

# DCF LEGISLATIVE TESTIMONY



2/8/2021

**TESTIMONY OF**

Laura Howard

Kansas Department for Children and Families

**TESTIMONY ON**

ERO 47

**Chair**

Carpenter

**Vice Chair**

Lynn

**Ranking Member**

Ballard

**and**

**Members of the Committee**

Chair Carpenter, Vice Chair Lynn and ranking member Ballard,

Thank you for this opportunity to make the case for Governor Kelly's Executive Reorganization Order creating the Kansas Department of Human Services.

### **Kansas Families Will Thrive**

I am fortunate to lead two of the state's primary human service agencies and am amazed each day at the dedication and commitment our state employees demonstrate in ensuring the wellbeing of Kansans. Step into either of these two agencies and what you will hear are conversations about collaborating with our community partners, strengthening families and individuals and providing streamlined access to the services we provide. These ideas are at the core of why we believe creating the Department for Human Services is an important step in the health of all Kansans.

The American Public Human Services Association (APHSA) calls human services "the essential bricks and mortar that undergird what allows all of us an equitable opportunity to live our fullest lives." APHSA also asserts that human services help shape and support us at key points in our lives, opening opportunities for lifelong success. I firmly believe that the work we will do at KDHS will provide a foundation of support to families facing tough times. These services also will ensure that we build resiliency for both Kansas families and communities to help deal with life's ups and downs. We've seen firsthand, during the COVID-19 pandemic, how human services can be a stabilizing force during tough times.

The Kansas Department of Human Services can serve as a foundation for well-being by providing access to quality child-care, education and health care; assuring food and housing security; promoting opportunities to earn family-sustaining wages and accumulate savings, connecting families to support systems that reduce stress and much more. With these foundational programs, all families can thrive.

### **Structuring a Modern Human Service Agency**

A quick review of the current structure of state agencies managing human service programs:

The **Kansas Department for Children and Families** currently has approximately 2,500 employees and is responsible for managing the child welfare system including:

- Child protection
- Foster care and foster care licensing
- Adoption
- Prevention services including Family Preservation and the newly implemented Family First Prevention Services Act.

The agency also manages:

- Adult protective services
- Rehabilitation services
- Child support services
- Traditional work and assistance programs like Temporary Assistance for Needy Families or TANF, food and childcare assistance.

DCF is currently comprised of six regions, 36 service centers across the state and the central office here in Topeka.

The **Kansas Department for Aging and Disability Services** has just under 300 employees. Through its commissions the agency is responsible for:

- Inspection and licensing of adult care homes and providers of disability and behavioral health services.
- Assists older Kansans who are at risk of institutionalization with services to help them remain at home.

- KDADS works with elderly and disabled Kansans to help them navigate Medicaid services that can maximize their independence in the least restrictive environment.
  - Examples include nursing home reimbursement
  - Program of All -Inclusive Care for the Elderly or PACE
  - Home and Community Based waiver programs like frail elderly, physical disabilities, and developmental disabilities to name a few.
- Serves as the Single-State-Agency for Mental Health and Substance Abuse Services.
- KDADS also has oversight of the state’s four psychiatric and I/DD hospitals, including Larned State Hospital, Parsons State Hospital, Osawatomie State Hospital and the Kansas Neurological Institute in Topeka.

Most of KDADS employees are scattered across the state doing survey and certification work. The rest are in Topeka. KDADS also has oversight of the state’s four psychiatric and I/DD hospitals, which in total have more than 2,300 employees around the state. Those include Larned State Hospital, Parsons State Hospital, Osawatomie State Hospital and the Kansas Neurological Institute here in Topeka.

### **The New Agency**

On Jan. 25, Governor Kelly submitted an Executive Reorganization Order creating a new State Agency, the Kansas Department of Human Services, effective July 1, 2021. The Governor has asked me to lead the new agency.

