

Approved: 11-23-05 Date

MINUTES OF THE HOUSE CORRECTIONS & JUVENILE JUSTICE COMMITTEE

The meeting was called to order by Chairman Ward Loyd at 1:30 P.M. on March 2, 2005 in Room 241-N of the Capitol.

All members were present except:

Kathe Decker- excused
Mike Peterson- excused
Jim Ward- excused

Committee staff present:

Jill Wolters, Revisor of Statutes Office
Diana Lee, Revisor of Statutes Office
Jerry Ann Donaldson, Kansas Legislative Research
Becky Krahl, Kansas Legislative Research
Connie Burns, Committee Secretary

Conferees appearing before the committee:

Mark Gleeson, Office of Judicial Administration
Representative Brenda Landwehr
Gary Daniels, Acting Secretary SRS

Others attending:

See attached list.

Chairman Loyd opened the hearings on **HB 2200**.

HB 2200 - Child in need of care code, certain persons could not be excluded from certain proceedings.

Mark Gleeson, Office of Judicial Administration, appeared in support of the bill. (Attachment 1) The committee was also briefed on the efforts to establish two Parent Ally pilot projects in compliance with 2003 HB 2125. The project was intended to address what was then a provision of current law allowing other persons to be present in a CINC proceeding unless one or more parties objects to their attending the hearing. If a party objected, other persons could not be present.

The parent ally orientation program is not without risk and resistance. Judges are understandably cautious about allowing unrelated parties into the confidential child in need of care proceedings. HB 2125 set no restrictions on who the parent could designate as an "advocate" and it is possible that the designee could pose a threat to the child.

Two amendments were requested .

1. To change the name of the designee from "parent advocate" to "parent ally." The name "advocate" has created some confusion, particularly in Sedgwick County, with individuals wanting to assume a role similar the parent's attorney or case worker.
2. Asking to clarify the ability of the judge to exclude from the hearing persons whose presence would be disruptive to the proceedings.

This latter change also assures judges across the state that they are not required to wait for an individual to become disruptive when that person's presence in the courtroom, in and of itself, creates a real or perceived threat to the child or other parties.

Representative Brenda Landwehr, appeared in support of the bill. (No written testimony provided)

Chairman Loyd closed the hearing on **HB 2200**.

Gary Daniels, Acting Secretary, Kansas Department of Social and Rehabilitation Services (SRS) provided an overview of the Department for the committee. (Attachment 2) SRS has three divisions:

- Health Care Policy
- Integrated Service Delivery
- Administration

Health Care Policy:

- Addiction and Prevention Services
- Community Supports and services
- Medical Policy/Medicaid
- Mental Health Services
- State Hospitals

Integrated Service Delivery

- Child Protective Services
- Child Support services
- Children and Family services
- Economic and Employment Support
- Child Care and Early Childhood Development
- Rehabilitative services
- Regional Offices

Administration

- Accounting & Administrative Operations
- Audit and Consulting Services
- Financial Management
- Customer Affairs
- Human Resources
- Information Technology
- Legal
- Legislative Affairs
- Media Affairs
- Strategic Management Support

Information was provided on Medicaid expenditures and beneficiaries for FY 2004, and an overview of the State Mental Health Hospitals. The division outcome for the Integrated Service Delivery Division and statistics on who receives Public Assistance was also provided.

SRS Expenditures by Category and after reorganization for the new Proposed Department of Human Services for the FY 2006 Governor's Budget Recommendation. The old SRS Department budget total \$2,801.2 million and the reorganized Department of Human services total budget is \$1,362.9 million.

The meeting was adjourned at 3:10 pm. The next meeting is March 7, 2005.

Briefing on the Parent Ally Program
Office of Judicial Administration
March 2, 2005

The Office of Judicial Administration appreciates the opportunity to brief the Committee on our efforts to establish two Parent Ally pilot projects in compliance with 2003 HB 2125. This project began in November 2002 with the first Judicial Roundtable sponsored by Rep. Brenda Landwehr and the Joint Committee on Children's Issues. The project was intended to address what was then a provision of current law allowing other persons to be present in a CINC proceeding unless one or more parties objects to their attending the hearing. If a party objected, other persons could not be present.

HB 2125 required the participation of one rural and one urban district as pilot projects. Two districts, the 21st Judicial District and the 18th Judicial District, agreed to serve as pilots under what was initially titled the Parent Advocate Orientation project. Models for these pilot districts were created by the Office of Judicial Administration and feedback was provided by advisory groups created in each of the pilot districts.

Our first instinct at the Office of Judicial Administration was to establish a program similar to the Court Appointed Special Advocate program for children. It became apparent fairly quickly that the Legislature, in HB 2125, intended something different. CASA volunteers are recruited from the general community, undergo an extensive criminal history and child abuse registry background investigation, participate in 24 hours of training, and are certified before being assigned to specific cases. Kansas CASA programs are 501 (c) (3) organizations with formal administrative structures and are supported by funding from the Office of Judicial Administration, National CASA, and local fund raising.

Our understanding of what the Legislature intended for parent advocates was different in many ways.

- Parents designate who they want to accompany them in court, not the judge or a program director.
- The statute required only an "orientation," not a formal training.
- The orientation should be quick, easily accessible, and readily available.
- The role of the advocate should not conflict with the parent's attorney or case workers.
- Neither state nor local funding was available for the creation of the orientation program or to support the pilot districts.
- Pilots programs must be capable of expansion statewide on a very limited or non-existent budget.
- The orientation program must meet the content requirements of the statute yet be simple and easily understood.

Following several drafts, and after receiving a grant from SRS, we produced a web based “power point-like” program which can be found at:

http://judicial.kscourts.org:7780/Family/kansas_court.html

Attached to this testimony is a sampling of the program’s content.

This orientation is also available on a CD, which has been made available to you today, and in a hard copy format. It was written with three primary audiences in mind: Parents, parent allies, and foster parents. We are pleased with the quality of the product and appreciate not only the funding from SRS, but also the use of their sound studio at the SRS Learning Center in Topeka. The program is 40 minutes long, written at approximately an 8th grade level, narrated, and is quasi-interactive. Questions and the correct answers appear throughout the orientation program but there is no “test” to determine the participant’s level of knowledge at the end of the program. Persons wishing to receive formal documentation of their participation may do so by “registering” their name at the beginning at the program. Once completed, an acknowledgment of completion is printed out. The system does not keep a record of who participated in the orientation program, although the system does include a unique number with each acknowledgement of completion in an effort to prevent unauthorized duplications of the document.

The two pilot districts, the 18th Judicial District in Sedgwick County and the 21st Judicial District which serves Clay and Riley counties, have tailored the core materials to fit their own communities. The 21st Judicial District distributes materials about the program through Juvenile Intake and Assessment, SRS protective custody workers and law enforcement officials. Persons are allowed in court at the temporary custody hearing (held within 72 hours of the child being taken into custody) with a “provisional” agreement that they will participate in the formal orientation program before attending subsequent hearings.

Sedgwick County has taken a more formal approach and holds a facilitated orientation session every three weeks. They have adapted the material to identify local service providers, to enable facilitators to respond to ad hoc questions from participants, and to provide specific information describing the court process parents are likely to experience in Sedgwick County.

To date, only 8 people have gone through the program as formal “parent allies”. To my knowledge, none of these people would have been excluded from hearings had they not participated in the orientation program. Although the numbers in the 18th and 21st Judicial Districts are quite small, we remain optimistic (or enthusiastic) about the possibilities for this program. If you choose to make this program available statewide, we anticipate continued low participation as formal parent allies. However, we believe the real value in this program is for parents who choose to go to the web site or use the CD to learn about the CINC process. We believe we have a good tool to educate the general public about the complex CINC court process. In fact, we have used this model to generate a similar program for victims of domestic violence and stalking. We are exploring the costs for translating the Parent Ally Orientation program into Spanish and believe we have sufficient funding remaining through the original SRS grant to make this happen.

