Approved: 4-2-09
Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Brenda Landwehr at 1:30 p.m. on March 4, 2009, in Room 784 of the Docking State Office Building.

All committee members were present.

Committee staff present:
Norm Furse, Office of the Revisor of Statutes
Melissa Calderwood, Kansas Legislative Research Department
Reed Holwegner, Kansas Legislative Research Department
Janet Grace, Committee Assistant

Conferees appearing before the Committee:
Robin Clements, Public Solutions, LLC (Attachment 1)
Jennifer Hoppe, State Relations, Business Development; Government and External Relations, (The Joint Commission) (Attachment 2)
Luci Monares, United Methodist Youthville (Attachment 3)
Shannon Roberts, Youthville (Attachment 4)
Steve Solomon, TFI Family Services (Attachment 5)
Kyle Kessler, KVC Behavioral Health Care (Attachment 6)
Melissa Ness, Saint Francis Community Services (Attachment 7)
Bruce Linhos, Children's Alliance of Kansas (Attachment 8)
Deb Crowl, Kansas Association of Education of Small Children (Attachment 9)
Richard Morrissey, Kansas Department of Health and Environment (KDHE) (Attachment 10)
Elaine Edwards, Salina Child Care (Attachment 11)

Others attending:
See attached list.

Chairperson Landwehr called the meeting to order.

The hearing began on **HB 2356 - Child care facilities; inspection**.

Norm Furse, Revisor, explained the proposed changes to the bill.

Robin Clements, Public Solutions, provided proponent testimony for **HB 2356** on behalf of the Child Welfare Companies of Kansas. (Attachment 1) They believe the changes in the bill maintain high safety standards to insure safety for children through accreditation and contract, but without unnecessary duplication that may deter families from volunteering. They continue to rely upon Kansas Department of Health and Environment (KDHE) and Social and Rehabilitation Services (SRS) as partners to provide the best possible care for children. The Child Welfare companies believe the bill maintains that standard and provides greater efficiency by inviting the state to take advantage of our accreditation.

Jennifer Hoppe, representing State Relations of The Joint Commission, provided proponent testimony for **HB 2356**. (Attachment 2) The Joint Commission is a private sector, non-profit entity dedicated to improving the safety and quality of health care provided to the public. The Joint Commission standards are the basis of an objective evaluation process for organizations that can help measure, assess and improve organization performance. The standards, components of the survey process, oversight activities, state regulatory agencies communication and Joint Commission accreditation are listed in the attachment. Discussion with the committee members included expansion of terminology (survey, review, inspection), compliance issues and verified complainants need to be corrected within 45 days unless children are in danger which makes the complaint a high priority resulting in a resolution within 24 hours. A definition of a maternity center/care was provided by Melissa Calderwood.

Luci Monares, Director of Licensing, testified as a proponent of **HB 2356.** (Attachment 3) United Methodist Youthville, is one of the largest nonprofit, child welfare agencies in Kansas specializing in foster care through the State Foster Care Contract, Foster Home Services, Psychiatric Residential Treatment, and Counseling. Safety, permanency, and well-being of children are the primary priorities for their agency. Youthville's

accreditation is through The Joint Commission (TJC). The process through KDHE to maintain a State Child Placing Agency license is almost identical to the national accreditation process. The accreditation process, standards, regulations and oversights are listed in her written attachment.

Shannon Roberts operates a Youthville child welfare agency home. (Attachment 4) Ms. Roberts, a proponent of **HB 2356**, provided the committee with the details of her experience pertaining to "a positive and detailed" inspection by TJC. It is her opinion there is duplication in services being provided by both KDHE and TJC as each has equivalent standards and regulations. As a foster parent she does not feel the proposed bill would cause any safety or health issues concerning children in their care.

Steve Solomon of TFI Family Services spoke as a proponent for **HB 2356.** (Attachment 5) Their programs include foster care, adoption, child care, mental health, substance abuse treatment, transitional living for young adults, and a Visitation and Exchange Center. They believe strongly in the need to develop and adhere to professional standards to assure the families they work with and the communities that support them that their operations are in compliance with such standards. His testimony provided information on the agencies they work with to maintain their license and accreditation: the Council on Accreditation (COA), which is a private entity; the COA standards; elements of duplication and oversight by COA, KDHE, and SRS; and the cross-walk of regulations.

Kyle Kessler, Vice-President for Administration and Governmental Affairs at KVC Behavioral HealthCare, spoke in favor of **HB 2356. (**Attachment 6) KVC is a private, not-for-profit organization providing medical and behavioral healthcare, social services and education to children and families. KVC believes that greater efficiencies can be achieved for the children and families they serve as well as their organization through the reduction of redundant survey processes currently required by KDHE. There will be no additional cost to the state, and possibly a cost savings. The KVC written testimony provides a list of current KDHE requirements and safeguards currently in place.

Melissa Ness, an Advocacy Coordinator for Saint Francis Community Services, provided proponent testimony for **HB 2356**. (Attachment 7) The services Saint Francis provides troubled youth and families includes: family preservation, reintegration/foster care homes, drug and alcohol services, and residential services and community supports. Her attachment provides information on the support of current public policy of safety, the value and benefit of accreditation, and how the bill will impact community based agencies and the state.

Bruce Linhos provided proponent written testimony for **HB 2356** (Attachment 8).

Deb Crowl, President of the Kansas Association for the Education of Young Children, provided opponent testimony for **HB 2356.** (Attachment 9) Ms. Crowl is in favor of accreditation and regulations. Regulations are based on research and provide essential health and safety guards for children in care. They endorse more frequent inspections and would like more facilities to be inspected and regulated. The standard waiting time to get into their facilities is 3-9 months or longer. Registered home day cares are not inspected, but licensed day care facilities are inspected.

Richard Morrissey, Kansas Department of Health and Environment (KDHE), provided opponent testimony for **HB 2356.** (Attachment 10) This bill exempts maternity centers and child care facilities from being inspected by KDHE if the center or facility is accredited by TJC, Health Care Organization, the COA or the Commission of Rehabilitation Facilities. The bill also deletes requirements that any maternity center or child care facility, even if not accredited, must be in compliance in order to be issued a license. Mr. Morrissey's attachment provides details on KDHE's process of licensing requirements, agencies they work with for child care, and their concerns with the provisions in this bill. The lack of inspections significantly weakens the State's ability to provide consumer protection and safety for Kansas children and families. KDHE does use contractors for inspections. KDHE stated research shows that more regulation implemented leads to compliance.

Elaine Edwards, Executive Director of the Salina Child Care Association, provided opponent testimony for **HB 2356.** (Attachment 11) Their organization is a strong supporter of child care licensing laws (including inspections) and the relationship between safe and healthy learning environments for children. Licensing

inspections keep child care providers in check with basic health and safety standards. Legislation that proposes to eliminate licensing inspection for a particular group of programs does not create consistency between child care programs. Ms. Edwards believes more research needs to be done about accreditation programs before any decision is made regarding exemption of a particular group of child care programs from KDHE licensing. A waiting list in a child care home is market driven.

