

MINUTES

JOINT COMMITTEE ON CHILDREN'S ISSUES

August 28-29, 2002
Room 313-S—Statehouse

Members Present

Senator Sandy Praeger, Chair
Representative Brenda Landwehr, Vice Chair
Senator Paul Feleciano, Jr.
Senator David Jackson
Senator Nick Jordan
Senator Janice Lee
Representative Gerry Ray
Representative Sue Storm
Representative Roger Toelkes
Representative Bob Tomlinson

Staff Present

Hank Avila, Kansas Legislative Research Department
Emalene Correll, Kansas Legislative Research Department
Mike Corrigan, Revisor of Statutes Office
Almira Collier, Committee Secretary

Wednesday, August 28 **Morning Session**

The Vice Chair called the meeting to order, explaining the Chair would be present, but had asked that she chair the meeting relating to foster care.

Roundtable Discussion on Foster Care Issues

The Vice Chair thanked the members of the panel for participating and asked them to be open about sharing the positives and the negatives of the current system and recommendations for improvement or solving problems which exist.

Members of the Joint Committee, staff, and members of the panel introduced themselves, noting their background and involvement in the foster care system, their role, and how long they had been involved in the child welfare system. (See Attachment 1 for a list of the panel members.)

Sky Westerlund, Kansas Chapter of the National Association of Social Workers, commended the professionals, foster and adoptive parents, and support staff who are a part of the child welfare system, noting these people deserve the respect and honesty of others within the system. Ms. Westerlund presented four recurrent themes: (1) considerable distrust between the persons and entities involved in the child welfare system; (2) the sense of a destabilized system structure evidenced by bankruptcies and high social worker turnover; (3) the appearance of a disconnect between the reported outcome measures indicating outcome requirements are being met and the sense of front line providers that the system is in crisis functioning; and (4) a tremendous amount of grit and determination on the part of everyone in the system when talked to individually. Ms. Westerlund posed the idea that everyone involved in the system needs to move away from a stance of blaming others to accepting the responsibility for the children that belong to all the players.

Melissa Ness, Kansas Children's Service League, noted the need to focus on the system, not the agency, perspective. There have been historic changes in the system leading to the provision of a level of services unheard of prior to the changes. The issue is not privatization, but how to keep the system contemporary. Three questions need to be asked:

- What should we stop doing since continuing to do what has always been done gets what we have always gotten?
- What should we continue to do?
- What should we do differently?

Major milestones have been made in how the players work with others, but experience indicates the system is a relay system. We are very good at handing off children without a mutually developed specific and integrated plan. Currently, the Kansas Children's Service League and the Department of Social and Rehabilitation Services are focusing on children in the adoption contract who are 14 years of age or older with a diagnosis of ICD9 and with no identified resource. Compared to all children in the adoption contract, this group has less than a 1 percent chance of the permanency option of adoption. This appears to be a system issue rather than an adoption issue. There are some ways the system can respond to this group earlier.

Sandy Clear, Kansas Foster and Adoptive Families, Inc., (the foster care advisory group appointed by the Department of Social and Rehabilitation Services) distributed a handout (Attachment 2) showing issues raised by foster and adoptive families at meetings held throughout the state last year and continuing this year. The main issue raised is the lack of respect given to foster and adoptive parents, who view themselves as professionals, by others in the system and the exclusion of the foster parents from the development of

plans for the child. Sometimes foster families are asked to do things they believe are not in the best interest of the child, but they are not heard. Another issue is the need for training for all players, including foster and adoptive parents, so everyone is on the same page. There are problems when the family is given conflicting information by the various players with no place to go for resolution. Other issues Ms. Clear emphasized are lack of complete information regarding the child at time of placement, overworked social workers, the need for a standardized handbook for use by all players, and the provision of adequate clothing and supplies and adequate money for extras such as music lessons and school activities.

Lisa Shikles, President, Foster Children of Johnson County, Inc., and foster care provider, stated the organization is dedicated to raising community awareness and community involvement. For example, a community resource center where foster families can get clothing and furniture has been established. This organization also tries to find innovative programs in other parts of the country. For example, Minnesota has hired six parent liaisons to work closely with families when problems arise and six community developers to work with community organizations to develop programs to meet the needs of families and children. Foster Children of Johnson County, Inc. recommends that an ombudsman program be studied further. Families need more than someone to listen to them; they need someone with the authority to change things.

Judge James Burgess, Sedgwick County, stated in Sedgwick County a Permanency Council has been created. The Council, made up of representatives from the court, the contractor, and the Department of Social and Rehabilitation Services has authority to make decisions. Two boards were then formed, one to focus on service delivery issues and the other to focus on issues relative to the court system. The operations board, composed of people doing the day-to-day work, *i.e.*, social workers, mental health professionals, police officers, and foster parents, identifies barriers in the system, how the system can be changed to remove barriers, and possible ways such changes can be made. This approach has worked so well the Department of Social and Rehabilitation Services has dedicated a person to working with the Council and another person to help with data entry for the tracking system being developed. Inter-agency training, based on problem areas identified by the Permanency Council, is provided about once a month.

The other volunteer citizens board, which is representative of the community, is learning about the court system and getting involved in making changes. This board was not created under the legislation authorizing the creation of citizen review boards intentionally. The latter focus on case-by-case review. The intent in Sedgwick County is to have a citizens group look at the whole operation and make recommendations. The board has assisted in developing a data system to track children in the community, *i.e.*, the number of times the social worker was changed, and the number of times the case was continued. Currently, this board is developing an ombudsman program. They have talked to persons in the system, have attended court proceedings, have developed procedures, and will be taking pilot cases soon. The fact that it takes a long time to develop a program of this type was emphasized.

Issues identified by these two boards can be taken to the Permanency Council to be addressed. If necessary, the Permanency Council can take the issues to an agency, the county, or the Legislature for resolution. Each fall the Sedgwick County legislators ask the Council to meet with them to discuss what is happening in the system and issues. Some

issues are beyond the Council's ability to solve, but they are not beyond the Council's ability to highlight.

Noting that state funding for a mediation pilot project had been curtailed due to budget restrictions, Judge Burgess stated efforts of the Department of Social and Rehabilitation Services have kept this project alive and the results have been positive. The next step is to implement a mediation process that will occur prior to temporary custody hearings. A similar program in another state has kept many cases out of the courtroom because people are coming into temporary custody with agreed on plans.