The parent ally orientation program is not without risk and resistance. Judges are understandably cautious about allowing unrelated parties into the confidential child in need of care proceedings. HB 2125 set no restrictions on who the parent could designate as an "advocate" and it is possible that the designee could pose a threat to the child. Nothing prevents a father from designating a girlfriend who has abused the child, or a mother from designating a partner who has perpetrated acts of domestic violence on her or the family. The bill does provide a small element of protection by allowing the court to exclude persons who become disruptive. I am certain judges will continue to be cautious and use this authority to protect the child and maintain order to the proceedings.

The Office of Judicial Administration believes the Parent Ally Program materials can be made available statewide with no additional funding at this time. Costs that are incurred to complete the translation phase of the program and what we anticipate to be minimal additional costs for materials can be paid for through existing grant programs. We will work with each judicial district to create rules and policies consistent with HB 2200 and the desire of the Legislature to provide parents with a supportive ally throughout the court process.

We request two amendments to the bill. The first is to change the name of the designee from "parent advocate" to "parent ally." The name "advocate" has created some confusion, particularly in Sedgwick County, with individuals wanting to assume a role similar the parent's attorney or case worker. Changing the name to "parent ally" is a more accurate reflection of the role of these individuals. Second, we are asking that you clarify the ability of the judge to exclude from hearings persons whose presence would be disruptive to the proceedings. The current language may permit a person who is not a party to the proceedings but who has victimized the child to remain in the courtroom provided he or she sits quietly and does not interfere with the proceedings. We believe it is important to give judges this discretion. Specifically, we would ask that the last sentence on page 1, beginning on line 41, be amended as follows:

The court shall not remove the parent's designee or designees from any proceeding **unless the court finds the presence of the designee would be disruptive to the proceedings** ~~such designee becomes disruptive in such proceeding.~~


This change is consistent with the standard for attendance established for other persons who are not interested parties but it still allows a parent's designee to participate over the objection of one or more interested parties with the approval of the court. This change also assures judges across the state that they are not required to wait for an individual to become disruptive when that person's presence in the courtroom, in and of itself, creates a real or perceived threat to the child or other parties.

Thank you for your time and attention.

kansas_court - Microsoft Internet Explorer

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Address http://judicial.kscourts.org:7780/Family/kansas_court.html



CONTENTS

- Child in Need of Care (CINC) Code
- Parties and Participants
- Legal Terms
- Individual Conduct
- Court Process
- Support Obligations

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Section I: CHILD IN NEED OF CARE (CINC) CODE

- Children injured by a parent.
- Children who have been neglected.
- Children who have been abandoned.
- Children who are not attending school.
- Children who have run away from home.
- Children under 10 years old who may have committed a crime.

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TRUE OR FALSE: Anyone may attend hearings with a parent whose child has been removed from the home.

FALSE. Parents may bring up to two people who have participated in the parent ally orientation to support them and to help them understand what is happening in court.

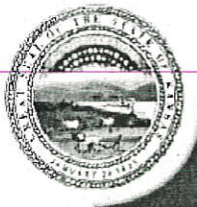
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TRUE OR FALSE: The court automatically appoints a lawyer for the parents.

FALSE. Parents must hire their own lawyers. If the parent cannot pay for an attorney, they can ask that the court appoint a lawyer for them.


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TERMINATION OF PARENTAL RIGHTS HEARING (cont'd)

At this hearing, the judge may:

- Terminate the parents' rights;
- Order the family to continue to work on the permanency plan and set another hearing date; or
- Order a new plan and set a review hearing date.

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SRS Program Divisions

Office of the Secretary

Gary Daniels, Acting Secretary

Health Care Policy

- Addiction and Prevention Services
- Community Supports and Services
 - Developmental Disabilities Waiver
 - Physical Disabilities Waiver
- Medical Policy/Medicaid
 - HealthWave
- Mental Health Services
- State Hospitals
 - Kansas Neurological Institute
 - Larned State Hospital
 - Osawatomie State Hospital
 - Parsons State Hospitals
 - Rainbow Mental Health Facility
 - Sexual Predator Treatment Program

Integrated Service Delivery

- Child Protective Services
- Child Support Services
- Children and Family Services
 - Adoption
 - Family Preservation
 - Foster Care
- Economic and Employment Support
 - Food Assistance
- Child Care and Early Childhood Development
- Rehabilitative Services
- Regional Offices
 - Kansas City Metro
 - Northeast Region
 - South Central Region
 - Southeast Region
 - West Region
 - Wichita Region

Administration

- Accounting & Administrative Operations
- Audit and Consulting Services
- Financial Management
- Customer Affairs
- Human Resources
- Information Technology
- Legal
- Legislative Affairs
- Media Affairs
- Strategic Management Support



Health Care Policy Division

Mental Health

Community Supports and Services
(Developmental Disability and Physical Disability)

Addiction and Prevention Services

Medical Policy

State Hospitals

Health Care Policy Outcomes

✓ Community Inclusion
Community Based Services

✓ Prevention

✓ Consumer driven

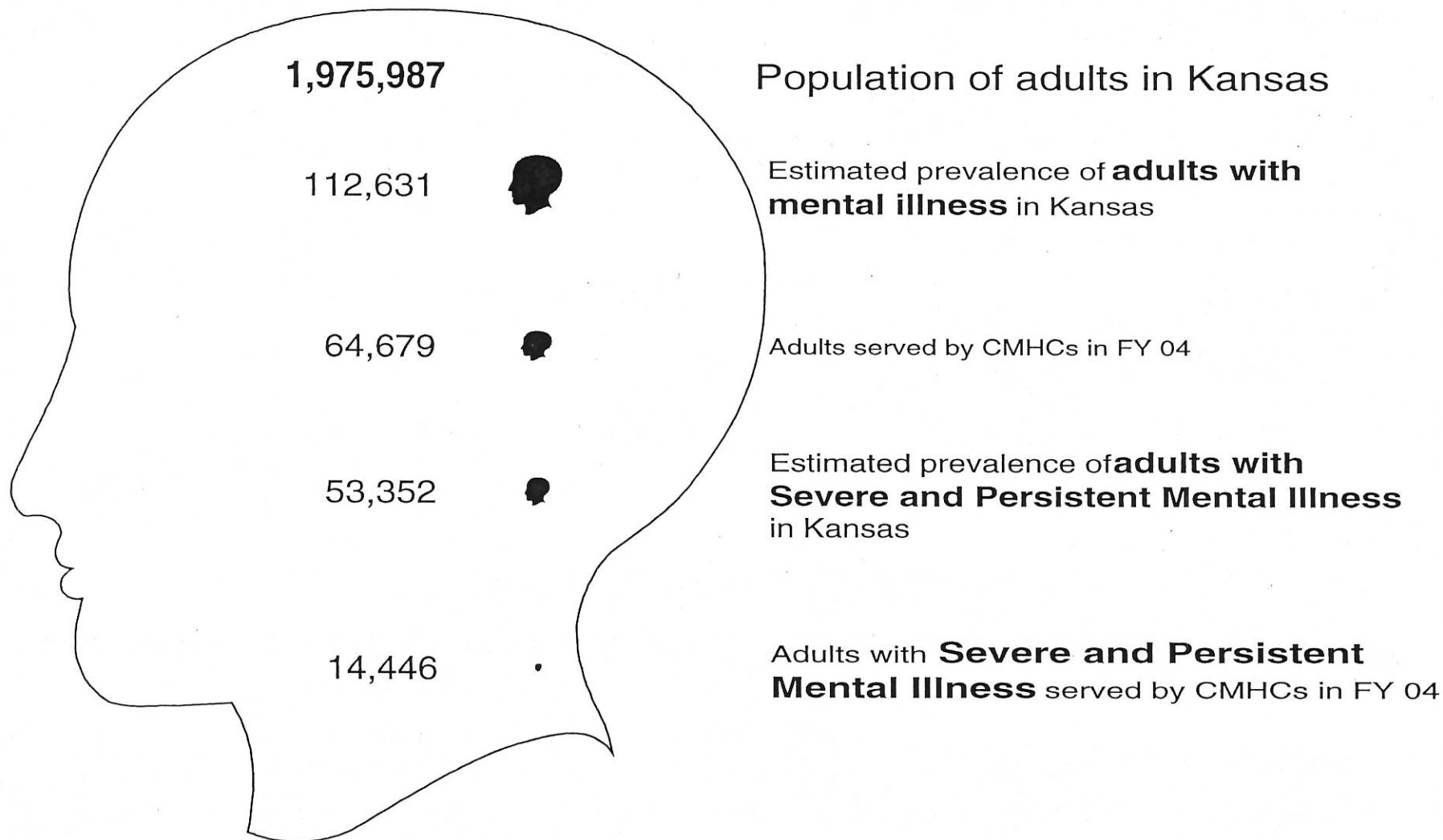
✓ Independence
*Housing
Employment
Health*