The Chairman closed the hearing for **HB 2356.**

The next meeting is scheduled for March 5, 2009.

The meeting was adjourned at 3:15 p.m.

HOUSE HEALTH & HUMAN SERVICES COMMITTEE

DATE: 3-4-09

NAME	REPRESENTING
Robin Clements	Child Welfare Cos.
Jennifer Hoppe	The Joint Commission
Kyle Kersh	KVC Behavioral Health Care
Jason Hooper	KVC Behavioral Health Care
Erin Stucky	KVC Behavioral Healthcare
Eldonna Chesnutt	Johnson County Public Health
Dusty Buell	Youthville
Jeanette Owens	DCCCA
Shannon Roberts	Youthville - Foster Parent
Luci Monares	Youthville
Danya Moten	student - dccc
Chris Rose Bye	KDHE
Dick Morrissey	KDHR
Melissa [illegible]	Saint Francis Community Services
Melanie Owens	Saint Francis Community Services
Teri Augustus	Youthville
Holly Turner	Kansas Assoc. for Ed of Young Children
Diane Purcell	Kansas Association for the Education of Young Children
Cassie Brown	Kansas Assoc. for Ed of Yong Children
Deb Crowl	Kansas Assoc. for the Ed. of Young Children

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HOUSE HEALTH & HUMAN SERVICES COMMITTEE

DATE: 3-4-09

NAME	REPRESENTING
Elaine Edwards	Salina Child Care Assoc. / KAECE
Patrick Vogelsberg	Kearney and Assoc.
Michelle Butler	Capitol Strategies
Camie Russell	Kansas Attorney General

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THE CHILD WELFARE COMPANIES
DCCCA
KVC
ST. FRANCIS
TFI
YOUTHVILLE

TESTIMONY ON HB 2356

BEFORE THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES

Madam Chair and Members of the Committee, I am Robin Clements. I represent the Child Welfare Companies of Kansas. Together we provide family preservation, out-of-home placement and adoption responsibilities as contracted by the Secretary of SRS throughout the state of Kansas. We thank you for the opportunity to come before you today.

When the Juvenile Justice Authority was introduced and adopted it was accompanied by a thoughtfully planned and researched new statutory and regulatory scheme to govern the new entity. When privatization of child welfare was accomplished in 1996, no changes in statute or regulation accompanied its activation. The statutes we seek to amend - K.S.A. 65-504 and 65-512 - have not been altered since 1994 - before privatization – and do not currently reflect the realities and requirements of our contracts with the State of Kansas.

In November 2008, a legislator asked us to review the regulation of foster homes and child placing agencies for efficiencies. The question posed was, "In this time of scarce resources, do we need to create efficiencies to develop and have more good foster homes available?"

In the previous year 1,672 Kansans had completed approximately 7 - 10 weeks of training, completed paperwork, interviews, screenings, local and state background checks, and home visits in order to become licensed to take children into their homes. They allowed SRS, KDHE, regional and local health officials, the child welfare contractors, *and* the accrediting agents of the child welfare contractors to look them over – thoroughly and with duplication. We believe the changes in HB 2356 maintain high safety standards to insure safety for children through accreditation and contract, but without unnecessary duplication that may deter families from volunteering.

Our program experts investigated the issues and identified inspection as a duplicated effort. In 1996 Kansas gained greater efficiency by recognizing The Joint Commission on Accreditation of Health Care Organizations for inspections of hospitals. All of our contractors carry identical or equivalent accreditation as required by our contracts with the state.

Make no mistake - we continue to rely upon KDHE and SRS as our partners to provide the best possible care for children. We believe the bill before you today maintains that standard *and* provides greater efficiency by inviting the state to take advantage of our accreditation.

Thank you for your time. I will be happy to stand for questions after all testimony has been heard.

HEALTH AND HUMAN SERVICES
DATE: 03/04/09
ATTACHMENT: 1

STATEMENT BY

JENNIFER M. HOPPE
ASSOCIATE DIRECTOR, STATE RELATIONS
THE JOINT COMMISSION

BEFORE THE

HOUSE HEALTH AND HUMAN
SERVICES COMMITTEE
KANSAS LEGISLATURE

MARCH 4, 2009

Good afternoon, Chairperson Landwehr and members of the Committee. My name is Jennifer Hoppe, Associate Director of State Relations for the Joint Commission. Founded in 1951, The Joint Commission is a private sector, non-profit entity dedicated to improving the safety and quality of health care provided to the public. The Joint Commission accredits nearly 15,000 organizations throughout the country, including 90 percent of the nation's hospitals. The Joint Commission established a behavioral health care accreditation program in 1969 and today accredits nearly 1900 organizations, 500 of which provide services to children and youth. Currently, the Joint Commission accredits 34 Kansas organizations under the behavioral health care program; 19 of those facilities provide services to children and youth. We appreciate this opportunity to provide the Committee with information on the Joint Commission's accreditation process. The areas that I will focus on today include a review of the Joint Commission's standards and survey process activities, oversight activities in regards to complaints, communication efforts employed by the Joint Commission with state regulatory agencies, and a review of state recognition of Joint Commission accreditation.

Standards Development

The Joint Commission develops all its standards in consultation with health care professionals, providers, measurement experts, clients and their families. One group that plays an integral role in providing input to the Joint Commission's standards development process is the Professional and Technical Advisory Committee (PTAC). The PTAC members assist The Joint Commission in the development and refinement of standards, scoring guidelines, and survey processes. The members of the Behavioral Health Care PTAC include representatives from over 32 Professional Associations, including the Alliance for Children & Families, Child Welfare League of America, National Association for Children's Behavioral Health, and the American Association of Children's Residential Centers.

The Joint Commission standards are the basis of an objective evaluation process for organizations that can help measure, assess and improve organization performance. The standards focus on important client care and organization functions that are essential to providing quality care in a safe environment. The Joint Commission's standards set expectations for organization performance that are reasonable, achievable and measurable. The standards-based performance areas for behavioral health care organizations include:

- Ethics, Rights and Responsibilities
- Provision of Care, Treatment and Services
- Medication Management
- Infection Control
- Performance Improvement
- Leadership
- Environment of Care
- Human Resources
- Information Management
- National Patient Safety Goals

Organizations accredited under the Joint Commission's behavioral health care program are assessed for compliance with all applicable standards. There are common standards that are applicable to every organization; however, the behavioral health care standards also include requirements for specific programs and settings, such as foster care and therapeutic foster care, as well as additional standards for specific populations, including children and youth.