Judge Burgess emphasized that two things were important to the approach used in Sedgwick County—the willingness of people in decision-making positions to come together and to interact based on the goal of problem solving.

There was consensus that a way for Sedgwick County to share their approach with other counties needs to be explored. Judge Burgess expressed a willingness to help implement an effective way to do this noting, every community is different and would need to tailor the program to its situation.

Eugene Ballou, foster and adoptive parent and Vice President and Legal Advisor for Foster Children of Johnson County, Inc., stated the Legislature established a goal of providing the best permanency planning for children whether it is with birth parents, adoptive parents, or long-term foster care. However, there appears to be a disconnect between the goal, the system, and the front lines. Some issues Mr. Ballou noted are insufficient financial support for people willing to adopt children, a tightening of requirements for subsidies to adoptive parents rather than looking for ways to find financial resources; children placed in the custody of a relative rather than in the custody of the state receive only temporary support which is less than a foster child receives, and what appears to be an emotional blackmail when prospective adoptive parents are told that if they cannot afford to adopt this child, another family will be found. He noted if a relative adopts the child, any temporary support is lost. The stated goal is permanency, but the system seems to be focused on the short-term saving of money without looking at possible financial consequences later and on establishing roadblocks rather than helping families adopt children. In closing, Mr. Ballou emphasized there are a significant number of families with limited income who are dedicated foster parents and are willing to be adoptive parents, but who cannot take this step without some financial assistance.

It was pointed out that changes relative to subsidies had been made because of inconsistencies across the state in how subsidies were granted. Because of current fiscal constraints, the Department of Social and Rehabilitation is looking at possible ways to reduce the number of children entering the system which would provide more money to address some of these issues. It was suggested the Department of Social and Rehabilitation Services be asked to report on what steps are being taken and progress to date.

The issue of time lines was raised, especially as it relates to the time line for doing an investigation after a birth parent steps forward. Are time lines reasonable and are they adhered to?

A concern was expressed that when a child comes into the system it appears the first thing considered is foster care rather than family preservation. Bruce Linhos, Children's Alliance of Kansas, stated thinking needs to go beyond preservation to prevention so the child does not end up in the custody of the Department of Social and Rehabilitation Services. When there is a shortage of money, it is difficult to keep a focus on prevention and family preservation when there are also children in the system who need a high level of care.

Responding to a concern about the reasons for the high success rates in family preservation, Mr. Linhos stated it is not his perception the reason is the type of family that qualifies for family preservation services. The key for family preservation is that the family will be a safe place for the child.

Mr. Ballou stated it does not appear there are many cases of children being taken out of the parental home prematurely. Rather, the system waits too long to do anything. Time lines are extended for various reasons, including that the players in the system do not always act expeditiously. Attention needs to be given to finding ways to provide a family help as quickly and effectively as possible in order to maintain the family unit. However, of equal importance is looking at what happens to a child after he or she enters the system.

John Jones, foster parent and clinical social worker, stated other areas to address are what is the minimum standard of improvement required of families and what is the absolute minimum standard for a child to remain in the home. Standards used in both of these areas vary widely across the state.

Mr. Jones noted an underlying issue is communication which is often missing. A major step in addressing any issue is getting all the entities involved together to agree on what the problem is with a willingness to be honest about what each of them can and cannot do. It was noted sometimes preservation of a family depends on the purposes for which funds can and cannot be used.

Mr. Linhos stated there is more flexibility now in how funds can be spent in both foster and family care and family preservation, but there are still some restrictions that may or may not appear to make sense.

Tom Young, an attorney in Ford County who has extensive experience as a guardian ad litem, pointed out another issue related to family preservation is that limited family funds affect what happens. A family may be making progress on a reintegration plan, but cannot afford the up-front money, which can be \$300 to \$500, for required evaluations such as a psychological evaluation, parenting evaluation, or a drug or alcohol abuse evaluation. The Department of Social and Rehabilitation Services and the contractor say this is the parent's responsibility.

Ms. Shikles noted inadequate family funds affect whether or not a person can do A, B, and C in order to get the children back. The reintegration plan requires that a mother do A, B, and C, but there are no funds to help accomplish the requirements.

Reference was made to the state flex funding dollars which gives the Department of Social and Rehabilitation Services some ability to address the situations noted above. The use of these funds is, to some extent, determined at the local level, and the funds have been restricted due to the state's fiscal situation.

It was noted this Committee had expressed the need for legislators and representatives from the Department of Social and Rehabilitation and the judicial system to come together to address the issue of consistency across the state. Requirements or interpretations differ from one contractor to another and from one judicial district to another. District attorneys need to be involved in these discussions. There also needs to be communication with other stakeholders such as the Board of Education, Kansas Department of Health and Environment, and the different areas of the Department of Social and Rehabilitation Services, all of which have money in their budgets for programs relating to children.

The Committee recessed until 1:40 p.m.

Afternoon Session

The Vice Chair reconvened the meeting.

Sue McKenna, Assistant Director for Foster Care and Adoptions, Department of Social and Rehabilitation Services and a member of the Judicial Council Advisory Committee, stated an issue from the morning session was the need for balance. There needs to be a balance between uniformity that includes consistency and fairness and the need for staff discretion to meet the individual needs of children, families, and foster parents. There needs to be a way for each community to tailor programs to its situation. There is also a need for a balance between a data-run system, evidence based decisions, and personal experience. Each has its place as system changes are planned and implemented.

Speaking to the issue of who pays for what—the government, the contractor, or the family—Ms. McKenna noted there have been excellent outcomes in communities where there is a fairly hard line relative to the family's responsibility to pay for services. The challenge is to determine at what point family responsibility should replace outside assistance. There is also the issue of whether the county or the state pays. An example is evaluations which are strongly valued by courts, lawyers, and both public and private agencies. If the information is desired by county players, the county is authorized to pay under Kansas codes. Ms. McKenna emphasized that during a time of budget cuts, energy should not be spent on a battle over who pays. Rather, players should do what Winston Churchill advised. "We are out of money, now we think."