Under the ERO, the new agency will comprise:

- The entirety of the existing Kansas Department of Aging and Disability Services (including oversight of the four state psychiatric and I/DD hospitals);
- The entirety of the existing Kansas Department for Children and Families

Technically, this is accomplished by:

- Renaming the Kansas Department of Children and Families the Kansas Department of Human Services;
- Abolishing the Kansas Department for Aging and Disability Services and transferring its jurisdiction, powers, functions and duties to the Kansas Department of Human Services and the Secretary of Human Services; and

Programs in the new agency will include:

- Adult protective services
- Adult behavioral health
- Long-term services and supports
- Economic supports
- Employment supports
- Children’s mental health supports
- Child protection services
- Foster care
- Prevention
- Licensing, credentialing, survey and certification
- Larned State Hospital
- Parsons State Hospital
- Osawatomie State Hospital

- Kansas Neurological Institute

### The Vision for KDHS

We know there is a large crossover population of customers that must access the matrix of services offered by DCF and KDADS. Today that customer journey is complicated and burdensome. This reorganization means that individuals and families have fewer systems to navigate to access the supports they need and provides the opportunity to support individuals and strengthen families through a focus on:

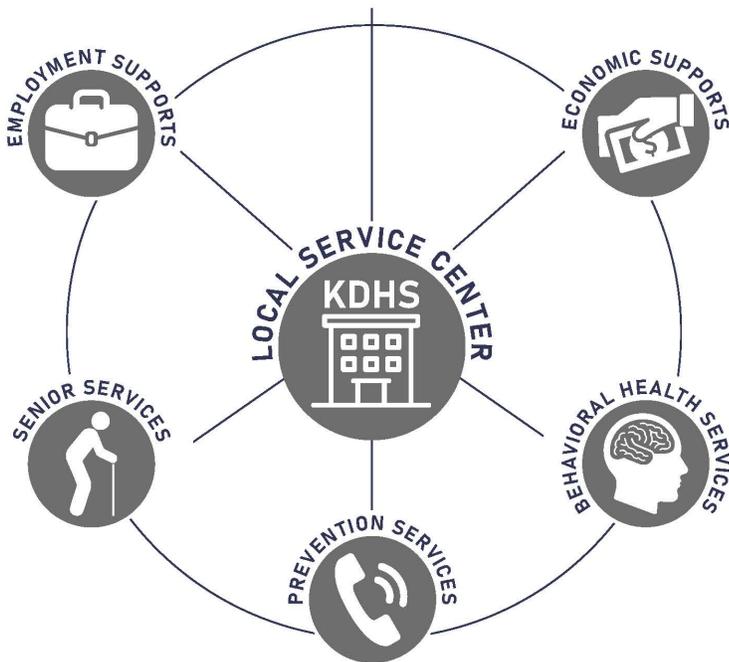
- Prevention;
- Enhancing Service Access; and
- Strong Connections with our Communities and our Community Partners.

In order to be successful, we must be able to understand the full frame of a family. Very few have singular needs. Often, we work with families with young children who need assistance developing parenting skills, learning how to navigate benefits and assisting their aging parents. Currently, these families must navigate multiple agencies and workers. By creating a one-stop human service hub this same family receives services more efficiently. By interacting more holistically, we can see the whole family in order to better address their wellbeing.



### Framing the Role of the Kansas Department of Human Services:

Very few Kansas families have singular needs. Often, their needs are multilayered which is why we must use a holistic approach to service delivery.



February 2021

## **A Practical Example**

Let me provide an example of how a combined agency serves our clients more effectively, specifically in the areas of home and community-based services (HCBS) for persons with disabilities and adult protective services. KDADS provides oversight of HCBS while Adult Protective Services (APS) lives in DCF and has responsibility to receive reports for and investigate allegations of abuse, neglect or financial exploitation of adults.

Look at what we know about the crossover of these two programs:

- 15% of all APS intakes identified a HCBS client with 72% of those cases assigned;
- 20% of APS total investigations assigned involved an identified HCBS client
- 27% of the APS investigations assigned which identified an HCBS client were substantiated for an allegation of ANE (adult neglect) to include self-neglect.
- Monthly, APS investigates approximately 54 individuals residing in a KDADS licensed group home serving individuals with intellectual developmental disabilities. Currently KDADS is notified about such investigations yet do not routinely have access to the entire file.
- Monthly, APS submits approximately five crisis exceptions for HCBS waiver services. This exception occurs when a client with a disability is experiencing an emergency and needs immediate services.