Components of the Survey Process

The Joint Commission's accreditation process concentrates on operational systems critical to the safety and quality of client care. To earn and maintain accreditation, a behavioral health care organization must undergo an on-site survey by a Joint Commission survey team at least every three years. The objective of the survey is not only to evaluate the organization, but to provide education and guidance that will help staff continue to improve the behavioral health care organization's performance. The survey process evaluates actual care processes through a method known as the tracer methodology. This method the traces clients through the care, treatment and services they receive and analyzes key operational systems that directly impact the quality and safety of client care.

Surveyors will issue the organization a Requirement for Improvement for all standards that were less than fully compliant. The organization has either 45 or 60 days following the survey to submit Evidence of Standards Compliance for each standard that was found to be out of compliance. In addition, if the issue identified is related to a quantifiable measure, the organization is also required to submit evidence that the corrective action was effective and sustained, four months after approval of the Evidence of Standards Compliance. If compliance is not resolved with the established timeframes, a progressively more adverse accreditation decision may result.

Organization's accredited by the Joint Commission are required to conduct an annual self assessment, using an electronic tool know as the Period Performance Review (PPR). The PPR is a compliance assessment tool designed to help organizations with their continuous monitoring of performance and performance improvement activities. The PPR provides the framework for continuous standards compliance and focuses on the critical systems and processes that affect patient care and safety. The organization submits a Plan of Action for each standard scored not compliant and the organization may choose to participate in a conference call with The Joint Commission to discuss the Plans of Action.

Oversight Activities in Regards to Complaints

When a complaint about the quality of care provided by an accredited organization is submitted, The Joint Commission reviews past complaints about the organization, if any, and the organization's most recent accreditation decision. Depending on the nature of the complaint, The Joint Commission will take one of the following actions:

- Conduct an unannounced or unscheduled on-site evaluation of the organization if the complaint raises serious concerns about a continuing threat to patient safety or continuing failure to comply with standards.
- Ask the organization to provide a written response to the complaint.
- Review the complaint and compliance with related standards at the time of the organization's next accreditation survey, if it is scheduled in the near future.
- Incorporate the complaint into the quality monitoring database that is used to track health care organizations over time to identify trends or patterns in their performance.

Communication with State Regulatory Agencies

The Joint Commission recognizes the need to maintain effective communication with both state and federal regulatory agencies. The Joint Commission accreditation is recognized in all 50 states across the spectrum of our accreditation programs. The most common form of recognition involves the state's acceptance of an organization's accreditation in lieu of conducting its own routine state licensure inspection. The Joint Commission values this reliance and trust in our accreditation process, and we are committed to maintaining that relationship. To that end, the Joint Commission continues to enhance the communication of information to states regarding our accredited

organizations to assist them in fulfilling their licensure function. The Joint Commission proactively notifies state agencies of all adverse accreditation decisions, as well as contacting the state agency directly any time the Joint Commission declares an immediate threat to health or safety. We have also developed an internet-based, secure web site where we post pertinent survey-related information on our accredited organizations for use by state and federal regulatory agencies.

In addition to the communication efforts employed by the Joint Commission, state agencies have the opportunity to enter into information sharing agreements with the Joint Commission. The first type of agreement available allows state agencies to obtain the schedule of unannounced surveys for the accredited organizations in their state. The other opportunity available is a complaint sharing agreement. Complaints classified as high priority incidents would be shared with the state agency.

State Recognition of Joint Commission Accreditation

The goal of state recognition is to foster an environment where parties share information, coordinate survey/inspection efforts and decrease duplicative efforts and expenses. Over 275 separate state agencies rely on Joint Commission accreditation as a basis for making licensure and/or Medicaid reimbursement decisions. The Joint Commission's behavioral care accreditation program is recognized by 119 distinct administrative agencies throughout 48 states. The value of recognition from regulatory perspective include:

- Independent external review
- Contemporary standards – constantly updated by experts in the field
- Qualified and experienced surveyors
- Budget constraints: Recognition allows States' the ability to direct limited resources toward critical activities (new applicants, complaints, adverse events)
- Reduction in the number of inspections per year – eliminate redundancy

Once again, thank you for this opportunity to provide information on the Joint Commission's accreditation process. In addition to a written version of my testimony today, I have also brought a copy of the accreditation Standards for Behavioral Health Care and an informal packet that I will leave for your review. Thank you for your time, and I would be happy to answer any questions that you may have at this time.

My name is Luci Monares and I am the Director of Licensing at Youthville headquartered in Wichita, Kansas. Youthville is one of the largest nonprofit, child welfare agencies in Kansas specializing in foster care through the State Foster Care Contract, Foster Home Services, Psychiatric Residential Treatment, and Counseling. My primary role at Youthville includes working closely with the Foster Home Services Department and the State Foster Care Contract to ensure that compliance is met for the Kansas Department of Health and Environment (KDHE) with Child Placing Regulations and Foster Home Regulations. I appreciate the committee's time in hearing my testimony regarding HB 2356.

Safety, permanency, and well-being of children are the primary priorities for our agency. As professionals and parents, we desire to balance keeping our children safe while allowing them to have a normal life and the ability to learn and develop. This balance is intensified as we care for other people's children in the foster care system. Foster parents voluntarily open up their home, family, and heart to provide care for other people's children. Becoming a foster parent is a large commitment and involves extensive processes created to ensure that they are suitable to care for the State's children. There are currently 39 pages of Child Placing Agency regulations and 72 pages of Foster Home Regulations through KDHE that impacts the oversight of agencies and foster homes in the State of Kansas. Additionally, many child welfare agencies in Kansas also carry a national accreditation. In my testimony today, I will provide a comparison of the State Regulations and national accreditation.

Youthville's accreditation is through The Joint Commission (TJC), formerly known as JCAHO. The process through KDHE to maintain a State Child Placing Agency license is almost identical to the national accreditation process. Accreditation is a process of determining compliance with standards. These standards range from environment of care, to provision of care, to continuous quality improvement, to ethics, rights and responsibilities, and to leadership. At initial application for accreditation, compliance with the Accreditation Participation Requirements is assessed during an initial survey. Once accredited, TJC makes unannounced on-site survey visits every 18 to 36 months. A typical on-site survey would be conducted by 3 surveyors over a period of 4 days with visits to various locations of the agency. Compliance is also assessed throughout the accreditation cycle through an annual Periodic Performance Review. An individual who has a concern about an accredited agency may contact the accrediting body to file a concern or grievance.