✓ Evidence-based practice

✓ Co-occurring Issues (*those diagnosed with more than one disorder*)



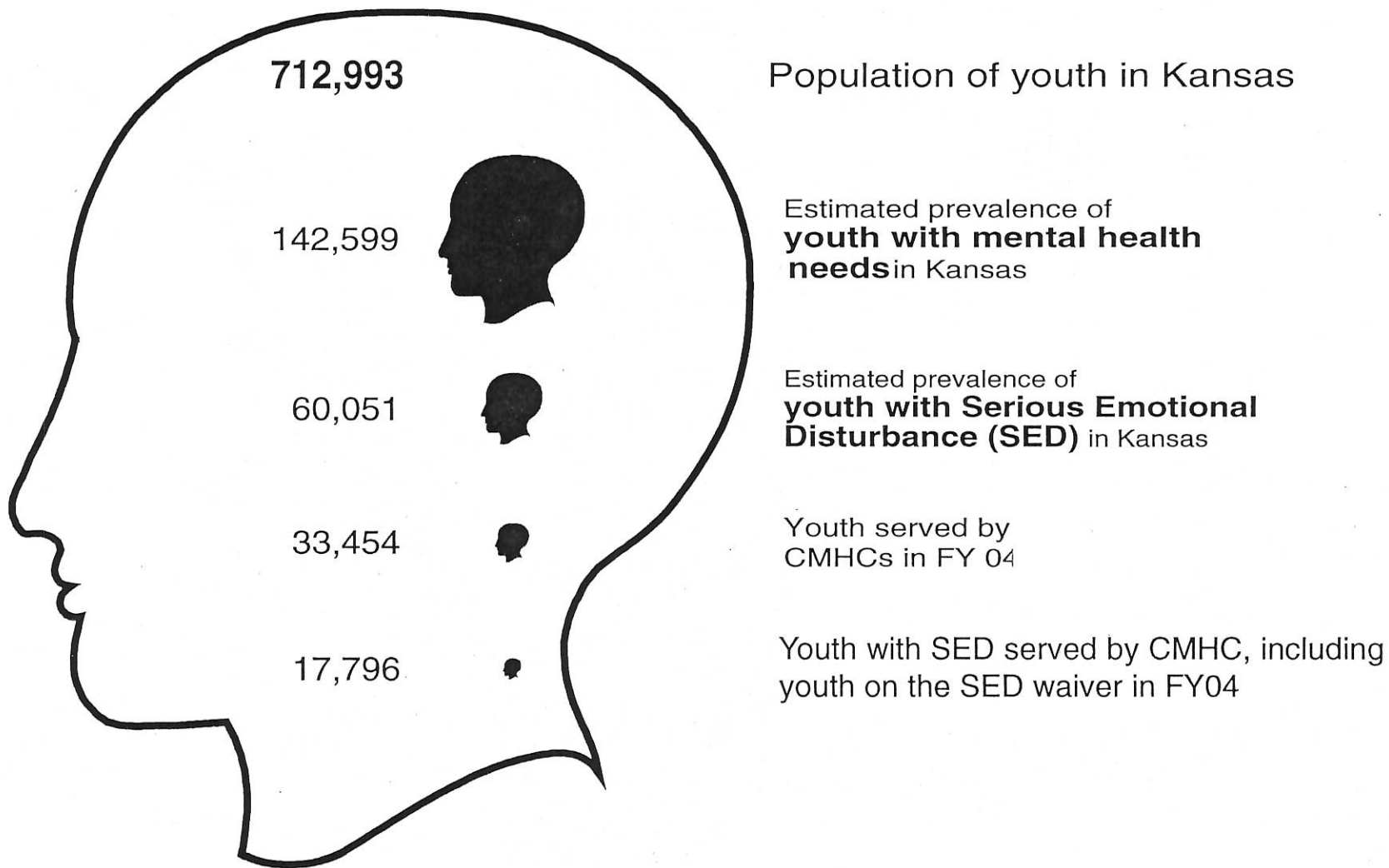
Prevalence of Mental Illness in Adults and Adults Served by Community Mental Health Centers (CMHC)



An adult with a severe and persistent mental illness (SPMI) means one who meets specific diagnostic criteria, displays significant functional impairment and/or evidences a high level of risk in their recent life circumstances.



Prevalence of Mental Illness in Youth and Youth Served by Community Mental Health Centers (CMHC)

