

Candy Shively, Deputy Secretary, Social and Rehabilitation Services (SRS), testified as a proponent of

CONTINUATION SHEET

Minutes of the House Aging and Long Term Care Committee at 3:30 p.m. on March 19, 2009, in Room 711 of the Docking State Office Building.

SB 31. (Attachment 3) SRS is one of the largest employers of social workers in the state. Ms. Shively told the Committee that SRS staff conducts business in the community and private homes. This involves close contact with individuals not receptive to intrusive, in-home visits for investigations of allegations of adult or child abuse, and staff often does not know ahead of time which homes pose the greatest risks. In addition, SRS contracts with other child welfare providers who must visit family homes, so these staff members are also at risk.

There were questions from the Committee regarding requirements currently in place regarding safety training at SRS. Ms. Shively commented that there are no current requirements but there is a handbook which each social workers is given, and she recommends more training in self-protection. The question was asked whether this training could be part of the curriculum through SRS, and Ms. Shively responded that it could.

The hearing was closed on **SB 31**.

The Chairman referred to the report previously submitted by the Subcommittee on Fiduciary Abuse chaired by Representative Schwab. Each Committee member was handed a copy of a draft bill, **House Substitute for SB 43.** (Attachment 4) The Chairman noted that **SB 43** has not been heard by this Committee. Representative Hill made a motion to remove the contents of **SB 43**, insert the language of the Subcommittee report as **House Substitute for SB 43**, and pass out favorably as amended. Representative Myers seconded the motion. The motion carried.

Chairman Bethell asked Gilbert Cruz, State Ombudsman, to explain the balloon amendment to **HB 2242-State long-term care ombudsman; expanding the authority of the state long-term care ombudsman to advocate for otherwise qualified individuals not in long-term care facilities.** (Attachment 5) Mr. Cruz explained that the amendment would change the definition of the word "facility;" would allow residents of the Kansas Soldier's Home and the Kansas Veteran's Home to receive services; and would establish the Long-Term Care Ombudsman Advisory Committee. This committee will study and analyze advocacy options within the home and hold public hearings on these options. The committee will report its findings to the House Committee on Aging and Long-Term Care and the Senate Committee on Public Health and Welfare during the 2010 regular session of the Legislature.

Chairman Bethell told the Committee that the original **HB 2242** had a large fiscal note due to the requirement for twelve more ombudsmen in the State, but the pilot would have no fiscal note if done internally.

Chairman Bethell asked the Committee what action they wished to take regarding the amendment to **HB 2242**. Rep. Williams moved to amend **HB 2242** per the balloon and the study. Representative Phelps seconded the motion. The motion carried.

Chairman Bethell told the Committee they will discuss **HB 2242** at the rail at 10:15 on Friday morning.

The meeting was adjourned at 5:00 p.m.

HOUSE AGING & LONG TERM CARE COMMITTEE

DATE: 3/19/09

NAME	REPRESENTING
Jenny : Amy Bruns	Selves
Patricia Barbell	self
Patrick Vogelklove	Kennedy and Assoc.
Guillermo Cirtron	self
Gilbert Cruz	KLTCO
Selley King	Dep A
Sty untrabel	KNASW
Bedy Fort	
Bill McDance	KDOA
Walu Jord	Cyfol Strategies
DeAnn Escalante	Brewster Place
TIM McMANUS	BREWSTER AT HOME
JACK FOWLER	KCVA
Wigh Keck	Hein Law firm
Shanell E. Dyp	KHPA
Soc Ernest	KALSA
Deb Merrill	KHPA
Tricia Kilpatrick	Target Stores

Please use black ink

Senate Bill 31
Social Worker Safety Training
March 19, 2009

My name is Matt Zenner, I am the husband of Teri Zenner. Teri was a social worker murdered by her client in Overland Park in 2004.

I want to thank the committee for this opportunity to speak today about bill SB-31

Teri was one of the most dedicated social workers you could meet. If you talked to her co-workers, you would hear nothing but good things. At Teri's wake, numerous clients came to me and expressed the impact she had made on their lives. I also received volumes of letters from clients expressing this same opinion of Teri's dedication to them. Teri was one of those social workers you would want to be the mentor for all new incoming social workers. The short time that I spent with Teri she would express how much she cared about people, and how she wanted to make an impact in everyone's life. I will tell you one thing; in the year and half that we spent together she made a huge impact on mine.