The standards for meeting and complying with accreditation are equivalent to the KDHE regulations in most cases. The comparison is so similar that it is difficult to determine any difference in rigorousness or thoroughness. Thus again, indicating the duplication of licensure by KDHE and accreditation by TJC. TJC standards include the following:

- Foster family's rights
- Assessment of each child to determine appropriate services and placement
- Development of criteria to match a foster home and child
- Assessment of prospective foster parents to determine appropriateness for placement of children.
- Assessment of birth family needs
- Defining a process to determine out-of-home placement decisions
- Criteria to determine the need for foster care services

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- Define and use of criteria to identify prospective foster care families
- Development and use of criteria to determine number of children placed in each foster home
- Development and use of criteria to guide placement decisions
- Development and review of case plans
- Define and use of criteria for assessing the safety of the foster care family's physical environment
- Training and education is provided to foster parents to meet the needs of children placed in their care
- Individuals providing therapeutic foster care services receive on-going training and supervision to maintain competence in providing this level of care*
- Collection and use of data to improve care and services*
- Leaders engage in both short-term and long-term planning*
- Agency has sufficient number of qualified staff
- Process to determine the competence and selection of foster families
- Process for determining staff caseloads and adjustments based on level of care, treatment and services
- Define and maintain child- and family-specific information for continuity of care and initiation of improvement in its performance*
- Maintenance of foster family information

Health and safety are addressed throughout the TJC standards and are equivalent to KDHE regulations. This begins with the standards that address assessment of the child, birth family and prospective foster family. The standards related to foster care also address the need to assess the home environment which again outlines many similar standards as are addressed in KDHE regulation.

The Management of Environment of Care addresses all programs and settings where the care, treatment or services are provided. The goal is to provide a safe, accessible, supportive, effective, and efficient environment for all children served and staff throughout the agency.

Medication Management is an emphasis within the TJC standards and is an area that exceeds the KDHE regulations. This encompasses not only the storage and administration of medication, but also factors in the component of continuous improvement.

Provision of Care speaks to the coordination of the foster child's care beginning with assessment, which is viewed as on-going. This coordination continues with planning for proper care and treatment or services needed by the child throughout their stay in foster care. Throughout the life of a child's case, there is the responsibility of coordination of care, to assure that if a need is identified that a plan is developed and implemented to address that need while avoiding unnecessary duplication of services.

The final aspect that addresses health and safety through accreditation is Performance Improvement. This is a continuous process in which our agency engages in utilizing a number of tools. Some of these tools are designed to be proactive such as the Risk

Assessment and Statement of Conditions, while others are completed periodically including the Tracer Methodology and file or record review.

There are several areas where accreditation provides for a higher standard than KDHE. Below are some examples:

- Individuals providing therapeutic foster care services receive on-going training and supervision to maintain competence in providing this level of care*
- Collection and use of data to improve care and services*
- Define and maintain child- and family-specific information for continuity of care and initiation of improvement in its performance*
- Leaders engage in both short-term and long-term planning*

Two of the specific items listed above fall into the area of Performance Improvement. Overall, this is an area where the standards and measures of accreditation exceed those of the KDHE regulations.

KDHE regulation does not address the areas of Ethics, Rights, and Responsibilities whereas TJC does. The function of this section is to assure that the rights of each client are recognized and respected and as an agency business is conducted in an ethical manner. Clients deserve care, treatment, and services that safeguard their personal dignity and respect their cultural, psychosocial, and spiritual values. By understanding and respecting that these values often influence the client's perceptions and needs, our agency can best meet the client's needs.

A final set of standards which are addressed only through accreditation deal with Leadership and the expectations of the agency's leaders roles. Leaders shape the culture of the organization which in turn affects the works accomplished. The agency mission and vision serve as the foundation for the agency's culture. The agency's leaders have the charge of asking important questions meeting the needs of our clients, what ethical standards our agency operates with, and what it is we want to accomplish through our work.

KDHE conducts site visits to every office location on an annual basis to the Child Placing Agency. TJC conducts site visits every 18 to 36 months and on a random, unannounced basis. During the TJC site visits, the surveyors also visit in the homes of our foster parents as well as attend a foster parent group (support/training) meeting. KDHE does not visit foster homes after the initial licensing process unless there is a complaint filed with the department that warrants investigation.

The TJC visited Youthville in October of 2008 and during our agency's site visit, several of our foster homes in various locations were visited by TJC surveyors. Foster parents will be providing testimony regarding their experience with the committee to illustrate the similarities and differences between KDHE and TJC.

Many other states have realized that national accreditation provides adequate oversight. There are 30 states that have legislation that allows for the acceptance of national accreditation either in lieu of licensure, or that recognizes accreditation in place of licensure.

Those states include: Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, Michigan, Missouri, Montana, Nebraska, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

It is important to mention that State Foster Care/Reintegration/Adoption contractors have an additional oversight mechanism. The Social Rehabilitation Services (SRS) Department has direct oversight through the contracting process. Each State Contractor is a Child Placing Agency whose performance is measured in safety, permanency, and well-being outcomes. The State of Kansas has met all safety outcomes as measured through the Children and Families Services Review (CFSR) and this is a direct result of requirements set forth by SRS, not KDHE. It is a contractual requirement that SRS imposes specific standards of safety along with all elements of permanency and well-being of foster children.

In summary, the oversights some Child Placing Agencies have are from: 1) A national accreditation body; 2) KDHE; 3) and SRS. HB2653 would reduce duplication of a triplicate system of oversight. This bill is a good attempt at bringing greater efficiency to the process of licensing while preserving safety and oversight of organizations who serve the most vulnerable children. In addition to providing more efficiency within the CPA, it is possible that there could be some cost savings for KDHE should national accreditation be considered as an alternative to the licensing process. Our agency fully supports the passage of HB2653. I appreciate you allowing me to provide testimony. I will stand for any questions the committee may have. Thank you.

House Health and Human Services
Docking State Office Building Room 784
March 4, 2009 at 1:30 PM
Hearing testimony for proposing HB 2356
Child Care Facilities; Inspection

Shannon Roberts

Last fall The Joint Commission (TJC) visited my home as part of an accreditation inspection on behalf of Youthville child welfare agency. In the course of the visited the TJC asked questions regarding my home being in compliance with TJC regulations.

The questions asked focused on the safety, health, and child well being of the children living in my home. In the area of health I was asked to show my medication logs documenting medications administered to the children in my home. In addition to seeing the medication logs TJC inquired about medical exams being current for all children in my home. Inquiries concerning safety were address with an inquiry regarding smoke and carbon monoxide detectors being in place and working properly. Then child well being was addressed, I was asked If Youthville had provided me with background information on each child and if my Foster Care worker had provided support necessary to meet my family's needs. I was also given the opportunity to voice any concerns that I may have regarding fostering. I was also asked what motivated my family to foster children.

I found my experience with TJC to be pleasant and professional. Our meeting was in my home and it lasted about an hour. It is in my opinion there is duplication in services being provided by both Kansas Department Human & Environment and The Joint Commission each has equivalent standard and regulations, causing my home to have to adjust our schedules to accommodate each agency at various times. As a foster parent I do not feel the proposed bill would cause any safety or health issues concern children in my care.

Youthville and I both value the children in my care well being physically and mentally. It is my goal to provide a safe, healthy environment to nurture them, and allow them to grow in a stable environment.