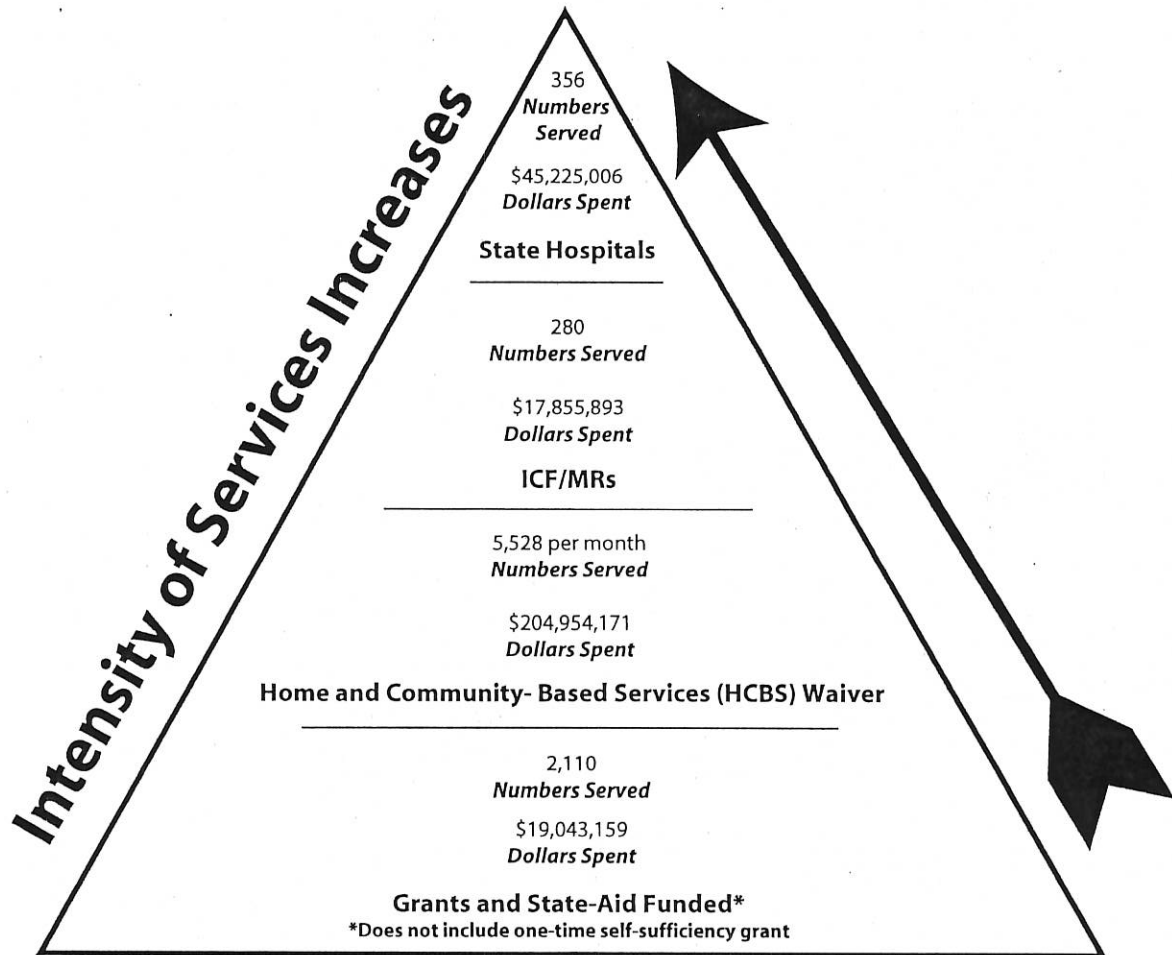


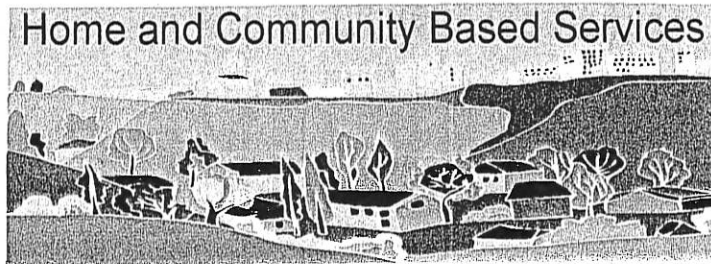
The term serious emotional disturbance (SED) refers to a diagnosed mental health condition that substantially disrupts a youth's ability to function socially, academically, and emotionally.



Community Supports and Services Developmental Disability Services

FY 2004





Waiver Overview

Technology Dependent

Children birth to 18 years, hospitalized or imminent risk of hospitalization

Requires medical device to compensate for loss of vital body function

Serves 40-48 children per month

\$181,244 all funds

Traumatic Brain Injury

Individuals 16 years to 64 years of age

Person has sustained a traumatically acquired brain injury

Served an average of 123 individuals per month

This is a rehabilitation waiver. Average length of stay on the waiver is 2 years and 11 months

\$5,455,886 all funds

Physical Disability

Individuals 16 to 64 years of age

Must be determined disabled by Social Security standards

Must require assistance completing daily living activities or instrumental activities of daily living

Are eligible for care provided in a nursing home

Served average of 3,667 individuals per month (2004)

\$59,736,010 All Funds

Developmental Disability

Individuals age 5 and up who meet definition of mental retardation or developmental disability

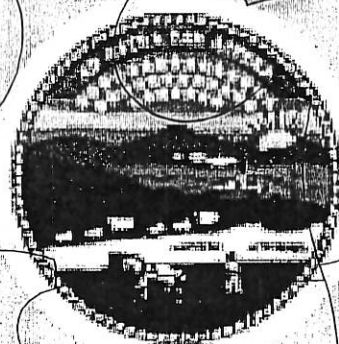
Eligible for care in an Intermediate Care Facility/Mental Retardation (ICF/MR)

Served an average of 5,528 individuals per month

\$204,954,171 all funds



SRS Addiction and Prevention Services



Treatment Trends FY 2004

Total Person's Served 14,911

- 78.63% were at or below the Federal Poverty Guidelines
- 17.62% were 18 years or younger
- 24.40% of all clients that entered treatment were diagnosed with a psychiatric problem prior to admission

Services to Women

- 32.98% of all clients were female
- 6.71% were pregnant
- 28.79% that were pregnant at admission had a primary problem of cocaine
- 67% of SRS referrals entered treatment (Children & Family Services, Economic & Employment Services, Foster Care, etc.)

Department of Corrections 4th Time DUI Clients

Admissions into treatment

Males 590
Females 42

- 15.51% diagnosed with psychiatric problem prior to treatment
- 59.40% of total admissions completed treatment

Priority Populations

- SRS clients (TANF, Family Preservation, Foster Care, etc.)
- Low income Kansans (pregnant women and women with children, IV drug users, co-occurring, those at risk for HIV, involuntary commitments, those at risk for TB.)

Risk and Protective Factors Predict Adolescent Problem Behaviors

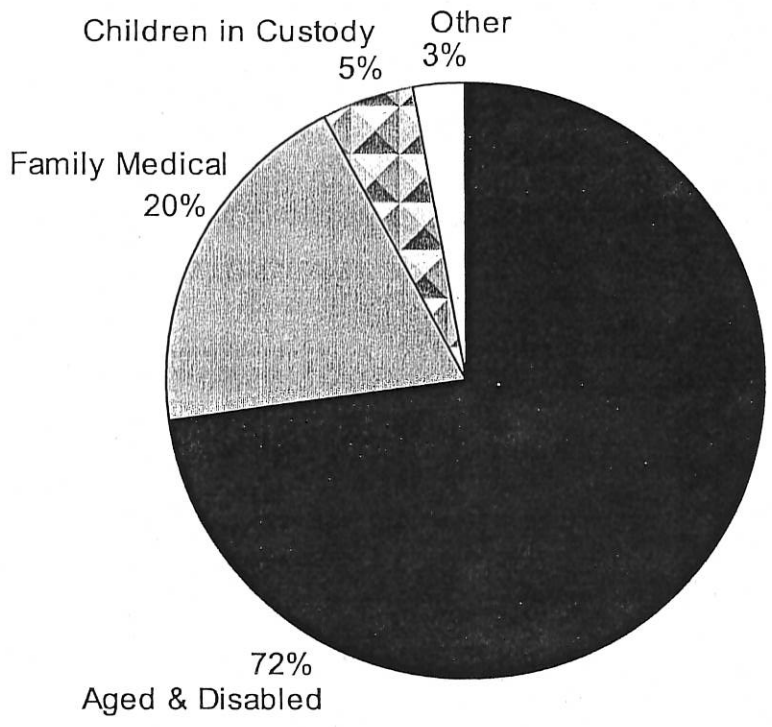
SRS utilizes the Kansas Communities That Care Student Survey to assess the risk and protective levels of 6th, 8th, 10th and 12th graders.

In FY2004, 36% of KS 6th, 8th, 10th, and 12th graders surveyed have high level of risk, while 46% have high levels of protection. KS youth experience less risk and more protection than other youth across the country.