I am going to take you back to August 17th, 2004. Around 4:30 p.m. Teri had not come home to pick up my daughter and take her to soccer practice. I called her cell phone numerous times, but no answer. I called my mother, Teri's father, her co-workers, everyone I could think of. I was reassured by everyone that Teri was OK, probably just running late. But my gut was telling me that something wasn't right.

I finally took my daughter to her soccer practice around 5:00 p.m., with still no answer from Teri.

After soccer practice was over, I considered calling area hospitals, maybe she was in a car wreck, or maybe had taken a client to the hospital and just couldn't call me. As I pulled into my driveway, a green Ford Taurus pulled up behind me and two local police cars blocked off my driveway. The door to the green Taurus opened and a woman stepped out with a badge and gun. The first thing I said was "it's Teri, isn't it" and she said "yes, is there somewhere we can talk?" I said "just please tell me she is not dead" – and that is when my daughter got out of my car. It just so happened that a Chaplin was riding along that day with the local police, and he grabbed my daughter and took her inside my home. The police officer began to tell me that they were investigating a homicide in a neighboring city, and that my wife was involved. I asked her, "is she okay, do we need to head for the hospital, but her answer was "no, I am so sorry to tell you she has passed away."

I cannot begin to explain the feeling, the emotional rush I was overcome with after this news was handed to me. My body was numb thinking – what do I do now? Teri and I had been married just short of 3 months; the person I was planning to spend the rest of my life with was gone. How would I function?

After Teri's death, I chose to make a difference, just like Teri, and to keep her memory alive.

Teri would not have wanted this to happen to another social worker. I would not want another family to go through an ordeal such as this. It is my mission to do what ever it takes to protect social workers. I am continuing to push for safety measures to be introduced in order to protect social workers on a daily basis.

After talking to the police department, and going through all the details of Teri's death, I truly believe that self defense/safety training may have prevented her death. I believe that Teri could have used this training and fought her way out of the situation she was in. This is why I am so passionate about self defense/safety training. I realize that SB-31 would not have applied to Teri until she graduated and renewed her LMSW license for the first time. I understand, but I want to protect as many as possible.

I would ask the committee to help my dream come true in honoring Teri, and her colleagues in social work to be safe while they are performing their jobs. I ask that you support SB-31.

Thank you for your time and I will take any questions you have now.

House Aging and Long Term Care**March 19, 2009****SB 31****Concerning behavioral sciences regulatory board; relating to continuing education
Social Worker Safety Training**

The Kansas Chapter, National Association of Social Workers (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 clinical social worker (LSCSW). Social work is a broad and inclusive profession which allows social workers to provide a wide variety of services and care in numerous settings, such as child welfare, juvenile justice, private practice (small business owners), military bases, hospitals, hospices, disaster events, domestic violence, aged care, substance abuse, cancer care programs, community mental health centers, schools, public health organizations, community programs and more. The more than 5500 social workers who practice across the state serve thousands of Kansans every single day.

Hundreds of persons are attracted to the profession of social work because of a strong sense of compassion and a clear belief that life can be better for people. Practicing social work is a way to make a difference in the lives of others.

But social work practice is a dangerous field. Research indicates a steady increase and frequency of violence in all social work settings. A study and survey of social workers indicated that nearly one quarter had personally sustained a physical assault, while a staggering 63% indicated they were aware of a colleague who had been physically victimized. Most attacks consist of hitting, biting, kicking, scratching, or choking the social worker. This kind of workplace violence is not necessarily planned or pre-meditated. New social workers are more likely to be vulnerable to violence than the more experienced practitioners.

In all workplace safety preparation, the key is in prevention.

SB 31 provides for the most pro-active preparation for workplace safety in social work practice:

- equipping the new social worker with knowledge and skills to prevent violence
- knowing what to do to protect oneself should that become necessary

SB 31 would require no less than six total hours of Continuing Education in the topic area of social worker safety training including self-protection maneuvers, during the first two years after becoming licensed to practice social work in Kansas. SB 31 does not add to the 40 Continuing Education units (CEU) that is already required of all social workers. Rather, it adds a one time only requirement for a specific topic of training.

Who benefits from SB 31?