Ms. McKenna noted the program Judge Burgess discussed is an example of what can be done with a little seed money such as that provided by the Kellogg Foundation. When granting money to a community, it is important to honor the ability and knowledge of the people closest to the problem to develop a plan. The next step is to give the community time to work through the issues and develop a solution that works in that community through

trial and error. She referred to what is learned from experience. Evolution is a more positive process of change than is revolution. It is not possible to be for children and against parents. It is possible to have accountability without blame. Example is not the best, it is the only teacher. If we want parents to get along with each other so the children benefit, we have to get along with each other. If we want respect, we have to give it. We need to allow consequences and the opportunity to learn from those consequences. We need to pay attention to what works. There is a lot in our system that is working. Inclusion of all parties requires actually listening to each other and considering the theoretical possibility that "I might be wrong." The ideal remains unattainable, but we can make progress.

There are enduring problems, Ms. McKenna stated, but something can be done about them. For example, staff turnover can be addressed by treating social workers with respect, not expecting them to do the impossible, supporting them, and focusing on their strengths. There will never be enough resources. All resources come with conditions, and an influx of resources can also be a problem. Other enduring problems are substance abuse, mental illness, and poverty. The final enduring problem is that time passes and childhood is over very quickly.

Addressing other issues raised earlier, Ms. McKenna stated safety is not an issue for one-third of the children currently in out-of-home care. These children are older when they enter the system because they are in conflict with family, schools, or communities. Finding a better way to serve these children is important because out-of-home care is expensive and is not helping them to the extent needed to become whole people and lead productive lives. In reference to time lines, Ms. McKenna noted some time lines are needed, but time lines are not an answer. They are a way to measure, not create, progress.

Now that the settlement agreement is completed, Ms. McKenna said, the focus can be on a program improvement plan that will, hopefully, have more flexibility so that as we learn a lesson, we can make changes in order to allow the system to continue to evolve. There needs to be an assurance that specific information is obtained, beginning with intake and assessment to avoid problems later in the process. Beginning with intake and assessment, there must be a commitment to a family-centered approach. More emphasis needs to be placed on group conferencing. For case planning, a federal requirement since 1980, to be effective everybody needs to come to the table with an understanding that the purpose is to document the process, not to fill out a form. Ms. McKenna stated the Kansas Initiative for Social Service Educational Development, consisting of eight domains is being implemented, and the first five domains have been completed. All Department of Social and Rehabilitation Services staff are included in this program, contractor staff have been invited to participate, and the next step will be to invite foster parents to participate. It takes 15 months to complete all eight domains.

In the area of child protective services, Ms. McKenna noted the Department of Social and Rehabilitation Services is looking at the Department's definitions realizing the need for having a clear definition that does not eliminate a child who is in clear and present danger in a way not previously thought of. Also being looked at are the Department's role, how reports are screened, and how findings are made. Plans for changes should be finalized and some significant changes should be made before the next legislative session. She stated the Department is interested in strengthening the relationship with and providing

better support for foster parents and is working with the National Resource Center toward that end. A grant application for a KC Foundation collaborative grant with a focus on recruitment and retention of foster parents is being prepared. If accepted, Garden City will be one of ten participating cities across the nation. A request for proposals to improve the relationship between the Department and foster parents is being developed, but will probably be impacted by current budget issues. Emphasis is being given to seeing foster parents as clients.

Another emphasis, Ms. McKenna discussed is improving and strengthening independent living services for those children who enter the system at age 12 or older. Kansas was the first state to request assistance from the new resource center to enhance this program and was one of the first states to establish a Youth Council to listen to youth in the system. Finally, the structure of the Department under an integrated service delivery system is bringing together mental health, developmental disabilities, vocational rehabilitation, and substance abuse in each of which the Department has a stake and some influence. The goal is to work well internally to insure maximum effectiveness. Enormous progress has been made in the last 18 months by using specific cases to bring the agency players together and to do case planning.

Responding to the issue of time lines, Mr. Young stated the time line starts when a child is removed from the home, with 12 months before a permanency hearing, and 15 months for termination considerations. However, these time lines are flexible. If it is determined that parents are not making progress toward reintegration at the time of the permanency hearing, the court should order termination of parental rights. If reintegration is questionable, the court can give an additional 45 days and still comply with the time lines for terminating parental rights. He pointed out some issues that need to be addressed—how a hearing is conducted, whether *pro forma* or an actual evidentiary hearing, needs to be standardized. Another issue is whether or not there is compliance with the federal statute which says that when a child has been out of the home 15 of 22 months, and the court has ordered termination of parental rights, referral for adoption is to be concurrent with the termination order. Also, the Department of Social and Rehabilitation Services needs to have the ability to rise or fall on their own without third parties interfering with the Department's ability to comply. Continued federal funds for the Department of Social and Rehabilitation Services are dependent on the Department's compliance with federal statutes and regulations. Yet, the Department has no control over the guardians' ad litem, the prosecutor's, or the court's compliance which impacts the Department's ability to comply. The social worker is in court, but often the Department's attorney is not. There is also a need for uniformity in how cases are handled in the courts.

Ms. Sargent noted the three exceptions to the requirement that parental rights be terminated if the child has not been in the home in 15 of 22 months. These are: (1) if the child is placed in a stable placement with relatives, (2) if necessary services were provided, and (3) the "catch-all" for documented compelling reasons. An example of the latter is a 14 year old child who does not consent to adoption.

Judge Burgess stated in Sedgwick County there is a Social and Rehabilitation Services attorney for every judge. This attorney sits in from the time of disposition, monitoring everything and talking with the social workers. A temporary hearing is done, at

which time all court orders for services are made. The case also is set for adjudication and disposition so that on the day of adjudication, disposition of the case can be made. There are 30 to 45 days between adjudication and disposition. Also there needs to be a balance between procedures, time lines, and out of the box thinking. There needs to be some flexibility so cases with an obvious answer can be handled expeditiously.

Ms. Ness pointed out two major challenges facing adoption subcontractors, especially with the limits on funding—the proportional impact on community services of high needs children and recruitment of adoptive parents.

Mr. Young called attention to the need to establish statewide standards for a statewide system of guardians ad litem. In discussion it was noted that often a guardian ad litem does not file the motion to terminate parental rights within 30 days. A solution might be to make the county or district attorney, or such person's designee, responsible for the filing. Disciplinary action against the guardian ad litem can have an adverse affect on the pool of persons willing to serve in this capacity. Other issues noted in discussion were the guardian ad litem's salary which is basically low and varies across the state, the large case loads, the fact a guardian ad litem may not see the child until the day of the hearing and is not acquainted with the facts pertaining to the child, the fact that youth in the system are saying they did not know they had a guardian ad litem, and what happens in cases where the child is in disagreement with the guardian ad litem. Relative to the last issue it was noted a guardian ad litem may request that the judge appoint a different guardian ad litem or a second attorney may be appointed to represent what the child wants. The latter solution was seen as raising significant legal ramifications. The importance of the guardian ad litem was emphasized since this is the person children are relying on to protect them.