Bringing these two agencies under one umbrella allows:

- HCBS access to APS investigations to assist in ensuring safety
- Better data sharing to meet Centers for Medicaid and Medicare requirements
- Provides APS access to the Adverse Incident Reporting System (AIRS) currently managed by KDADS
- Access to AIRS provides APS all necessary information to complete an investigation.

These efforts result in the free flow of information, better communication with state hospitals, quicker response times for needed information, help with licensing questions that may affect APS investigations or licensure.

Ultimately, the client benefits the most. Less bureaucracy to navigate and a more holistic approach to meet their needs.

## **Prevention**

Combining these two agencies also allows us to continue our focus on prevention. Our work in this area is already paying dividends. DCF is having success with its Family First Prevention Services Act work. Recent data shows that of those children who are receiving Family First services, fewer are entering foster care.

At KDADS, Behavioral Health Services is intensely focused on the issue of preventing substance use and disorders and manages the 20 percent of the Federal Substance Abuse Prevention and Treatment Block Grant set aside for substance use prevention efforts within the state. They have funded 14 Kansas Prevention Collaborative-Community Initiative (KPCCI) coalitions statewide focused on underage drinking and youth marijuana use.

By focusing on these prevention efforts, we are catching families and individuals earlier in their crisis and ensuring they don't get too deep into the system.

## **A Smarter More Efficient System**

We recognize this ERO creates a large agency which leads to questions about efficiencies or cost savings. While certainly not the primary reason, we acknowledge that combining DCF and KDADS presents some opportunities for cost savings. Much of these savings would come from existing leases, fleet savings and savings from claiming changes. To be clear, not all the savings would be realized in the first year of the agency, but over the course of the next 2 to 3 years. My fiscal team has identified about \$1.1 million in all funds, \$500,000 in SGF when implemented.

I wholeheartedly believe that this reorganization is the right thing to do. When we invest in human services and commit to a whole family approach, we ensure Kansans have access to important supports that ensure their wellbeing.

We believe this combined approach gives us the best opportunity to achieve this vision.

We cannot achieve our vision alone. The work cannot be done in isolation from the work being done by countless human service partners in communities across the state, and the work of our local government partners. This reorganization is about organizing state efforts in concert with communities towards a more integrated system of service delivery focused on common outcomes and more efficient investment and targeting of resources. This approach is not just about more self-sufficient and resilient individuals, but more self-sufficient and resilient communities – it is about Collective Impact.

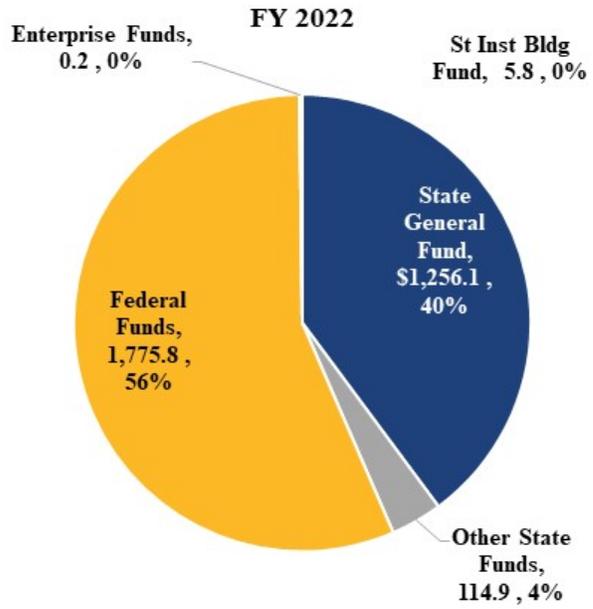
This ERO is about smarter, more efficient government. It's about collaborating with our local partners. Ultimately, it's about the success of people.