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TFI Family Services

Building Brighter Tomorrows for Families and Children

My name is Steve Solomon and I represent TFI Family Services, a statewide not-for-profit agency providing an array of services to children and families throughout the state. Our programs include foster care, adoption, child care, mental health, substance abuse treatment, transitional living for young adults, and a Visitation and Exchange Center. We have been licensed by the Kansas Department of Health and Environment as a Child Placing Agency since 1990 and have been nationally accredited by the Council on Accreditation (COA) since 2000. We are in the final stages of obtaining COA accreditation for international adoptions. We currently sponsor over 600 family foster homes throughout the state. Because of recent contract changes in our partnership with the Department of Social and Rehabilitation Services, we anticipate that as of July 1 of this year, our agency will be responsible for the care and treatment of over 2000 children and youth who have been removed from their homes in two Regions of the state comprising 45 counties. These children and youth have been removed from their homes because of abuse and neglect or other behavior or family issues that result in this determination by the judicial system.

We are committed to assure the safety and well-being of the children in our care. We believe strongly in the need to develop and adhere to professional standards to assure the families we work with and the communities that support us that our operations are in compliance with such standards. As an agency projected to employ over 275 licensed professional staff, our efforts are grounded in service delivery and administrative practice that reflects the highest regard for our clients' integrity and affirms our commitment to ethical and accountable operations.

We believe the ongoing comprehensive review and continuous quality improvement process reflected in the COA accreditation process provides the oversight necessary to assure both consumers and the general public that we operate in a manner that merits their support and confidence. Therefore we support HB 2356.

Over the years we have gained much in our continuing dialogues with the Department of Health and Environment. We have worked closely with representatives of KDHE over the years to maintain our license as a Child Placing Agency. Such effort has enabled us to perform one of our primary missions: to recruit, train, serve, and maintain family foster parents throughout the state. Under HB 2356, our National Accreditation by the COA would stand for the inspection process currently conducted by KDHE. We believe the impact would be to eliminate redundancies in the oversight process and create efficiencies for both our agency and for KDHE. In addition to cost savings, if needed, efforts of either the agency or the Department could be redirected to other activity that more directly serves those in need of services.

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Council on Accreditation

COA is an international, independent, not-for-profit, child and family service and behavioral healthcare accrediting organization. It was founded in 1977 by the Child Welfare League of America and Family Service America (now the Alliance for Children and Families). Originally known as an accrediting body for family and children's agencies, COA currently accredits 38 different service areas and over 60 types of programs. Among the service areas are mental health, substance abuse treatment, adult day care, services for the homeless, foster care, and international adoption.

COA accredits or is in the process of accrediting more than 1,800 private and public organizations that serve more that 7 million individuals and families throughout North America. The accreditation process is designed to meet the needs of diverse organizations--voluntary, public and proprietary, local and statewide, large and small.

COA Accreditation Standards

COA accreditation attests that an organization meets the highest national standards of best practice and is delivering the best quality of services to the community it serves. These standards are routinely reviewed and revised with input from a wide range of service providers, funders, experts, policymakers, and consumers. Various areas of agency operations are subject to review through site visits and desk review of applicable documents. The following outline summarizes the areas reviewed by COA:

<u>Administration and Management (selected detail)</u>

- Financial Management (8 areas)
    - Governing Body Financial Responsibilities
    - Internal Control Environment
    - Financial Risk Assessment
    - Stable Predictable Revenue
    - Financial Planning
    - Financial Accountability
    - Financial Management System
    - Payroll
- Ethical Practice (6 areas)
- Governance (8 areas)
- Network Administration (10 areas)
- Risk Prevention and Management (10 areas)
- Human Resources Management (7 areas)
- Performance and Quality Improvement (6 areas)

Service Delivery Administration Standards

- Administration and Service Environment (8 areas)
- Behavior Support and Management (6 areas)
    - Philosophy and Organizational Policy
    - Behavior Support and Management Practice
    - Safety Training
    - Restrictive Behavior Management Intervention Training
    - Restrictive Behavior Management Interventions
    - Documentation and Debriefing
- Client Rights (3 areas)
- Training and Supervision (4 areas)
    - Personnel Development and Training
    - Training Content
    - Supervision
    - Network Training

Service Standards

48 different areas, including:

- Adoption Services
- Family Preservation and Stabilization Services
- Foster Care Services
- Kinship Care Services

Elements of potential duplication and current oversight by COA, KDHE, and SRS

- Child Placing Agency Regulations
- KDHE Resource Foster Homes
- Quality Improvement Services
- Abuse/Neglect Investigations
- Consumer Concerns

Element One: KDHE Child Placing Agency Regulations

There are many examples of proposed KDHE CPA regulations duplicative of COA accreditation standards and SRS policies and procedures. For example, KDHE CPA regulations focusing on background checks required an additional background check in which the individuals will already be identified through Adam Walsh fingerprinting process. The staff qualifications section increases the staff functions that require a Behavioral Science and Regulatory Board (BSRB) license for positions that historically have not required BSRB licensure. Licensed social workers are already at a demand level not matched by the supply; this would increase that demand. KDHE is proposing regulations to monitor aftercare services; these regulations are already reviewed by SRS and are stricter than proposed KDHE standards. Currently CPAs monitor relative and agency approved homes and KDHE proposes that the new regulations include their review of such placements and hold relative placements to similar standards of licensed

foster homes. These proposed changes are taking place in the context of declining willingness of families to go through what can be an overwhelming, frustrating, and costly process of obtaining a license from KDHE and can only contribute to this decline. National accreditation by COA (and SRS in some cases) already monitor critical incidents, case plans, adoption practices, services for children, case management, medical services, placement activities, and recruitment services that are provided by the CPA. KDHE's draft CPA regulations are proposing to oversee these same functions, creating additional bureaucracy and duplication of activity. (See COA/KDHE/SRS Crosswalk for more information on duplication of standards).

Element Two: KDHE Resource Home Regulations

As a licensed sponsoring agency, the CPA acts on behalf of KDHE for ensuring resource foster homes meet and maintain compliance with applicable regulations much like SRS relates to providers when it acts on behalf of the standards set forth by Children and Family Services Reviews (CFSR) required by the US Department of Health and Human Services. Currently, resource foster homes are reviewed and assessed by the TFI Licensing Department for licensure renewals and areas of non-compliance are identified and addressed. These staff also assists in investigations by completing resource foster home consultations and working with the families to resolve areas of non-compliance. The Licensing Department serves as a regulatory staff to the resource foster homes by implementing state and COA accreditation regulations and reviewing licensing application packets as a secondary compliance measure. Licensing staff monitor training requirements for resource foster homes for all levels of care and conduct trainings for resource foster homes, intake staff and resource family services, to educate and assist in interpretation of KDHE regulations and compliance expectations.

The Resource Foster Family Services Worker conducts monthly visitation with the resource home and children assessing services provided and monitoring environmental and safety issues in the home with quarterly compliance checklists. TFI implements corrective action plans for resource homes that do not meet regulatory compliance standards. TFI also maintains a Licensing Team to review and monitor resource foster homes under investigation and homes with regulatory concerns. The KDHE process duplicates many of these same activities with the same families.