Ms. Sargent noted there are some resources for a guardian ad litem. There is a guardian ad litem support center administered by Kansas Legal Services which provides assistance with responsibilities such as filing of motions, research, and appellate briefs at no cost. Kansas Legal Services also conducts free continuing legal education across the state on topics relating to federal and state statutes.

Mr. Ballou presented six items for Committee consideration stating the group is cognizant of the budget constraints. Even though some items may cost money, they are worthy of consideration and some items can be addressed only by the Legislature. The second and third items were introduced in the last legislative session, but were not passed. First, provide subsidies for all adoptive parents based on a means test, not just for adoptive parents of special needs children. Second, require that foster parents automatically become interested parties for the purposes of hearings and other proceedings after the child has been in the home for six months. Third, adopt a "parents bill of rights," one of the most important of which relates to disclosure of medical conditions and the child's background. Fourth, give consideration to establishing an ombudsman program as one solution to some issues. Fifth, establish a program similar to "truth in lending" for adoptive parents so the parents get the full story, including medical background and resources for help. Sixth, expand the tuition waiver program adopted during the last legislative session to include more children who have been or are in the system.

It was noted that a bill relating to making foster parents an interested party after six months was passed out of the House of Representatives during the last legislative session but time constraints impinged on handling it in the Senate. A good place to start next legislative session might be to ask for the introduction of the bill as it came out of the House. A critical ingredient in passing any legislation will be educating legislators about the child welfare system, which is a complex system, and the issues which still exist within this system.

Ms. Mahoney stated the tuition waiver program is a good beginning. However, restricting it only to children in the system at age 18 can adversely affect reaching the goal of permanency for a child. It can create a mindset to keep the child in the system in order to get the waiver on the part of the contractor, prospective adoptive parents, or the child. Ms. Sargent referred to a federal law passed in January of this year, but not funded, which designates special federal funding for tuition and education waivers of up to \$5,000 per child. If funded, this law would include children adopted out of the child welfare system at age 16 or older.

The lack of uniformity in whether foster parents can be in the court room is an issue. It was noted that if the foster parents become a party in court proceedings, they are subject to cross examination. Perhaps it would be better to expand the current system which gives foster parents the exclusive ear of the judge through reports which can be submitted as frequently as the foster parents wish. Being in the courtroom can give the foster parent the assurance their input is made a part of the record. Another suggestion was to put a foster parent on the Judicial Council advisory group.

In response to a question, it was clarified the judge has the ultimate authority relative to the placement of a child. However, a judge has a lot of discretion and can elect not to exercise this authority. In response to another question, Ms. Sargent stated federal law does say that if a judge directs placement for a child, that individual child loses eligibility for Title IV-E funding. If a judge feels a placement is not in the best interests of a child, the judge can recommend another placement which has the effect of the judge determining a placement without jeopardizing the IV-E funding.

Some suggested topics for further Committee consideration were: additional discussion on the guardian ad litem issues raised, further exploration of the idea of local ombudsmen, consideration of citizen review boards in terms of what makes them effective and how to expand this program to other areas, a review of what is being done in the area of outcome measures, and if anything is being done to measure the outcome of what happens to an individual child. Hearing from biological parents was also suggested.

The meeting was adjourned until August 29, 2002 at 9:00 a.m.

Thursday, August 29

The meeting was called to order by the Vice Chair.

Joyce Cussimanio presented a report from the Children's Cabinet (Attachment 3). Referring to evaluations of programs utilizing money from the Children's Initiatives Fund, Ms. Cussimanio noted a review of the evaluations of the programs to determine if they need technical assistance with outcome and data measures will be completed sometime in September. Plans are to have a request for proposals for the second evaluation of the programs circulated before the first of next year. Ms. Cussimanio called attention to the pages following the testimony which relate to key accomplishments in terms of services being provided. Although the accomplishments listed under "Improved Quality of Early Learning Experiences" are for this year, children are going to be impacted every year by the quality of the centers and the quality of the professionals in the centers. Especially significant is the decrease in turnover rates in centers where Smart Start Kansas wage supplementation programs have been implemented.

Referring to the page entitled, "Selected Statewide Accomplishments of the Smart Start Kansas Initiative," Ms. Cussimanio noted the figures for 2002 represent only the first six months of the year. Forty-four percent of the goals set by grantees for 2002 have already been met or exceeded, and 14 of the goals not yet met are 50 percent or more complete, with 7 of these 80 percent or more complete. In 2001, 10,144 children were served. In the first six months of 2002, 8,403 children have been served. A similar report for each site is attached to her written testimony. Information and facts concerning the Children's Trust Fund Prevention Grants are included on the last page of the report along with some success stories. The four resource centers noted under "Trust Fund Grant Facts" are located in Olathe, Garden City, Dodge City, and Topeka. During the next year of the grant process an emphasis will be placed on fatherhood programs, a focus selected from a federal list of programs for which federal funds may be used.

Ms. Cussimanio stated the first year of the grant the grantee receives 80 percent of its budget from the grant. This percentage decreases each year to 20 percent in the fifth year which is expected to be the last year of the grant.

Other projects of the Children's Trust Fund are sales of limited edition license plates. License plate sales last month were approximately \$1,000 even though there has been no promotion of the plates. These dollars are matched by the Department of Social and Rehabilitation Services to go into an endowment fund.

Ms. Cussimanio, in answer to questions, stated prevention grants target child abuse and neglect prevention as required by statute. The emphasis on fatherhood for next year could include such things as encouraging fathers through mentoring programs to be more involved with their children, helping them realize the importance of their presence, and helping them to be effective as a parent.

Answering a question, Ms. Cussimanio stated she would get information from the sites relative to factors they felt contributed to their success. Moneys would probably be

available to provide assistance and training to other interested communities. The goal is to build some statewide coverage. Further responding to questions, she stated the grant application includes a needs assessment based on specific information compiled by the community; strategies to meet the needs in the five areas noted in the testimony (Attachment 3); specific work plans that include goals and target dates for achieving those goals; and measures to be used in measuring achievement. There is a possible inversion affect in raising tobacco taxes. A reasonable assumption is that these factors will lower revenue which does create some concern about maintaining programs.