- First and foremost, this legislation is about workplace safety. It is akin to construction workers wearing hardhats in all workplace zones or firefighters having specific clothing that permits them to do their job. Social workers do not encounter potential hazards from falling debris or heat and flames. Our danger can come from the highly charged and emotional situations that occur in the course of helping and working with people in acute and vulnerable circumstances.
- Licensure and regulation of social workers is about protecting the public through assuring the qualifications and training required to practice social work. SB 31 would elevate the training and skill of practicing social workers.
- The focus on workplace safety skills translates into a benefit for the client. This occurs through the ability to identify potential risk and an increased knowledge of how to help the client maintain or regain control and not lash out in a harmful way, either to self or the social worker.
- Finally, SB 31 would benefit the practicing social worker in being able to prevent a bad situation from turning irreversibly violent, and maintaining a safe working environment when working with clients.

It is not expected that practicing social work will become a less dangerous field, but it is expected that with the passage of SB 31, over time, all social workers in Kansas will have had specific training for safety and self protection.

We ask for your favorable passage of SB 31.

References:

Everyday Self Defense for Social Workers
Janet Nelson, MSW; 2004

Security Risk: Preventing Client Violence Against Social Workers
Susan Weinger, Ph.D; NASW Press, 2001

Client Violence Toward Social Workers: A Practice and Policy Concern for the 1990's. C. E. Newhill;
Social Work, 1995



DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

Don Jordan, Secretary

House Aging and Long Term Care Committee
March 19, 2009

Social Worker Safety Training

Integrated Service Delivery

Candy Shively, Deputy Secretary

For Additional Information Contact:
Katy Belot, Director of Public Policy
Docking State Office Building, 6th Floor North
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HOUSE AGING & LONG TERM CARE
DATE: 3/19/09
ATTACHMENT: 3



House Aging and Long Term Care Committee

March 19, 2009

Chairman Bethell and members of the committee, I am Candy Shively, Deputy Secretary of the Kansas Department of Social and Rehabilitation Services. Thank you for the opportunity to appear in support of Senate Bill 31.

Our mission is to protect children and promote adult self sufficiency. This requires that staff get out of the office and conduct their business in the community and private homes. Investigating an allegation of adult or child abuse requires close personal contact with individuals who might not welcome our visit. In-home visits may feel intrusive and our staff don't always know ahead of time which homes pose the greatest risks. We have been proactive in providing training for SRS staff in keeping themselves safe and in handling the secondary trauma of protective services work.

Other agencies also have staff at risk. Staff for the child welfare providers under contract with SRS to preserve or reintegrate families must visit in the family home. Community mental health centers have long responded to the need to meet the client in their own home. The limited safeguards available for offices simply aren't available in consumer's homes. Staff must learn to take care of themselves.

SB 31 would require that workers receive six hours of safety training prior to the first renewal of their social work license and offers an opportunity to address the very real problem of worker safety. Thank you again for the opportunity to express my support and I stand for questions.

HOUSE Substitute for SENATE BILL NO. 43

By Committee on Aging and Long-term Care

AN ACT concerning crimes and punishment; relating to mistreatment of a dependent adult; amending K.S.A. 21-3437 and repealing the existing section.

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

Section 1. K.S.A. 21-3437 is hereby amended to read as follows: 21-3437. (a) Mistreatment of a dependent adult is knowingly and intentionally committing one or more of the following acts:

(1) Infliction of physical injury, unreasonable confinement or cruel punishment upon a dependent adult;

(2) taking unfair advantage of a dependent adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense, or by use of authority granted by durable power of attorney or other similar instrument, by a caretaker or another person; or

(3) omitting or depriving treatment, goods or services by a caretaker or another person which are necessary to maintain physical or mental health of a dependent adult.

(b) No dependent adult is considered to be mistreated for the sole reason that such dependent adult relies upon or is being furnished treatment by spiritual means through prayer in lieu of medical treatment in accordance with the tenets and practices of a recognized church or religious denomination of which such

dependent adult is a member or adherent.

(c) For purposes of this section: "Dependent adult" means an individual 18 years of age or older who is unable to protect their own interest. Such term shall include:

(1) Any resident of an adult care home including but not limited to those facilities defined by K.S.A. 39-923 and amendments thereto;

(2) any adult cared for in a private residence;

(3) any individual kept, cared for, treated, boarded or otherwise accommodated in a medical care facility;

(4) any individual with mental retardation or a developmental disability receiving services through a community mental retardation facility or residential facility licensed under K.S.A. 75-3307b and amendments thereto;

(5) any individual with a developmental disability receiving services provided by a community service provider as provided in the developmental disability reform act; or

(6) any individual kept, cared for, treated, boarded or otherwise accommodated in a state psychiatric hospital or state institution for the mentally retarded.

