

Proponent Testimony on HB 2339
House Committee on Commerce, Labor and Economic Development
Thursday, February 13, 2024
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Kansas Department of Health and Environment

Chairman Tarwater and members of the House Committee on Commerce, Labor and Economic Development:

Thank you for the opportunity to provide testimony in support of HB 2339. My name is Derik Flerlage, and I am the Director for the Bureau of Family Health at the Kansas Department of Health and Environment (KDHE). I oversee various programs at KDHE, with child care licensing being one of them. Additionally, I am a former director of a long-term care center and am currently part of the state's collaborative efforts across many different agencies to create an "age-friendly Kansas" and a multisector plan on aging.

This bill promotes the concept of intergenerational care, a model of care that not only supports families across the lifespan but can also be an economic benefit to long term care owners and operators by creating sustainable jobs and more. As outlined in HB 2339, this would create a new grant program within the Kansas Department of Health and Environment (KDHE) to provide financial assistance through grants to adult care homes for the development and operation of child care programs. Grant programs are nothing new to KDHE. In fact, within just my bureau we oversee many different grant programs and funding streams. This includes Title V Maternal Child Health, WIC, and our child care health and safety grants. We are in the early stages of rolling out a new child care community grant concept called "child care zones", utilizing federal preschool development grant funds that will support child care infrastructure in at least two counties (per grantee). All these grants utilize a model called "aid-to-local", in which KDHE believes it is the locals that know their needs best, and the HB 2339 grant program would be similar.

Over the last few years, KDHE has worked closely with other state agencies, to promote the idea of intergenerational care. This includes a memorandum of understanding with the Kansas Department for Aging and Disability Services (KDADS) that makes the process for a long term care owner or operator to start a child

care operation. In layman's terms, KDADS is able to "decommission" an area of a facility and KDHE is able to license that same area as a licensed child care facility.

We have promoted this idea in many different public ways, including a session at the 2023 Kansas Health Care Association, where we completed a co-presentation alongside Clint Arndt, owner and operator of Sunflower Care Homes which contains an intergenerational operating component (licensed child care). I have also had the pleasure of visiting other intergenerational facilities, like Heritage Home in Alma, owned and operated by Erin Steele. While the benefits to child care slots across the state hold immense potential, it is the outcomes that are the best part of the story. Whether you talk to Clint, Erin or another operator, my guess is that what you are likely to hear most about are the interactions between child and resident. When I visited Alma, it was wonderful to see children and residents engaging in arts and crafts together, all while receiving their respective care under one roof. Additionally, we have heard from specific owner-operators of these facilities that they utilize the child care operation in different ways for their communities and staff. For example, some facilities choose to pay for almost all child care costs for staff, seeing it as a benefit for employees. This is used as a recruiting and retention tool which can be a positive in combating the staffing shortage many aging facilities face, and most notably in our rural and frontier counties.

While promotion of this concept has been notably strong the last couple of years, the consistent feedback KDHE hears is that of a financial barrier. Facilities often need to make a few changes to meet the needs of children, or to maximize space, to open a licensed child care operation. This is especially true in rural and frontier counties where facilities are often older, and operator's margins are already narrow.

In summary, KDHE views HB 2339 favorably and sees it as a benefit to addressing child care needs, family needs, and health care needs across the state. If passed, KDHE would be eager to design and implement this new grant program. I appreciate your time and will be happy to answer any questions at the appropriate time.