It was suggested the Children's Cabinet look at possible duplication of services provided by public and private sources at the community level to determine whether there is duplication that could be avoided thereby making more resources available for grants.

Responding to a comment, Ms. Cussimano emphasized the importance of the groups involved with children and families communicating with each other. Kansas has some of the strictest confidentiality laws of any state that can be a barrier to communication. It is easy to communicate via computers, but it is costly to develop a secure system all parties can use for communicating. She also noted that, as families become familiar with the family centers, they are more willing to sign a release form than they are in a punitive system. Reference was made to possible use of the secure system developed and used by the Kansas Bureau of Investigation and looking at existing laws to see if viable changes can be made.

Shelley Duncan, Chief Program Officer-Wichita, United Methodist Youthville, presented written testimony (Attachment 4). Ms. Duncan stated the understanding when planning for the mental health initiative began, was that the impetus was, in part, to create a better system for the provision of community-based services to youth with serious emotional disturbance (SED). Participating in this planning, foster care contractors raised two issues which continue to be of concern. One issue was apprehension about the mental health centers' understanding of child welfare and the concept of permanency as a guiding factor in intervention. The other concern was the limited capacity and limited array of community-based services in some areas of the state. Ms. Duncan addressed both issues in her testimony. There are still concerns about the continuity of care for youth served by the community mental health centers both before entering the state's custody and for youth that reintegrate with their families. There is concern about the timeliness with which intakes are scheduled, followed by the timeliness of the provision of services which has created an additional financial burden on the contractor who has had to purchase community-based services from other providers. Also, the contractors and the community mental health centers have different contractual outcomes, but only the contractors have a financial incentive for the maintenance of reintegrated families. There are some very needy youth for whom we all have responsibility and who deserve a more functional collaborative system working on their behalf.

Responding to a question, Ms. Duncan stated the community mental health centers in Wichita are working with Youthville in understanding the latter's system and providing services. Growing pains are to be expected. The same partnering relationship is not felt with the mental health centers in western Kansas. In response to additional questions, she said one suggestion for addressing the issue of responsibility for children returning from

reintegration is to have similar contractual obligations for contractors and mental health centers, especially as they relate to SED children, and some shared financial responsibility for mental health services for children coming back into the system because reintegration has not worked. Ms. Duncan stated some mental health services, especially in-home services for SED children in foster homes, are not available in parts of western Kansas where United Methodist Youthville has had to place children. There are three or four therapists who do provide in-home services, but the mental health centers have not been willing to subcontract with them which would enable payment through the medical card. As a result, United Methodist Youthville has to pay for the services which should be covered by the medical card.

In response to a question, Ms. Duncan stated the contractor refers those children it views as SED to the mental health center which has to confirm the diagnosis. Approximately 60 percent of those referred in Wichita have been confirmed. Prior to the initiation of the present system, United Methodist Youthville provided the services for approximately 99 percent of this population. She stated her sense of the reason for the change in the system for delivering mental health services is that the state did not believe children with the highest needs were getting the kinds of services they deserved and needed. The perception was that historically the mental health centers had served the highest need population because they had the expertise and the contractors, being child welfare providers, did not understand this population as well. There was also a desire to bring the two systems together which is the best thing for both the children and the families. Prior to the change, United Methodist Youthville had staff to provide the services, but after the mental health initiative the clinical staff had to be downsized so Youthville can no longer provide these services. United Methodist Youthville is dedicated to making the system work, but feels there are still some issues that need to be addressed.

Responding to a question, Ms. Duncan stated Youthville has approximately 800 children in out-of-home care, of which about 250 are in western Kansas because there are not enough foster homes in Wichita and the contiguous counties. Some children are placed in homes four to five hours away.

A question was raised as to whether or not a system has been developed which creates competition among providers for foster care homes, especially since a foster care home must contract with an agency. Does this lead to having empty foster homes because the contractor needing a home does not have a contract with that home?

Katherine Kent, Clinical Social Worker and Consultant, presented written testimony including a copy of an article relating to a successful class action suit on behalf of children in Arizona who rely on Medicaid for mental health services and a copy of an article outlining the 12 principles for the delivery of children's mental health services that are to govern implementation of the settlement ([Attachment 5](#)). Ms. Kent, noting a March 20, 2001 newspaper ad ([Attachment 6](#)) paid for by over 100 mental health professionals and citizens concerned about what was happening to children in the Kansas child welfare system shared her experiences with entities in the system since then. She stated a concern is the number of times a child in the system is moved and the emphasis on moving a child to a less restricted environment which appears to be, in part, related to the financial situation rather than the needs of the child. Each time a child is moved, the child may lose family, friends,

and therapist. There is evidence to show the child's later success is related, in part, to how many times that child was moved.

Ms. Kent noted the lack of family-based services; the large caseloads of the mental health center therapists handling foster care children, many of whom are seriously disturbed; the frequent changes of therapists; and the provision in the contract that the therapist cannot see the parents or foster parents unless the child is in the room. These are major issues that need to be addressed.

Collection of significant data on what is happening in the child welfare system is another issue Ms. Kent addressed. The research does not appear to provide the type of data needed to show what is actually happening to children in the system or on which to base decisions about changes which are needed. Much of the data appears to be contrived. The right questions or sufficient questions apparently are not being asked. The questions asked can influence the outcome of the research.

In response to a comment, Ms. Kent stated the contractors are people who care about children and are dedicated to helping them. However, there was a problem with determining the cost estimates in the first contracts which created serious problems for the contractors and the state currently faces fiscal problems. This impacts on the training and supervision of staff, especially for young workers, which is necessary if good services are to be provided. Responding to a question, she clarified that the committee referred to in the last paragraph of the written testimony (Attachment 5) was the Joint Committee on Children's Issues.

Steve Solomon, Senior Vice-President-Public Policy, The Farm, Inc., presented written testimony (Attachment 7) noting much has been accomplished over the last year and a half and summarizing key areas for future effort with additional information on two of the key areas noted. Dr. Solomon noted these issues need to be addressed to continue developing the plan to integrate the community mental health system with the child welfare system in Kansas. As background information, Dr. Solomon stated The Farm is the contractor for Region I, a 25-county region in southeast Kansas which extends up to Leavenworth County and Johnson County. The Farm has received 107 referrals so far in August, one of the highest for any contractor since privatization. The Farm has 475 foster homes in Kansas with approximately 65 to 70 percent in Region I and some in contiguous counties.