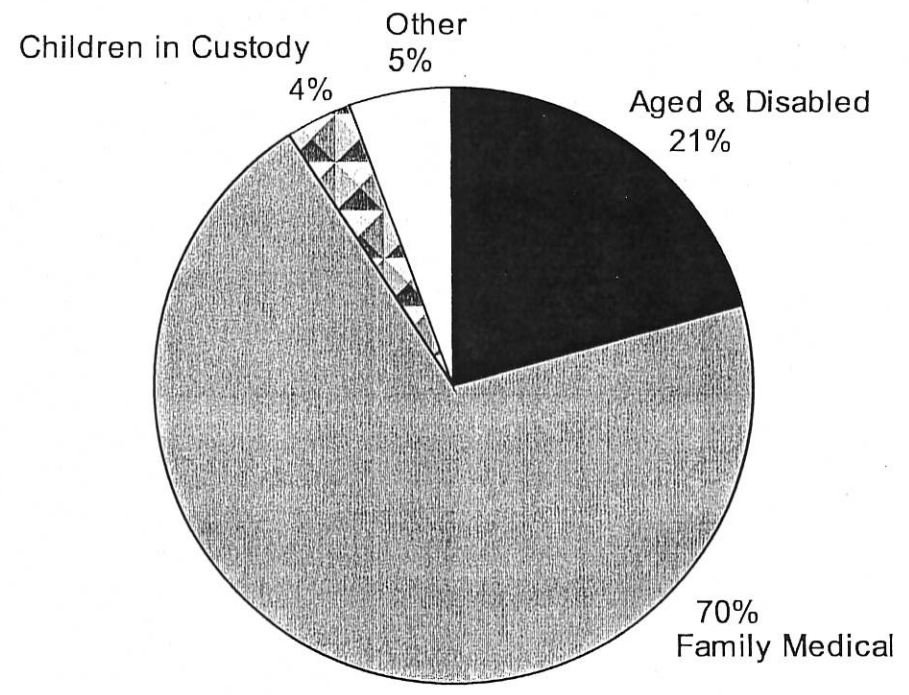
Medicaid Expenditures and Beneficiaries FY 2004

Expenditures as a Percent of FY04 Medicaid Budget Value in Dollars



Total Expenditures \$1,051,056, 766 all funds

FY 04 Beneficiaries Percent of people served in FY04 Medicaid Budget



Total Beneficiaries 247,109 monthly average



State Mental Health Hospitals Overview

SRS funds three hospitals

Larned State Hospital

Larned serves 59 western Kansas counties (including adults and children). Larned also serves as the state forensic hospital.

Osawatomie State Hospital

Osawatomie serves adults in 46 eastern Kansas counties (including Sedgwick).

Rainbow Mental Health Facility (Kansas City)

Rainbow serves adults in 10 eastern counties and youth with Serious Emotional Disturbance in 46 eastern counties

Services Provided

- Inpatient mental health facilities for adults who are:
 - Diagnosed with Severe and Persistent Mental Illness (SPMI)
 - Committed for forensic evaluation/treatment
 - Children with Serious Emotional Disturbance

Sexual Predator Treatment Program (SPTP)

- Provides treatment to persons committed by courts pursuant to the Sexually Violent Predator Act
- In-patient treatment at Larned State Hospital

Adults Average Daily Census (2004) 259

Youth Average Daily Census (2004) 24

Total Expenditures \$58,351,089

SPTP Census and Expenditures

Number served (2004) 108 (increase from 88 in 2003)

Total Expenses \$4,517,045



State Developmental Disability Hospitals Overview

SRS funds two hospitals

Kansas Neurological Institute (Topeka)

Parsons State Hospital and Training Center (Parsons)

Responsibilities

Residential treatment, training and care facilities for people with developmental disabilities

Meet compliance of federal Medicaid Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR)

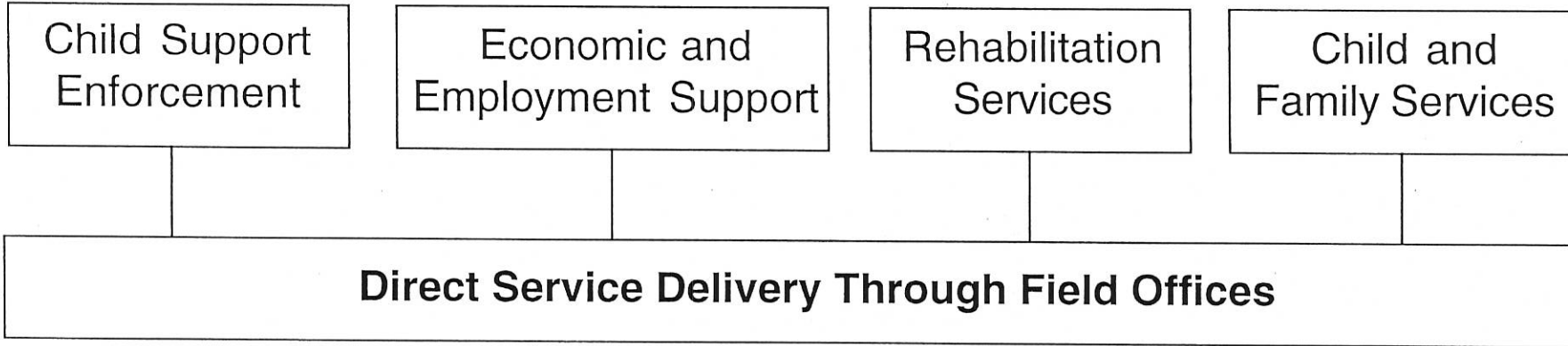
Census and Expenditures

Parsons Average Daily Census (2004)	188
Expenses (2004)	\$20,559,301

KNI Average Daily Census (2004)	168
Expenses (2004)	\$24,665,705
(more medically dependent)	