Element Three: Quality Improvement Services

KDHE does require that CPAs "develop and implement a quality assurance program to evaluate at least annually, the quality of services to the children and families from the CPA including assessment of service outcomes, review of recordkeeping, policies, procedures, and plans for problem resolutions and service improvement based on QA activities". The provisions of COA are similar, and also include auditing procedures to assure compliance. Through this practice, COA Performance and Quality Improvement (PQI) standards encourage organizations to use data to identify areas of needed improvement and implement improvement plans in support of achieving performance targets, program goals, client satisfaction, and positive client outcomes.

TFI Family Services maintains a Quality Improvement Department dedicated to monitoring the quality of services provided by the agency and the enforcement of state and accreditation standards.

The Quality Improvement Department (QI) monitors licensing functions, service delivery, investigations, and incident reports through regular and specialized audits and reviews. Peer audits are conducted quarterly with program staff to monitor state outcomes, enforce federal and accreditation standards and implement strategies and procedures to increase the quality of services provided. In addition, QI completes audits on various departments, including Human Resources, Behavioral Health, Substance Abuse, Medicaid, Transportation, Intake, Child Care, Resource Foster Family Services, and Licensing.

Programs with areas not maintaining or exceeding compliance goals are afforded training specializing in areas of non-compliance or program improvement plans that are overseen by the Quality Improvement Department. The Procedure Team is another function that is utilized to develop and review agency policies and procedures that assure the agency is aligned with accreditation standards. The internal Quality Improvement process and functions provided by TFI surpass the requirements by KDHE for meeting quality assurance. We are pleased that the final accreditation report issued, May 8, 2008, by COA to TFI Family Services states, "The quality plan is extremely thorough, effective, and the agency has adequate staff to implement its tenet."

Element Four: Abuse and Neglect Investigations

All allegations of abuse and neglect are reviewed and/or investigated by SRS with the cooperation of the CPA to ensure the safety of children and families. CPAs utilize response measures including respite care, support plans, on-call support, relevant community resources, and behavioral health services to assist families and children during the investigation process. Preventative measures are also put into place with resource foster homes though training, support meetings, and staff support.

Currently, allegations of abuse and neglect that are screened out by SRS are automatically reviewed by KDHE for compliance issues. The proposed KDHE CPA regulations permit CPAs to conduct their own investigation into these issues, which would eliminate KDHE's involvement in these cases. As CPAs are given this opportunity, they would ensure a more timely resolution of the situation and encourage a family centered approach in working with the family. This would minimize the staff required to complete an investigation, utilize the agency's knowledge of the family's strengths and needs when developing improvement plans, and increase communication between the family and agency to promote a stronger relationship.

Element Five: Consumer Concerns

While KDHE does not regulate practices to assure consumer access to a formalized concern review process, SRS does require this process through child welfare contract requirements. TFI maintains a concern line dedicated solely to consumers and

stakeholders to address concerns or complaints from external and internal parties and ensure timely responses to involved parties. Follow up of these concerns are completed to ensure resolution and to promote consumer and stakeholder satisfaction. These functions also serve as a response to requirements of COA and HHS directed Children and Family Service Review requirements.

In addition, TFI sends out Client Satisfaction Surveys for youth and families quarterly that assess the satisfaction level of the quality of services provided. These reports are provided to management to identify areas of concern and improve the quality of services. TFI has a Board Committee for Program and Quality Improvement comprised of TFI stakeholders and staff, who review internal audits and qualitative data on service outcomes to assess the quality of services and promote effective child welfare practices.

We value the conclusion of COA that "the agency does an excellent job of involving stakeholders in the quality process and updates stakeholder regularly on its outcomes".

Cross-Walk of Regulations

The crosswalk below reflects the duplication of KDHE regulations to those of COA and SRS:

	KDHE Regulation	Council of Accreditation Standard	SRS Policy/Procedures
Administration	28-4-906	ASE 1-6	NA
Background Checks	28-4-905	HR 3	5235
Staff Qualifications	28-4-907	FC 19, KC 16, FPS 11	NA
Critical Incidents	28-4-909	Accreditation Requirement	5030, 5031
Services for Children	28-4-911	FC 9	3000, 5000
Contact with Child	28-4-911d	FC 12	PPM 3237
Placement Activities	28-4-___*	FC 6	5230-5242
Case Plans	28-4-___*	FC 3, FPS 4, KC 3	3200-3235
Complaints/Concerns	28-4-9__*	CR 3	8211, 8212
Family Assessments	28-4-___*	FC 2, FPS 3, KC 2	3110, 3111, 3121, 5040
Relative/Agency Approved Homes	28-4-913	KC 1-15	5232, 5234, 5235
Adoption Services	28-4-914	AS 1-14	3213, 5330
Medical Services	28-4-916	FC 10, KC 10	5041, 5212
Safety	28-4-918	ASE 6	3100, 3111, 3200,5200, 5351
Home studies	28-4-907	FC 17	NA
Aftercare	28-4-911	FPS 10, FC 10, KC 15	5270
	*Not assigned		

KDHE is now conducting the first comprehensive review and revision of CPA licensing standards since May of 1982. Adherence to COA standards does assure compliance with developing best practice on an ongoing, routine basis and reflects the collaborative work of consumers, policy makers, providers, funders, and experts in all domains of practice. We cannot provide assurances that there is perfect agreement between the CPA regulations promulgated by KDHE and the standards required by COA to be nationally accredited. However, we do believe the scope of COA standards goes beyond those established and anticipated by KDHE. In addition, we believe any variation is inconsequential for the real purpose of providing quality services in a manner that provides necessary assurances to both the recipients of care and to the communities that support such care. We think it always makes sense to consider efforts which minimize redundant or duplicative regulatory practices in order to assure we apply as many of our resources as possible to meet the needs of children and families.

We request your support for HB 2356 and I will stand for any questions.

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House Health and Human Services Committee
Testimony in Support of HB 2356
March 4, 2009

Chairwoman Landwehr 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 2356.

KVC Behavioral HealthCare, Inc. (KVC) is a private, not-for-profit organization providing medical and behavioral healthcare, social services and education to children and families. KVC has more than forty years of experience helping children and families. KVC provides a wide array of behavioral healthcare services that include inpatient and outpatient mental health services, foster care case management, and child placing agency services. KVC is fully accredited by The Joint Commission formerly known as The Joint Commission on Accreditation of Health Care Organizations (JCAHCO).

KVC believes that greater efficiencies can be achieved for the children and families we serve as well as our organization through the reduction of redundant survey processes currently required by KDHE. This is in no way intended to oppose the current requirement for licensing by the State, but rather to supplant some of the State's oversight through already existing practices and requirements under the nationally recognized and respected supervision of The Joint Commission. Over half of all states have a version of "deemed status" which recognizes national accreditation in lieu of direct state regulation.