Dr. Solomon stated the intent of The Farm has been for the 12 community mental health centers located in the service area to provide most of the mental health services for children in care. To connect with these mental health centers, The Farm arranged a contract with the Consortium to handle referrals to the mental health centers that determine the needs of the children. Rates paid are at or above the Medicaid rates. There are no limitations on the extent of care the centers can provide, including the provision of community based services that represent a set of special services such as case management, extended care, psycho-social groups, and in-home family therapy. Excellent information and cooperation have been received from the Consortium. In the current system, mental health centers are responsible for determining if a child is seriously emotionally disturbed and, if that child needs community based services, are the provider

of care for the SED children who need special services. Based on procedures developed by the contractors, the Department of Social and Rehabilitation Services, and the mental health centers, a child who is possibly SED, based on a guide filled out by the contractor, is referred to the Consortium which sends the child's name to the mental health center serving the area in which the child will reside. The Department of Social and Rehabilitation Services contract includes time frames for completing an assessment and confirming that the child is SED. A positive result has been a uniformity in the formula used by mental health centers to confirm an SED diagnosis. If it is determined the child needs community based services, the mental health center is able to bill Medicaid directly for services provided. The next step should be to determine if services identified in the treatment plans for community based services are being provided and are effective and, if not, what changes need to be made.

The conferee stated the second item in the written testimony (Attachment 7) refers to a pilot project initiated in the fall of last year in which the adoption contractor can use mental health centers to provide services for children, other than SED children, in its caseload. At the local level, contractors and mental health centers need to be talking about the services needed by all children and parents in the system and how they can work together to meet those needs. When the mental health center prepares the required annual needs assessment and plan for meeting those needs, a section specifically addressing the needs of children and families in the child welfare system, based on information the contractors can provide, needs to be included. Mental health centers, he noted, currently have an option under Medicaid to affiliate with the foster care and adoption contractors for traditional mental health services which can then be reimbursed by Medicaid. Implementation of this option should be encouraged as a way to expand needed services. The mental health centers would maintain control and could hold the affiliates accountable for the quality of the services provided. The contractors have staff with qualifications equal to or above those of the mental health center staff so qualified staff should not be an issue. Services which contractors can provide to mental health centers, such as respite care and temporary residential care, need to be explored so there can be a *quid pro quo* relationship.

Dr. Solomon stated the next area that needs to be addressed by the Department of Social and Rehabilitation Services is substance abuse. The Child Welfare League of America says substance abuse is a factor in 40 to 80 percent of the families from which a child is removed. Unique intervention models, as well as an adequate system of services, needs to be developed.

The Committee recessed until 1:40 p.m.

Afternoon Session

The Committee was reconvened by the Vice Chair.

Cory Rathbun, Saint Francis Academy, presented written testimony ([Attachment 8](#)) delineating the area served and addressing the issues of the shortage of licensed mental

health professionals, and SED children. Mr. Rathbun stated finding qualified mental health professionals to provide services in Region IV, western Kansas, is time consuming and frustrating, and delays in services can have adverse effects on permanency and extend a foster care placement. Of particular concern is the lack of psychiatric oversight for SED children. Saint Francis Academy supports the concept of a student deferment on student loans or financial incentives offered by the state to encourage graduates to practice in more rural and underserved areas of Kansas.

SED children, Mr. Rathbun noted, have been referred to the local community mental health center since October 1, 2001. While this process is still relatively new and there continue to be glitches to work out, it is definitely a partnership and has resulted in the community mental health centers and the private contractor working together to provide better care for children in foster care. However, there are some issues that need to be addressed. There is a limited number of crisis services designed to preserve placements for SED children in foster care in Region IV. There is also limited utilization of attendant care and in-home type services to give a child or foster parents a break. Treatment planning seldom involves all of the individuals who could provide valuable input into the care of the child such as the foster parent and contractor's case manager.

Responding to several questions, Mr. Rathbun stated they have some people attending the program at Fort Hays State University and would like to see the University develop an outreach program. They are also exploring the possibilities of utilizing telemedicine in some areas. He stated there is a feeling that some environmental qualifications for becoming a foster parent, such as room ceiling height, do not affect the safety of the child. This type of restriction does impact the ability to recruit families. It was noted the Appropriations subcommittee that handles the Department of Social and Rehabilitation Services budget in the House addressed this issue last legislative session. Staff was asked to contact the Department of Health and Environment to see if any action had been taken relative to this issue since the legislative session.

Allotments

Candace Shively, Deputy Secretary, Office of Planning and Policy Coordination, Department of Social and Rehabilitation Services, presented written testimony relating to the 2 percent across the board allotment instituted by the Governor, including the impact of the allotment on the Department's budget and the decisions the Department has made in relationship to the allotment ([Attachment 9](#)). Ms. Shively noted the Department's consensus caseloads are excluded from the allotment. The following documents were attached to the testimony: a summary sheet showing allotment information and program reductions to meet the allotment; the material presented at the public stakeholders meeting in May 2002; and sheets showing in more detail the affect of program reductions, by program.

In answer to a question, Ms. Shively stated technically a waiting list does exist for the head injury waiver program. However, based on an aggressive outreach program which has been done, it appears those on the waiting list needing services are getting services. Also there are individuals on the waiting list the Department has not been able to locate. Responding to a further question, she stated data collected this spring showed a decline in

foster children expenditures. The next data will be available in November. This summer the Department worked on a protocol to hone in on families having the highest needs for family preservation to be sure these families are receiving services. She noted Kansas is in the middle range of states in terms of resource thresholds for Medicaid. There has been reluctance to reduce income guidelines because people served under the waivers often have unmet needs through the medical card. Not having the additional allowed income might well force them into a nursing facility.

In response to a question, Ms. Shively stated savings realized in child support enforcement contracts were based on the fact there were no start-up costs in the renegotiated contract and contractors have found ways to provide services at a lower cost. Addressing a question, she stated the Department has worked hard to avoid consideration of furloughs. The Department has pared services and staff and positions are being held vacant. Services are now being provided for the most needy families, but furloughs could impact the ability of the Department to continue to provide these services.

Laura Howard, in response to a request for information relative to the recovery of moneys in Medicaid, said, with current activity there are recoveries or avoidance of inaccurate payments in the range of \$37 to \$40 million in the Medicaid program. New technology available with the new Medicaid management contractor allows additional edits and checks. Some staff from the audit staff have been shifted to the Medicaid program to assist with front end monitoring.