Integrated Service Delivery Division



Division Outcomes

Maximize Independence and Self Sufficiency

Maintain Families

Protect Children and Adults

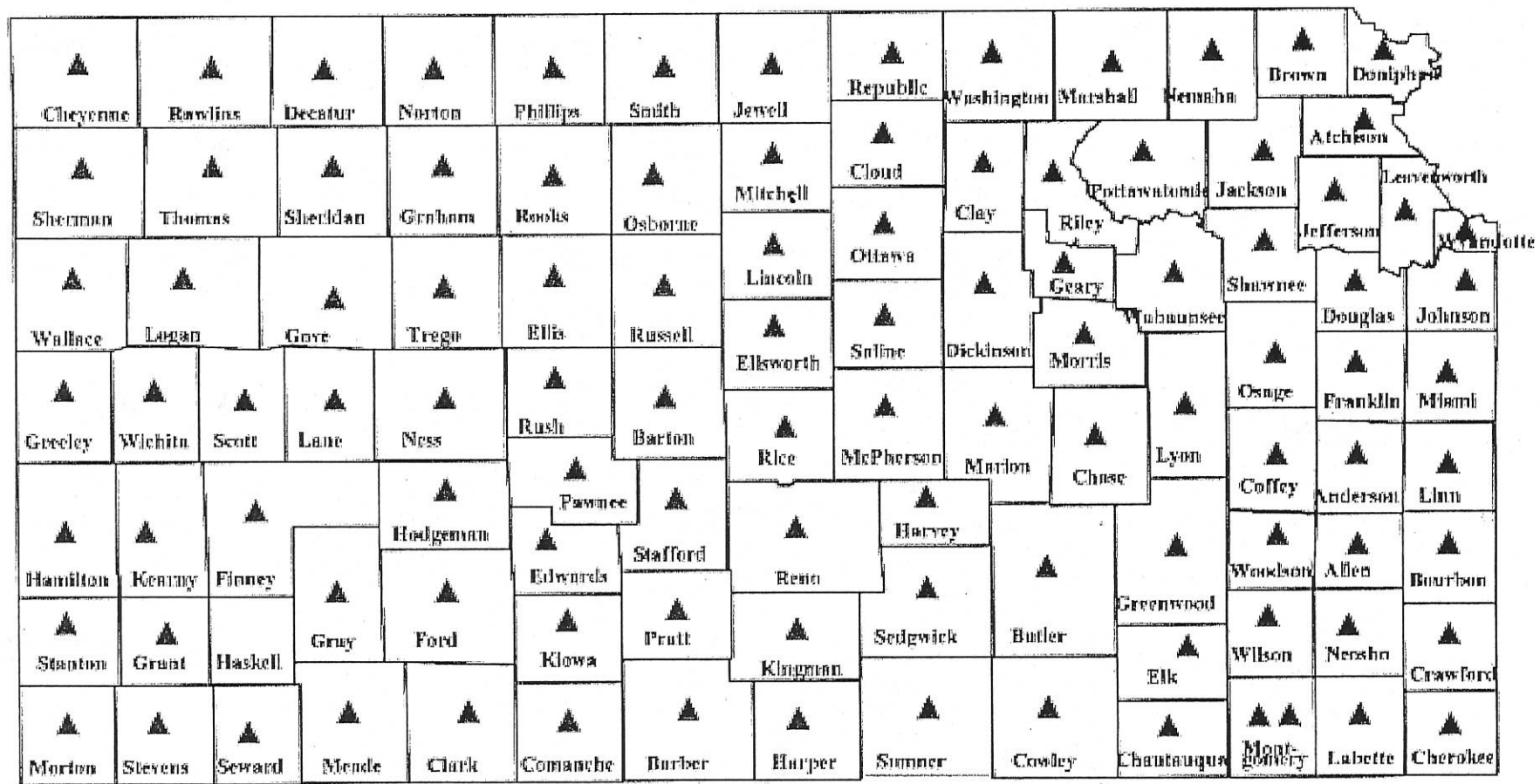
Quality Customer Service

Community Capacity and Partnerships



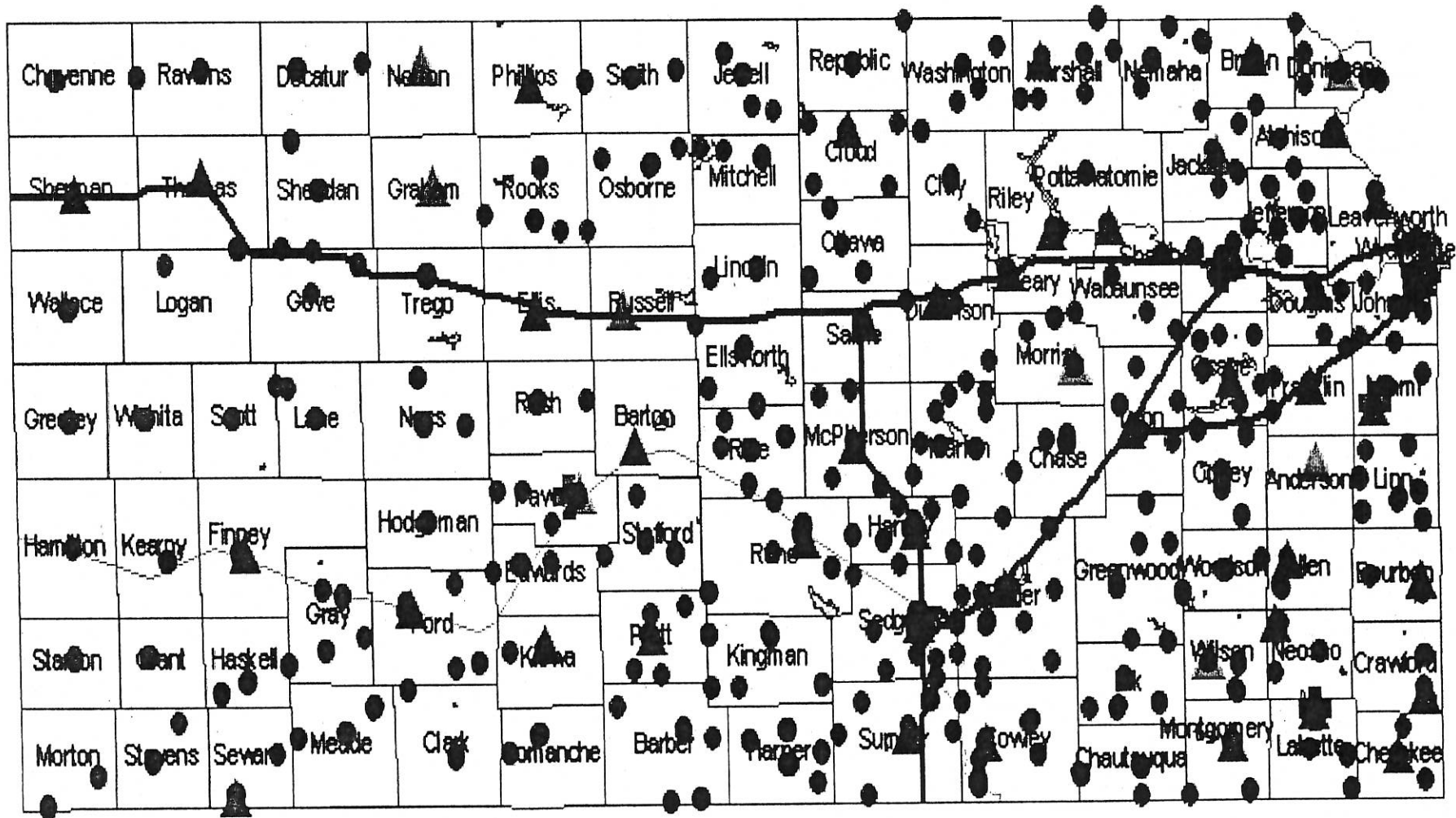
Access to SRS Services Before Service Delivery Redesign

105 Local County Offices



SRS Access Points

Over 850 Access Points Statewide



1-800-369-4777

www.srskansas.org



Kansas Department of Social and Rehabilitation Services



Who Receives Public Assistance?

GENERAL CASH ASSISTANCE

(Disabled & 32% FPL= \$1.43)

- 42 average age
- 99% are one person households
- 67% have high school diploma
- 55% have physical disability
- 4% have mental disability
- 18% also receive LIEAP benefits

TAF CASH ASSISTANCE

(32%FPL=\$2.41/hr for 3 persons)

- Household head is 29 years old
- 96% are headed by female, Avg. children per household is less than 2,
- 59% have high school diploma,
- 50% have severe barriers to employment,
- Avg. time on assistance is 12 mo.,
- 30% also receive LIEAP

CHILD CARE ASSISTANCE

(185%FPL=\$13.94/hr for 3 persons)

- Household head is 29 years old
- 95% are headed by female
- 5% are headed by grandparent
- \$57 is the avg. family share/mo.
- Most are licensed provider

FOOD ASSISTANCE

(130%FPL=\$9.80/hr for 3 persons)

- Household head is 41 years old
- 68% are Families and Children
- 32% are Elderly and Disabled
- 56% have high school diploma
- 30% have earned income
- Average time on assistance is 16 mo.

	Average Month Benefit	# of Served	
GENERAL CASH ASSISTANCE	\$160	4,651	Individual
TAF CASH ASSISTANCE	\$316	17,056	Families
CHILD CARE ASSISTANCE	\$506	17,358	Children
FOOD ASSISTANCE	\$257	77,027	Household

Every \$5 in food benefits generates \$9.20 in economic activity. Total Food Assistance benefits provided is \$133.9 million or over \$300 million in economic activity. Over 9,000 TAF parents at an average wage of \$7.63/hr who join the labor force with the help of child care assistance earn about \$110 million. This is in addition to the impact child care assistance has on the economy as a whole-another \$87 million.



Work Matters - Return on Investment

Rehabilitation Services

Typical Case

53% male. 82% white 59% never married. HS diploma or GED. 29% mental illness. 27% physically impaired.