Thank you for this opportunity to speak with you today.

# FY 2022 Dept of Human Services Budget

## Budget Summary (millions)

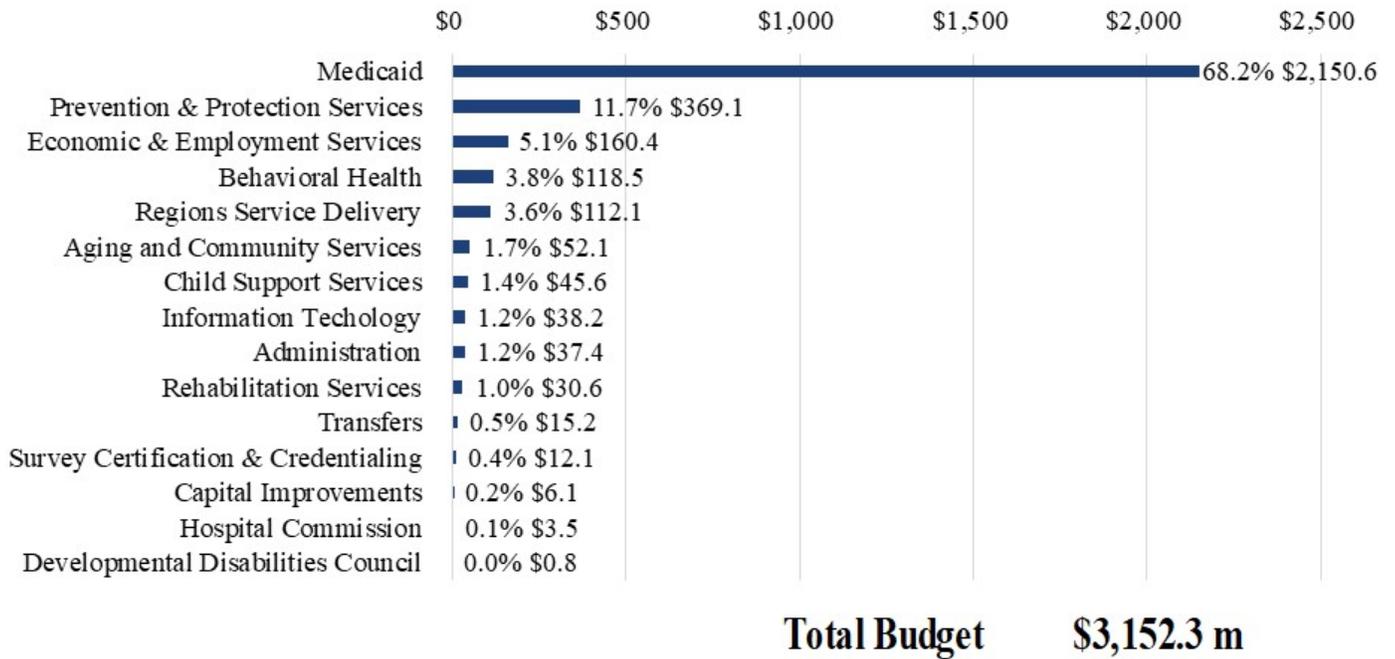
<b>Category</b>	<b>FY 2022</b>
Salaries	\$157.9
OOE	8.0
Grants & Assistance	2,788.2
Transfers	15.2
Debt Svc & Cap Imp	6.1
<b>Total Budget</b>	<b>\$2,975.5</b>
<b>Positions</b>	<b>2,823.9</b>
<b>Funding Sources</b>	
State General Fund	\$1,256.1
Other State Funds	114.9
Federal Funds	1,775.8
Enterprise Funds	0.2
St Inst Bldg Fund	5.8
<b>Total Funding</b>	<b>\$3,152.8</b>