KVC recognizes that increased efficiencies cannot come at the expense of safety for the children and families who are served. In addition to the current KDHE requirements, many safeguards are currently in place and include:

- Site visits by the Kansas Department of Social and Rehabilitation Services (SRS);
- Case reads done on a quarterly basis with SRS;
- Audits and site visits of providers;
- Licensed professionals who report abuse to appropriate law enforcement and state agencies;
- Oversight from the courts; and
- Site visits and competency requirements of staff by The Joint Commission as part of its accreditation requirements.

KVC prides itself on providing quality services through a standard that includes well trained staff, most of whom possess Masters degrees in human services related fields. This, along with KVC's commitment to maintaining reasonable staffing levels for kids and many other qualities, has lead to the Annie E. Casey Foundation (AECF) review in which KVC was "journaled" as a national best practice organization and to that end, has referred numerous state Secretaries and Commissioners to visit our sites. AECF is a premiere public policy think tank on children's issues. KVC is pleased to have helped bring this positive attention to the Kansas Child Welfare System.

In conclusion, KVC supports passage of HB 2356 and the increased efficiencies that will be achieved through the use of the current requirements and standards of The Joint Commission.

CWLA
CHILD WELFARE LEAGUE OF AMERICA

HEALTH AND HUMAN SERVICES
DATE: 03/04/09
ATTACHMENT: 6

Saint Francis Community Services
Serving Children and Families Since 1946

(7)

House Health and Human Services Testimony on HB 2356

2009 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

Saint Francis Community Services 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 foster care homes, which we do so under contract with the state, as well as, drug and alcohol services, and residential services and community supports. Through those programs last year we served over 2000 children and families, in 54 rural and frontier counties, with 12 offices and over 600 full and part time employees. We are a licensed child placing agency and accredited by the Joint Commission which speaks to our interest in HB 2536. We appear today as a proponent of this measure.

Support of Current Public Policy of Safety

- HB 2356 represents an attempt to bring greater efficiency to the process of licensing without sacrificing safety and oversight
- It does not represent a substitute for licensing; organizations would still be required to be licensed but accreditation would demonstrate that agencies have reached certain standards that would normally be determined during a surveying process by the state agency
- This approach outlined in this legislation is not without precedence; Several states use accreditation by national organizations to enhance the licensing and registration process

The Value and Benefit of Accreditation

- As a provider of child welfare services under contract with the state there are multiple levels of oversight and accountability in the delivery of services from licensing to contract outcomes. Accreditation encourages organizations like the providers of child welfare services to maintain standards related to quality of care. This includes a comprehensive review of all aspects of the agency in order to maintain the accreditation designation.
- It is safe to assume if a community provider maintains accreditation from a well known national accreditation body such as the Joint Commission, the state should rely on that process as a substitute for certain activities previously conducted by the state agency specifically inspections.

How it will impact community based agencies and the state

- Implementation of this legislation would assist the child welfare agencies in reducing duplication related to required oversight activities.
- The state agency, KDHE will be able to target their efforts of inspection on those organizations that do not meet accreditation standards

Respectfully submitted,
Melissa L. Ness JD, MSW -Advocacy Coordinator, St. Francis Community Services

HEALTH AND HUMAN SERVICES
DATE: 03/04/09
ATTACHMENT: 7

CHILDREN'S ALLIANCE

Community Agencies Serving Children and Families

Testimony on HB 2356

House Health and Human Services Committee

March 4, 2009

The Children's Alliance is the association of private child welfare agencies. Our members provide services to children, youth and their families who are in the custody of the Departments of Social and Rehabilitation Services and Juvenile Justice. Member agencies provide a range of services including residential treatment, foster care and family preservation.

HB 2356 proposes that, *"The authorizing agent of the secretary of health and environment shall conduct an inspection before issuing a license to each maternity center and child care facility, unless such maternity center or child care facility is accredited by the joint commission on accreditation of health care organizations, the council on accreditation for children and family services, inc., or the commission on accreditation of rehabilitation facilities."*

In effect this allows those agencies which are accredited by one of these three national accrediting bodies to have that accreditation stand as proof of completion of the requirement for licensing. Currently all child welfare contractors are required by SRS to be nationally accredited. This is also the requirement for all agencies providing psychiatric residential treatment in Kansas.

Many more Kansas agencies are now nationally accredited. The change proposed in this legislation in no way decreases the standards agencies are required to meet. This bill also **does not** remove the authority of the Department of Health and Environment to conduct investigations as it believes necessary. Under this bill the Department of KDH&E would still be responsible for licensing agencies which do not have one of these three national accreditations.

What this bill **would do** is minimize duplication. Private agencies as well as public agencies are challenged to continue to do more with less. This bill seems to represent a common sense way to ensure quality services are maintained or improved while minimizing regulatory duplication. I would note in closing that our neighbor to the east, Missouri, passed similar legislation in 2008.

Bruce Linhos

Executive Director

HEALTH AND HUMAN SERVICES
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I'm Deb Crowl, President of the Kansas Association for the Education of Young children. KAEYC has approximately 1,000 members across the state of Kansas. KAEYC is the state affiliate under the umbrella of NAEYC or National Association for the Education of Young Children. NAEYC is the world's largest organization working on behalf of young children with nearly 100,000 members, a national network of over 300 local, state and regional affiliates and a growing global alliance of like-minded organizations. I'm also the Administrator for Emporia Child Care. We have three facilities, two serve preschool age children and one serves infants and toddlers.

Today I would like to speak opposing HB 2356.

Accreditation is a wonderful thing. The Center worked on the criteria for two years before sending in our paperwork. Finally the day came for our validation visit and then several more weeks of waiting for the final decision. Yes, we passed and became an NAEYC accredited center.

I am a big supporter of regulations. Regulations are based on research and provide essential health and safety guards for children in care. Licensing regulations are the foundation for the safety of children. As I tell my staff: They are minimum standards. I would hope we are above minimum. Children spend a majority of their day in out of home care. All the research on brain development indicates that we can make a difference in each child's development. The environment must be stimulating, clean and free of hazards. Why not have that second pair of eyes insuring the safety and well being of each child that is in that environment.

HB 2356 proposes to exempt from inspection child care facilities, including child care centers, licensed day care homes, maternity centers, residential facilities, detention centers, child placing agencies and child care resource and referral agencies, accredited by one of the following:

1. Joint Commission on Accreditation of Health Care Organizations
2. The Council on Accreditation for Children and Family Services
3. The commission on Accreditation of Rehabilitation Facilities

All children, when out of care and custody of their parents, should be in a safe and nurturing environment. The purpose of regulation is to protect children from harm.

The Child Care Licensing systems Improvement Team (Best Team), was charted to advise KDHE on improvements needed to redesign the child care licensing system and to make our recommendations on necessary systems improvements. We have not had an opportunity to review or discuss the implications of exempting from regulation inspections of accredited facilities. In fact, we recognized the importance of regular inspections and recommend to the Secretary that family day care homes, which are currently not inspected, receive an initial and annual inspection.