(d) (1) Mistreatment of a dependent adult as defined in subsection (a)(1) is a severity level 6, person felony.

(2) Mistreatment of a dependent adult as defined in subsection (a)(2) is a severity level 6, person felony if the aggregate amount of the value of the resources is \$100,000 or more.

(3) Mistreatment of a dependent adult as defined in subsection (a)(2) is a severity level 7, person felony if the aggregate amount of the value of the resources is at least \$25,000 but less than \$100,000.

(4) Mistreatment of a dependent adult as defined in subsection (a)(2) is a severity level 9, person felony if the aggregate amount of the value of the resources is at least \$1,000 but less than \$25,000.

(5) Mistreatment of a dependent adult as defined in subsection (a)(2) is a class A person misdemeanor if the aggregate amount of the value of the resources is less than \$1,000.

(6) Mistreatment of a dependent adult as defined in subsection (a)(3) is a class A person misdemeanor.

(7) Mistreatment of a dependent adult as defined in subsection (a)(2) is a severity level 9, person felony if the aggregate amount of the value of the resources is less than \$1,000 and committed by a person who has, within five years immediately preceding commission of the crime, been convicted of mistreatment of a dependent adult two or more times.

Sec. 2. K.S.A. 21-3437 is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the Kansas register.

Session of 2009

HOUSE BILL No. 2242

By Representative Sloan

2-4

defining terms, est. to review LTC option, amending

9 AN ACT concerning the state long-term care ombudsman; relating to
10 the authority of the state long-term care ombudsman; amending K.S.A.
11 2008 Supp. 75-7306 and repealing the existing section.
12

and changing
definition of facility as
defined in K.S.A. 2008
Supp. 75-7303

13 *Be it enacted by the Legislature of the State of Kansas:*

Section 1. K.S.A.
2008 Supp. 75-7303
(c) is hereby
amended to read as
follows: "Facility"
means an adult care
home as such terms is
defined in K.S.A. 39-
923 and
amendments thereto,
and further includes
Kansas Soldiers Home
and Kansas Veterans
Home except that
facility does not
include any nursing
facility for mental
health or any
intermediate care
facility for the
mentally retarded, as
such terms are
defined in K.S.A. 39-
923 and amendments
thereto.

14 Section 2. K.S.A. 2008 Supp. 75-7306 is hereby amended to read as
15 follows: 75-7306. The state long-term care ombudsman shall be an ad-
16 vocate of residents in facilities throughout the state, as well as individuals
17 ~~who would otherwise qualify to reside in a facility but do not~~. The state
18 long-term care ombudsman shall:

individuals who have
formally resided in a
facility as defined in
K.S.A. 75-7303.

19 (a) *Prioritize*, investigate and resolve complaints made by or on behalf
20 of the residents relating to action, inaction or decisions of facilities or the
21 representatives of facilities, or both, except that all complaints of abuse,
22 neglect or exploitation of a resident shall be referred to the secretary of
23 aging in accordance with provisions of K.S.A. 39-1401 et seq. and amend-
24 ments thereto;

25 (b) develop continuing programs to inform residents, their family
26 members or other persons responsible for residents regarding the rights
27 and responsibilities of residents and such other persons;

28 (c) provide the legislature and the governor with an annual report
29 containing data, findings and outcomes regarding the types of problems
30 experienced and complaints received by or on behalf of residents and
31 containing policy, regulatory and legislative recommendations to solve
32 such problems, resolve such complaints and improve the quality of care
33 and life in facilities and shall present such report and other appropriate
34 information and recommendations to the senate committee on public
35 health and welfare, the senate committee on ways and means, the house
36 of representatives committee on health and human services and the house
37 of representatives committee on appropriations during each regular ses-
38 sion of the legislature;

39 (d) analyze and monitor the development and implementation of fed-
40 eral, state and local government laws, rules and regulations, resolutions,
41 ordinances and policies with respect to long-term care facilities and serv-
42 ices provided in this state, and recommend any changes in such laws,
43 regulations, resolutions, ordinances and policies deemed by the office to

Sec. 2. Pilot