Attachment 2

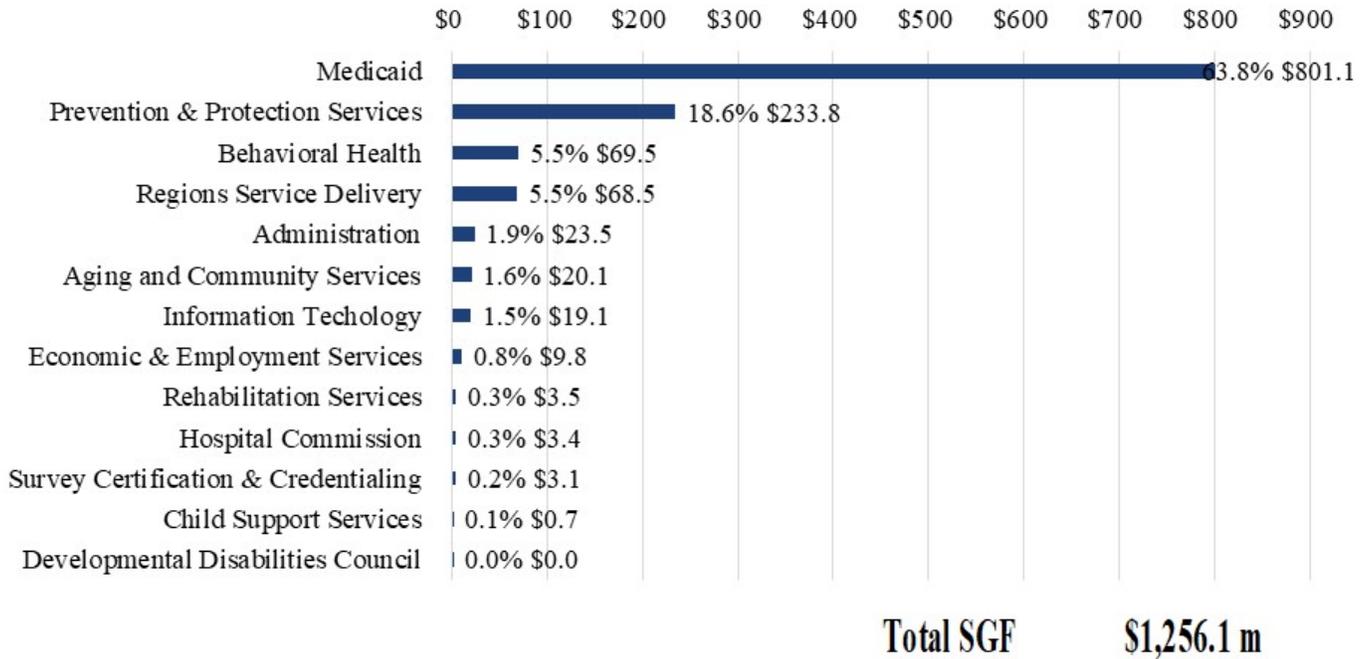
# FY 2022 Dept of Human Services Budget

## Expenditure by Program (millions)



# FY 2022 Dept of Human Services Budget

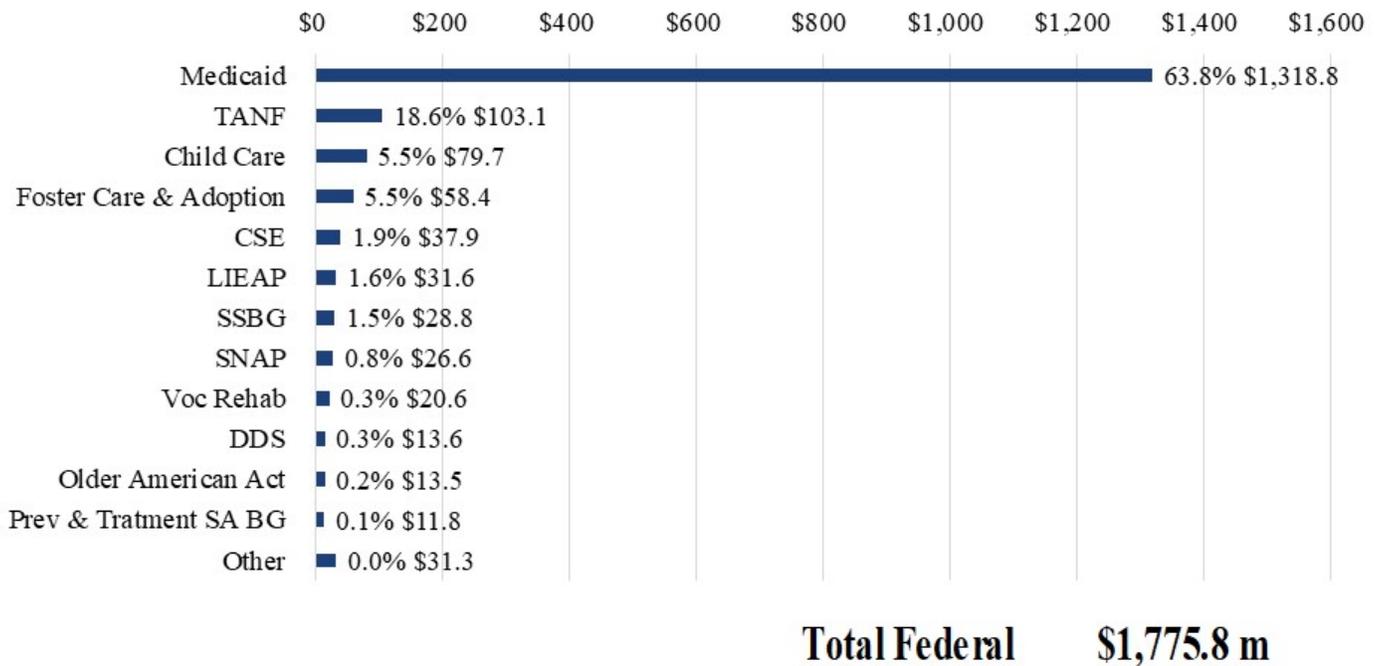
## SGF by Program (millions)



Attachment 4

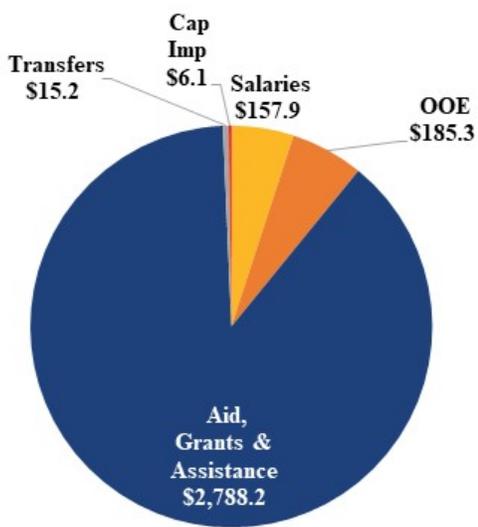
# FY 2022 Dept of Human Services Budget

## Federal Funds by Program (millions)



# FY 2022 Dept of Human Services Budget

## Expenditures by Category (millions)



Salaries	
Regions Service Delivery	\$94.9
Administration	\$15.4
Prevention & Protection Services	\$11.1
Survey Certification & Credentialing	\$8.5
Information Technology	\$7.4
Rehabilitation Services	\$6.9
Economic & Employment Services	\$6.2
Other	\$7.5
<b>Total</b>	<b>\$157.9</b>

OOE	
Child Support Services	\$43.2
Information Technology	\$30.8
Behavioral Health	\$23.2
Administration	\$22.0
Regions Service Delivery	\$17.1
Aging and Community Services	\$16.4
Economic & Employment Services	\$9.2
Other	\$23.4
<b>Total</b>	<b>\$185.3</b>

Aid, Grants & Assistance	
Medicaid	\$2,147.1
Prevention & Protection Services	351.4
Economic & Employment Services	145.0
Behavioral Health	93.7
Aging and Community Services	33.0
Rehabilitation Services	17.6
Other	0.6
<b>Total</b>	<b>\$2,788.2</b>

**Transfers** \$15.2

**Capital Improvements** \$6.1



Attachment 6

# FY 2022 Dept of Human Services Budget

## Positions