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KAEYC supports the licensing and inspection of all child care facilities to assure compliance with foundation standards of care to provide parents the consumer protections needed for the protection of their children.

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KANSAS
DEPARTMENT OF HEALTH
AND ENVIRONMENT
Division of Health

Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

www.kdheks.gov

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Testimony on HB 2356

Presented to
House Committee on Health and Human Services

By
Richard Morrissey, Interim Director of Health
Kansas Department of Health and Environment

March 4, 2009

Chairwoman Landwehr and members of the Committee, my name is Richard Morrissey and I am the Interim Director of the Division of Health for the Department of Health and Environment. Thank you for the opportunity to comment on HB 2356.

This bill exempts maternity centers and child care facilities from being inspected by KDHE if the center or facility is accredited by the Joint Commission on Health Care Organizations, the Council on Accreditation for Children and Family Services, Inc., or the Commission of Rehabilitation Facilities. The bill also deletes requirements that any maternity center or child care facility, even if not accredited, must be in compliance in order to be issued a license.

The Department is in the process of updating licensing requirements for child placing agencies, psychiatric residential treatment facilities (PRTFs), maternity centers, day care homes and child care centers. In addition the Department is looking at improvements in the licensing system. Stakeholder and advisory groups have been established and are ongoing to assist the Department in developing each set of new requirements and to assist in the redesign of the licensing system.

All of the Licensees providing PRTF and maternity center services have been represented in the stakeholder groups as well as other partner agencies such as SRS (PRTFs), and the Kansas Perinatal Council (Maternity Centers).

In addition, two BEST Teams have been established to advise the Department on needed changes in the licensing requirements and the licensing system. One team was established to look at family foster home and child placing agencies and the other team for day care homes and child care centers.

Stakeholders on the child placing agency best team include the 5 child placing agencies contracting with SRS for foster care and adoption as well as representatives of other child placing agencies and partner agencies such as SRS, the Children's Alliance and the Foster

Adoptive Parent Association. The Department licenses approximately 57 child placing agencies across Kansas. Currently the Department is conducting a listening tour across the state to solicit comments on the draft child placing agency requirements from additional stakeholders.

Stakeholders on the child care best team include a broad cross section of the child care community including day care home and center providers, a number of child care associations, the family day care union (CCPT), resource and referral agencies as well as early childhood educators, parents and SRS.

In meetings with all these groups and in receiving feedback from hundreds of stakeholders, the discussions have centered on the licensure requirements for operating a maternity center or child care facility and systems changes that would improve oversight. Discussions and research on eliminating the inspection requirements for programs that are accredited have not occurred.

The Department has a number of concerns with the provisions in this bill.

- Substituting accreditation for direct inspection by KDHE or KDHE authorized agents is a significant policy decision that requires careful analysis and stakeholder input. The proposal in this bill has not been vetted through any of the stakeholder or advisory groups established by the Department for this purpose.

- A blanket removal of the Department's authority to inspect would significantly reduce existing safeguards and consumer protection for Kansas children and families. Research clearly associates frequency of inspection with increased compliance.

- When other states and federal laws recognize accreditation, such as for hospital licensing and Medicare certification, safeguards remain that authorize state or federal agencies to conduct inspections to validate the accreditation process or any other reason deemed necessary. This kind of safeguard is not in this bill.

- This bill contains numerous technical and legal problems because the new provision to recognize accreditation conflicts with much of the remaining law. These conflicts include that language requiring compliance in order to become licensed is deleted for both accredited and non accredited facilities; language remains that authorizes SRS to approve all licenses (it is not clear how this is reconciled with accreditation); SRS retains authority to inspect accredited facilities but KDHE, the licensing agency, loses this authority; KSA 65-504 subsection (2)(d) authorizes KDHE to revoke a license upon investigation, which conflicts with new provisions that remove KDHE authority to inspect.

The Department opposes the passage of HB 2356 as it has not been researched, discussed and fully vetted with a broad base of stakeholders. The bill has a number of technical difficulties, the policy implications are broad. Further, the lack of inspections significantly weakens the State's ability to provide consumer protection and safety for Kansas children and families.

Thank you. I will now stand for questions.

Oral Testimony for HB 2356
Elaine Edwards, Executive Director Salina Child Care Association 785-827-6431
Speaking as an opponent of this bill

Good afternoon. Thank you for giving me the opportunity to comment on proposed changes to child care licensing laws as amended by House Bill 2356.

I am Elaine Edwards and I have been the Executive Director of Salina Child Care Association for the past 25 years. We operate two child care centers and care for 120 children annually. Our organization is a strong supporter of child care licensing laws (including inspections) and the relationship between safe and healthy learning environments for children. We see firsthand the results of licensing inspections – they keep child care providers like me in check with basic health and safety standards.

However, current Kansas child care licensing laws are the bare minimum of these standards and need improvement. I am also a member of the KDHE Child Care Licensing Systems Improvement Team (called the BEST team). The BEST team is charged with making recommendations that support families and provide protections for children that: provide a solid foundation for child safety and well-being, support early learning, and enable child care providers to provide quality that is available, affordable and accessible. Our recommendations will strive to achieve a balance between safety, best practice, and marketplace realities.

For the past year, our group has done extensive research of child care licensing as it exists currently in Kansas and across the United States. Through this research, our team has determined that changes need to be made to increase child safety and consumer protection, to increase child safety and quality of care, and to increase consistency between different types of child care programs. We recognize the need for improvements with our current inspection system and have discussed increasing the number of inspections, not doing away with them.

Legislation that proposes to eliminate licensing inspections for a particular group of programs does not create consistency between child care programs. Many Kansas parents are already confused by our current child care system and incorrectly assume that all child care home and center providers are inspected. In truth, registered child care homes receive no inspection unless a complaint is received by KDHE. Please don't confuse parents further by making another group of programs exempt from inspection. Allow the BEST team to complete our work and come back to the legislature with revisions and improvements to child care licensing laws and statutes.

I am also past President of the Kansas Association for the Education of Young Children, a statewide organization affiliated with the National Association for the Education of Young Children, the largest early childhood organization in the world with over 100,000 members. NAEYC oversees an Accreditation program for child care centers in the United States. This accreditation recognizes quality in our profession and I am proud that both of Salina Child Care Association's centers are NAEYC accredited. This accreditation recognizes the importance of state licensing laws and inspections. In fact, centers are required to be state licensed and inspected as part of the accreditation criteria.

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My initial reaction to HB 2356 was confusion. How does the joint commission on accreditation of health care organizations, the council on accreditation for children and family services or the commission on accreditation of rehabilitation facilities have the expertise in the operation of child care centers and homes? More research needs to be done about these accreditation programs before any decision is made regarding exemption of a particular group of child care programs from KDHE licensing. I would oppose HB 2356 at this time.

Thank you for giving me the opportunity to share my experience and views with you today.