Mental Health Service in Foster Care

William N. Vieux, Licensed Specialist Clinical Social Worker, presented written testimony summarizing his training and experience in the mental health field and discussing concerns relative to the current system of providing services to children and some proposals for consideration (Attachment 10). Mr. Vieux stated his primary concerns are the limitations on access to specialized services by children who have severe psychological, neurological, and behavioral deficits. These limits include the lack of willingness by agencies to provide funding for the specialized services needed by these children, the lack of education and experience of the agencies regarding these special needs children, and the lack of specialized training and support for foster parents expected to provide therapeutic homes. Mr. Vieux expanded on each of these limits.

Proposals for consideration Mr. Vieux presented included the following: the selection of agencies not be based on the lowest bids, but with only realistic bids being considered; establishment of a "superfund" held in reserve to be used above and beyond an agency's original bid for the special needs children who will require specialists and intensive, specialized treatments. All agencies should be required to provide training specific to assessment procedures for all staff providing case management or family support. We need to identify appropriately qualified psychological and neurological evaluators to whom children can be referred to for in-depth evaluations. Treatment individuals, not necessarily a part of the Medicaid network, who are qualified to provide intensive and specialized service for these children and their families need to be utilized. Foster parents should be selected to receive specialized training to provide the needed therapeutic support for these children.

Respite families need to be recruited, trained, and included as a part of any foster care agency budget.

John Jones, Licensed Clinical Social Worker and foster parent, presented written testimony discussing his impressions, giving three case histories, and sharing some recommendations ([Attachment 11](#)). Mr. Jones impressions are that mental health services in Johnson County and Douglas County are good, but accessing them can be difficult, if not impossible. Problems arise when a client is seriously emotionally disturbed and has many needs. Discovering what services are available and how one qualifies for services is a maze. Due to internal issues within the community mental health agencies, needed services are delayed or sometimes never provided. There are just not enough workers to provide all the needed services, and the pay is insufficient to attract the level of professional needed. Mental health centers are protective of the amount of services they offer any one person. Mental health centers are highly cautious about being manipulated by their consumers and suspicious that consumers are not taking responsibility. Communication between and among mental health centers and others who are a part of the system appears to be non-existent.

Recommendations suggested by Mr. Jones included the following: development of a way for providers to know what services are available and which ones are appropriate for consumer use, perhaps through a website; amendments to the laws providing for a more timely and comprehensive exchange of information within and between agencies and professions working on behalf of consumers, while safeguarding confidentiality; the use of initial testing and assessment tools in new locations instead of repeating them at each location while realizing some updates need to be done; recognizing a case head for each child in the county of residence to eliminate multiple case managers representing the various players in the system; the development of good quality control; and allowing master's level social workers or at least licensed specialist clinical social workers to bill the medical card for their private practice services.

Reverend Art Campbell who, with his wife, adopted six children with special needs, presented written testimony relative to their experience with the child welfare system in Kansas and more specifically in Shawnee County ([Attachment 12](#)). Reverend Campbell shared changes in their daughter's behavior since moving to the community about one year ago and their encounters with the police, the mental health system, the court system, and the Department of Social and Rehabilitation Services in Shawnee County. Reverend Campbell closed by stating the following concerns. What happens to an at-risk child when the court repeatedly refuses to intervene? What happens when contractors refuse to provide needed services and parents seemingly are left to their own resources? What is wrong with a system like that? What needs correcting?

Kelly McCauley, Director of Service Coordination, Kansas Children's Service League, presented written testimony giving information about the agency and its services, sharing some of the successes and challenges the agency has experienced in its continued efforts to partner with the community mental health centers, and noting specific areas that require further resolution ([Attachment 13](#)). Ms. McCauley stated that over the past several years, staff from the Kansas Children's Service League and the community mental health centers in Region III have forged relationships based on mutual trust and respect. It is this

relationship that served as the basis for a successful collaboration on the Region III Community Plan. Community partners developed a standardized referral and intake process that strengthens the level of support experienced by the child and family and facilitates a more complete transfer of case knowledge. Established policies and procedures have also been defined that mandate a minimum monthly contact process between the clinician and social worker and set regularly scheduled staffings that occur between the contractor, Social and Rehabilitation Services social workers, mental health team, placement provider, child (age appropriate), and school personnel as available. A framework has been established for the provision of discharge planning services for children who enter acute care and for continued services to children and families when children transition home.

Needed steps, Ms. McCauley noted, include collecting objective data that indicates by mental health center and by service the specific capacity level of each center's service network. Contractors and community mental health centers need to work at aligning their individual, and sometimes opposing, philosophies and outcomes with best practice. Based on what is actually happening compared to what research shows is the most effective practice, contractors and mental health centers need to reverse the practice of purchasing and providing the traditional 50-minute individual therapy session in exchange for more effective mental health intervention strategies.

Ms. McCauley, in response to a question, stated the Kansas Children's Service League has spent a great deal of money on services to parents. This includes parenting assessments and anger management classes. In addition, some community mental health centers are taking the initiative to work with families on a sliding fee scale basis or through private insurance. What is needed is getting family health treatment providers with the child and the family. The impact of this approach would be significant. Family therapy in a clinic setting has been successful. However, the additional information that can be picked up through in-home services is significant and cannot be picked up anywhere else.

Vetra Ford, Clinical Social Worker in private practice, stated she sees children in her office and goes into homes under contract with the Department of Social and Rehabilitation Services, does some limited contracting with the Kansas Children's Service League, and is a private provider with Blue Cross-Blue Shield of Kansas. Ms. Ford presented written testimony, based on her experience in the community in which she lives, relative to issues which need to be addressed ([Attachment 14](#)). Ms. Ford stated it appears there are quite a few people who monitor or oversee the provision of services and a significant amount of money has been spent on the infrastructure of the agencies that provide the oversight, but there are very few agencies that actually do the work of reconnecting children and families. Children and families who are poor and involved in the child welfare system, who need an extended period of hands-on, direct social work intervention with regular, frequent contact and support from a social worker beyond being linked to other service providers, do not have that service available to them. Children who have been adopted, for whom the Medicaid program serves as the primary insurer cannot receive the services they need. Private insurance coverage for extended family members who have taken in special needs children or parents, including foster parents who have adopted these children is often denied or prohibitive. Ms. Ford closed with some suggestions to address the issues she discussed.