Average Case Length 2 years

Return on Investment

For every \$1 spent, \$11 is returned in taxes.

Average Case Cost
\$18,647

Success Measured by:

95% of those rehabilitated achieved competitive employment.

TAF Employment Service

Typical Case

29 year old single mom with 2 children. Mom has a HS diploma or GED and some barriers to employment.

Average Case Length 12 months

Return on Investment

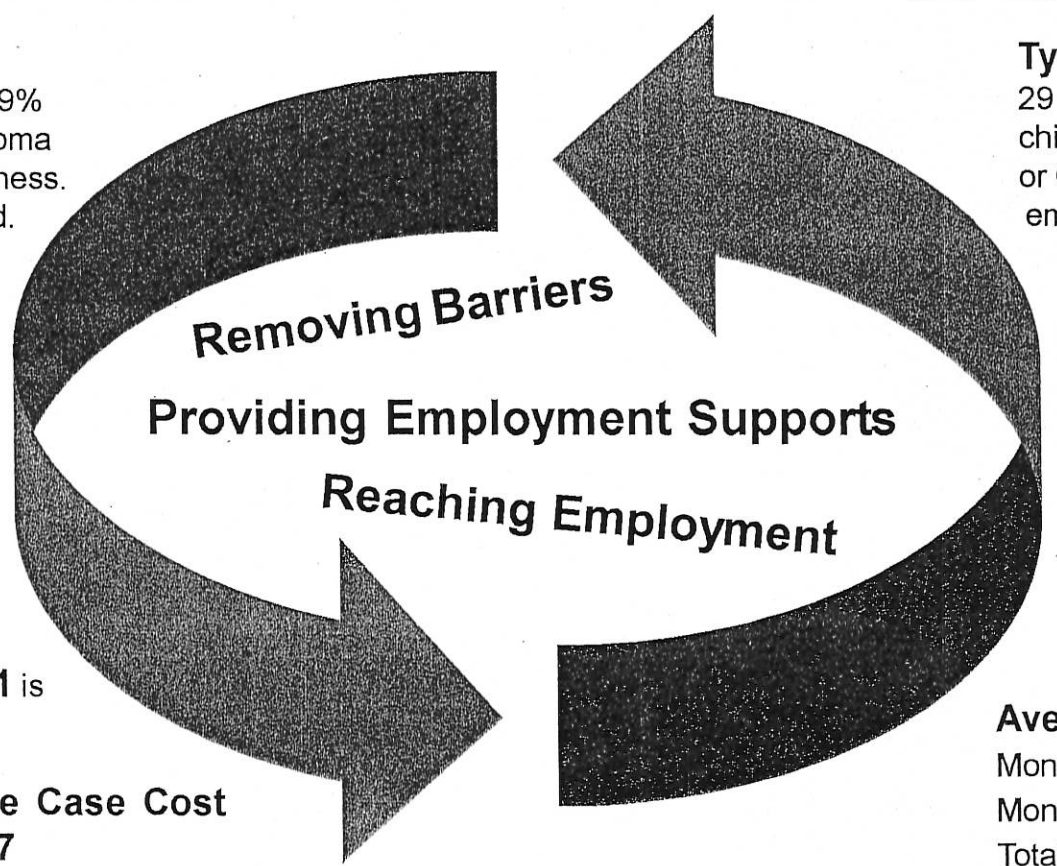
Successful Employment
Performance Bonuses

Average Case Cost

Monthly cash benefit: **\$313**
Monthly employment benefit: **\$63**
Total monthly benefit: **\$376**
Total annual benefit: **\$4,514**

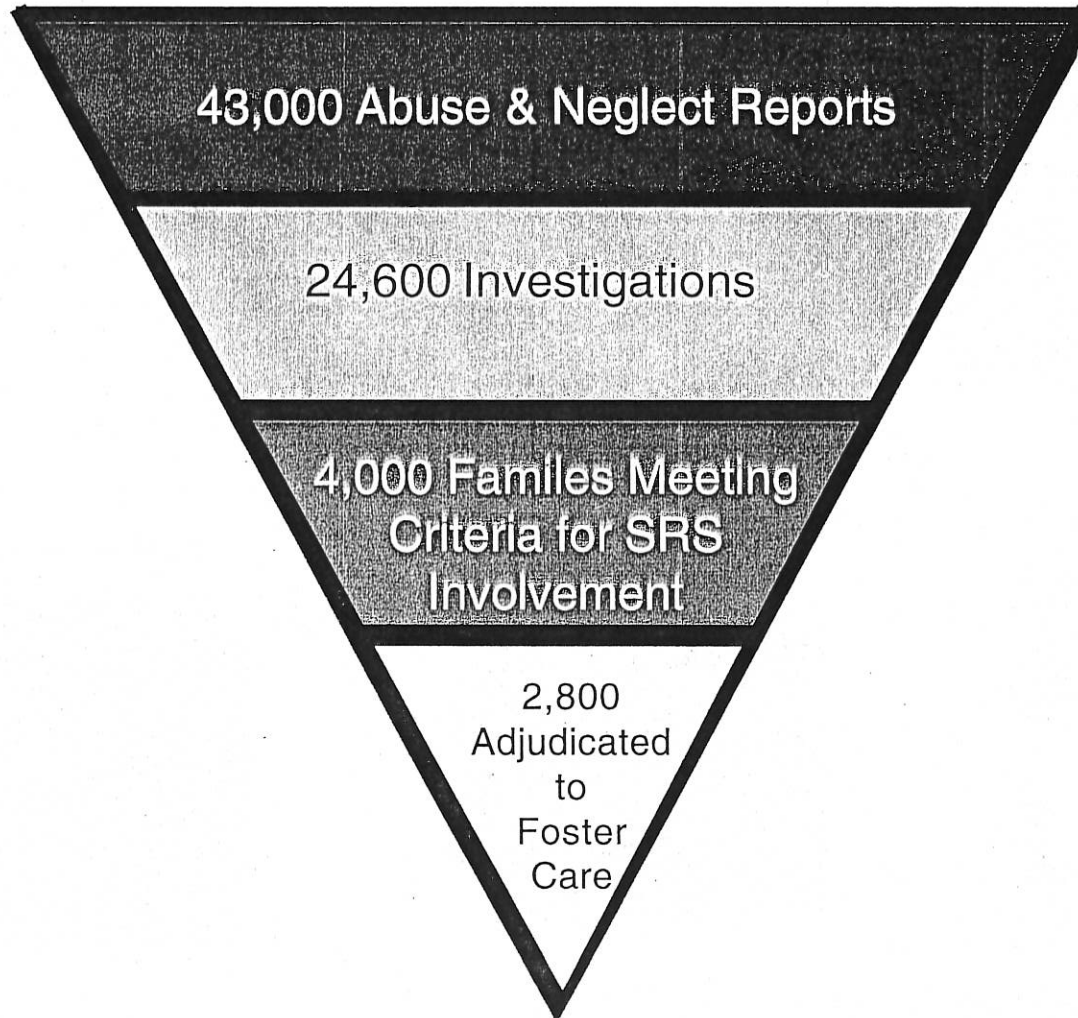
Success Measured by:

Employment
Continued Employment
Increase on Earnings



Child Welfare

Fiscal Year 2004



Building Blocks for a Quality Early Childhood System

Education of Child Care Professionals



825 Children Served



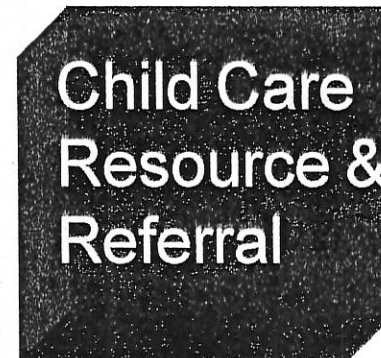
11,216 Child Care Professionals Served



3,622 Participants



Economics
Child Care in Kansas is a 1/2 billion dollar industry.

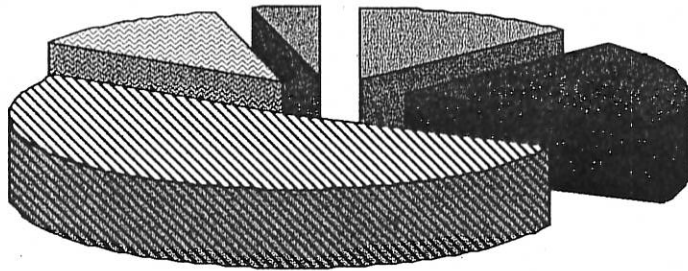


20,397 Parents Served
48,850 Child Care Professionals Served



Adult Protective Services

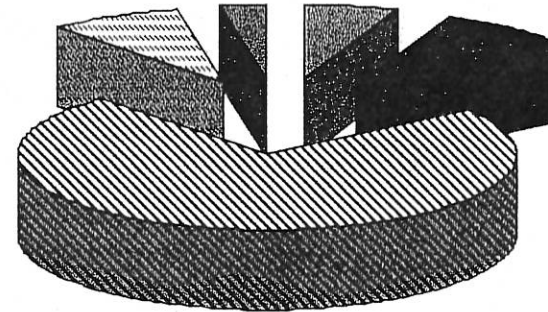
Investigations



- Abuse 790
- Neglect 1,165
- ▨ Self Neglect 3,218
- ▨ Exploitation 708
- Fiduciary Abuse 243

Total Investigations 6,124

Confirmations



- Abuse 100
- Neglect 140
- ▨ Self Neglect 1,180
- ▨ Exploitation 139
- Fiduciary Abuse 51

Total Confirmations 1,610



Child Support Enforcement (CSE)

Children and Custodial Parents

122,000 cases

28,000 cases with open TAF or Foster Care

94,000 non public assistance cases

91,000 of CSE's cases have support orders

Non Custodial Parents

involved in CSE cases: 108,000

CSE has 54,000 active income withholding orders in place.

FY 2004 Total Support Collected by CSE: \$152,000,000

.....75% to Families

..... 8% to State to recover public assistance paid

.....17% to Federal to recover public assistance paid





Home Use Programs

Meal Preparation Programs

**The
Emergency Food
Assistance Program**

**Commodity
Supplemental
Food Program**

**Soup Kitchen
Food Bank**

**Charitable Institution
Commodity Program**

**Nutrition Services
Incentive Program**

3,438,919 lbs
400 sites

2,067,014 lbs
5 sites

1,063,021 lbs
76 sites

643,068 lbs
8 sites

595,176 lbs
55 sites



Serves
126,800
house
holds
per
year

Serves
6,400
individuals
per
month

Serves
6,339
meals
daily

Helps
serve
4,620
meals per
year

Serves
2,387,142
meals
per year



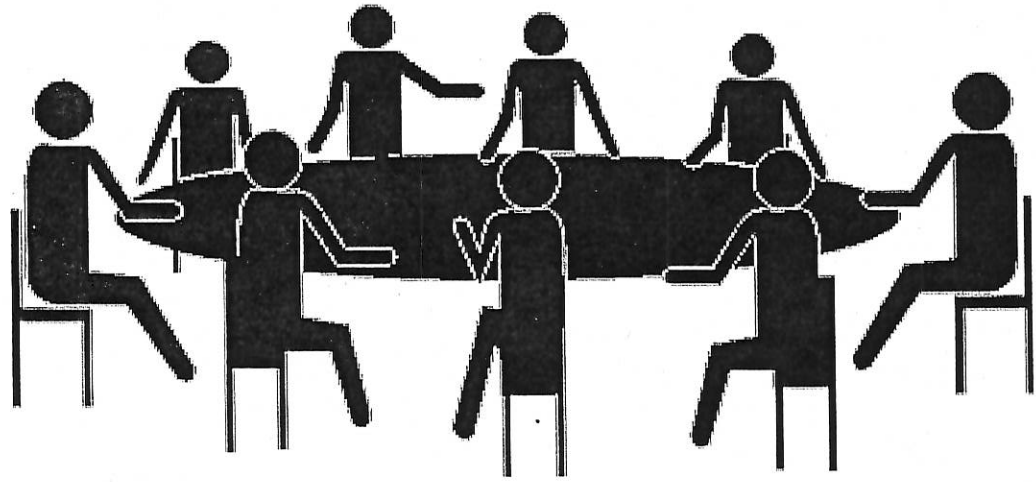
Consensus Caseload Estimating Process

SRS, Division of Budget, Legislative Research Department

Temporary Assistance
for Families

Adoption

Foster Care



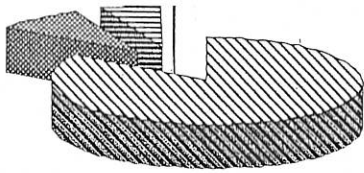
General
Assistance

Nursing Facilities -
Mental Health

Regular Medical
Assistance



SRS Expenditures by Category FY 2006 Governor's Budget Recommendation



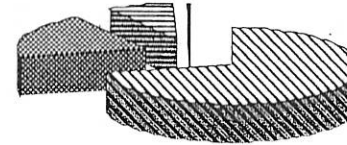
- ☒ Direct Assistance, Grants and Benefits \$2,349.0 million (83.9%)
- ☒ Direct Services Delivery \$268.9 million (9.6%)
- ☒ Administration \$175.1 million (6.2%)
- Capital Improvements \$8.2 million (0.3%)

Direct Assistance, Grants & Benefits (millions)

Medical Assistance & HW	\$1,526.3
Developmental & Physical Disability Services	\$353.2
Children & Family	\$167.3
Mental Health	\$74.6
Child Care & Employment	\$87.7
Cash Assistance	\$92.7
Substance Abuse	\$21.0
Rehabilitation Services	\$25.4
Other	\$0.7

Total \$2,801.2 million
(totals may not add due to rounding)

Proposed Department of Human Services Expenditures FY 2006 Governor's Budget Recommendation



- ☒ Direct Assistance \$972.7 (71.4%)
- ☒ Direct Services Delivery \$268.9 million (19.7%)
- ☒ Administration \$113.1 (8.3%)
- Capital Improvements \$8.2 (0.6%)

Direct Assistance, Grants & Benefits (millions)

Developmental & Physical Disabilities	\$353.2
Children & Families	\$167.3
Mental Health	\$74.6
Child Care & Employment	\$87.7
Cash Assistance	\$92.7
Substance Abuse	\$21.0
Rehabilitation Services	\$25.4
Medical Services for MH, DD, PD, SA & CFS (Estimate)	\$150.0
Other	\$0.7

Total \$1,362.9 million
(totals may not add due to rounding)



2005 SRS Legislative Proposals

1. Process for Reviewing Prescription Drugs (HB 2107)
2. Supporting Children to Support our Future Act: Full Administrative Process for Child Support Establishment and Enforcement (SB 229)
3. Sharing Forensic Mental Health Records (HB 2130)
- 4a. Expanded Access to State and Federal Criminal History Records Through KBI and FBI (HB 2128)
- 4b. Enhanced Background Checks for SRS Employment (HB 2128)
5. Reporting Abuse, Neglect or Exploitation of Certain Persons (SB 115)
6. Injunctive Authority to Cease Operations of Unlicensed Facilities (SB 116)
7. Maintaining Families and Supporting Older Youth Act (SB 171)