Randall Class, President, Association of Community Health Centers of Kansas, Inc. and Executive Director of Family Consultation Service, a licensed mental health center in Wichita, stated he would present his testimony to be followed by testimony from six other community mental health center directors. Mr. Class presented written testimony (Attachment 15) delineating the central issue involving community mental health centers and the background of the issue, a snapshot of the community mental health center system, the target population served, who pays for the services, what services are provided, what are concerns expressed by the contractors with information in answer to each concern, and the current position of the community mental health centers and desired action by the Joint Committee on Children's Issues. Mr. Class stated the system is working, but there are areas that need to be and are being addressed.

Ron Denney, Director, Four County Mental Health Center, Inc., stated the Four County Mental Health Center is located in southeast Kansas and serves Montgomery, Wilson, Ellis, and Chataqua counties. Mr. Denney distributed a sheet showing the number of SED and non-SED children served, listing the core values of the program to serve SED children, and the array of services established in the continuum of care (Attachment 16). He stated every program has been built around a strength-based philosophy, on principles of parent and family involvement, community collaboration, provision of a larger array of services to provide more choices, and providing services in the least restrictive setting. The relationship between the partners in the system has improved and services have improved. There have been improvements in participation in wrap-around meetings, in the internal tracking system, and in access to necessary records, but there is recognition that there are still some issues to address.

David Wiebe, Director, Johnson County Mental Health Center, distributed a handout which gave a brief profile of the mental health center which serves Johnson County, statistical information relative to those served, the services provided to SED children, comments regarding mental health services to children in foster care, and identified issues (Attachment 17). Mr. Wiebe stated there is a huge challenge facing the mental health centers and the system, based on the number of SED children and the complexity of meeting the needs of these children and their families. Currently, Mr. Wiebe noted, there is a positive working relationship with contractors, the Partnership Plan with The Farm is working, communications between staff are ongoing and frequent, and there are regularly scheduled meetings to discuss issues and coordinate services. Identified issues include children or families referred for service without advance contact by the contractor, children arriving for treatment without medical consent to treat, child history information not provided at the time treatment begins, children abruptly returned to the natural family without advance planning, and a lack of clarity at the time of reintegration over what constitutes reintegration services versus the need for community-based mental health treatment services provided by the mental health center.

David Johnson, CEO, Bert Nash Community Mental Health Center, presented written testimony (Attachment 18). Mr. Johnson stated the foster care contractor and the mental health centers in Region II have just recently signed the contract for services to SED children in the child welfare system so only a few referrals have been received to date. The Bert Nash Community Mental Health Center serves Douglas County. The public mental health system in Kansas, Mr. Johnson noted, works because services are responsive to local

needs. Youth programs of the center are enhanced through collaborative efforts with many agencies and groups in the community. The program with the contractor should be yet another success if we focus on the goal rather than pointing fingers at each other.

Jake Jacobs, Director, Pawnee Mental Health Services, distributed a sheet showing the areas served by the agency, the children's services offered, a breakdown of the 78 professional staff, and the number of children served (Attachment 19). Mr. Jacobs stated the agency is one of three providers in Region III. Ms. McCauley brought up some relevant issues Mr. Jacobs noted. Since completing the plan last October, about 111 children have been served through the Kansas Children's Service League at Pawnee. He noted the issues are ones which the interested parties need to work together to solve. The Legislature should not need to get involved unless the centers do not respond to the issues that have been laid out.

Rick Gray, Director, Area Mental Health Center, presented written testimony including comments relative to difficulties in both the early phase and the current phase of the partnership, some information regarding the center, and a fact sheet showing the number of children and youth served, staffing, and the child and adolescent services offered (Attachment 20). Mr. Gray stated the center serves 13 rural or frontier counties in southwest Kansas having a culturally diverse population. This is still a fairly new system, Mr. Gray pointed out, which, in general, is going well. The problems noted today are problems that can be expected with any new initiative, especially a statewide initiative involving a significant number of organizations. Currently, difficulties include a significant number of "no shows"; children arriving for assessment without records or a reliable informant; the foster parent who declines services or will not provide transportation; and the center not being informed when the child is dropped from state custody, enters Juvenile Justice Authority custody, is placed in another mental health center area, or is reintegrated. Most of these issues involve communication and procedures. The process is going well, but there is room for improvement.

Marilyn Cook, Executive Director of COMCARE of Sedgwick County, presented written testimony relating to experiences in developing the local plan with the other players and how issues were addressed as they surfaced. A sheet was included giving pertinent information about the agency (Attachment 21). Ms. Cook identified the following things that are going well. The relationship with the partners is such that problems that surface are more easily identified and remedied now. COMCARE anticipated capacity issues and added case managers to the system in preparation for the additional children. They continue to meet on a regular basis to look at the system of care and to provide training. All of the agencies involved in the partnership continue to be committed to the success of this initiative. The trust level is high.

Dr. Jane Adams, Director of Keys for Networking, Inc., presented written testimony which included recommendations (Attachment 22). Ms. Adams stated there are some pertinent facts that need to be kept in mind. For many of the children in foster care there are two families involved—the foster family and the biological family, and these families need to be included by being involved in dialogues and planning. Foster care serves two kinds of families, families who have abused and neglected their children and families who are seeking a better deal for services than they were able to secure themselves. Ms. Adams

then introduced a parent, Mary Homewood, who was told her child would receive better services if custody of the child was given to the state.

Ms. Homewood presented written testimony relating her experience with the system (Attachment 23). She stated her son, who has Asperger's Syndrome and bipolar disorder, is a ward of the state not because she is an abusive parent but because she was advised to relinquish custody to the state so he could receive specific and structured care. She explained her son is receiving foster care rather than the residential care which four doctors have said he needs. He has been in the state's custody five months and so far has lost more services than he has gained. Family Service and Guidance Center in Topeka knows he needs attendant care, but is unable to provide this service which he received in Osage County before becoming a Shawnee County foster child.

Vice Chair Landwehr announced that the conferees from the Department of Social and Rehabilitation Services had graciously agreed to testify at the next meeting of the Committee. This will also give them time to respond to some of the testimony presented today. It was also announced that the dates for the next meeting will need to be changed. Notification of the new dates will be sent to the members.

Attachments 24 through 27 were distributed to the Committee.

The meeting was adjourned at 5:45 p.m.

Prepared by Emalene Correll

Approved by Committee on:

September 13, 2002