

MINUTES

JOINT COMMITTEE ON CHILDREN'S ISSUES

August 5, 2004
Room 313-S—Statehouse

Members Present

Representative Brenda Landwehr, Vice Chairperson
Representative Sue Storm, Ranking Minority Member
Senator Henry Helgerson
Senator Dave Jackson
Senator Janis Lee
Representative Willa DeCastro
Representative Roger Toelkes

Members Absent

Senator Nick Jordan, Chair
Senator David Corbin
Representative Patricia Barbieri-Lightner

Staff Present

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

Others Present

See attached list.

Morning Session

The meeting was called to order by Representative Brenda Landwehr, Vice Chairperson, who noted the purpose of the meeting is an open discussion of issues involving programs focusing on children from birth to five years of age. The Committee needs the roundtable participants to tell it what is positive and what needs to be changed. The members want to know the negative as well as the positive in order that they know what is broken and how to fix it. This is just the beginning of a

process. The Committee is requesting permission for the creation of a Subcommittee in order to focus on birth to five years of age programs.

It was noted programs are scattered throughout different agencies, each setting its own budget, which gives rise to the question of whether we are being both efficient and effective. Do we need to combine some programs to make them more effective and to provide better services? There is concern that the intent is to get rid of programs. That is not the case.

Each person was asked to introduce himself or herself by name and affiliation. Thirty-two persons were seated at the roundtable, including Committee members and staff. (See Attachment 1.) The group was asked to offer suggestions and recommendations for improvements in any of the programs for Committee consideration in future deliberations.

Children and Family

A roundtable participant stated, to begin on a positive note, the Kansas policy relating to the Earned Income Credit allows the entire credit to be returned to the family, creating an economic stimulus and putting money in the pockets of low-income families with little administrative cost. Due to the policy adopted by the 1998 Legislature, in tax year 2002, \$41 million went directly to low-income homes. This is important, because anytime we talk about children age birth to five, we need to think of them in the context of a family.

It is frequently economic concerns and real poverty that contribute to stresses within the family that create a need for services. Children who are a part of a family living below or at the level of the federal poverty guidelines are affected in terms of child care, enrichment experiences, language development, and in other ways. These are the children targeted by many of the birth to five years of age programs. It should be expected that service providers would ask about claiming the earned income credit, applying for food stamps, and generally hooking the family up with resources that will help to alleviate the stresses brought on by poverty. In general, this type of approach requires cooperation by a number of different programs and agencies in order to meet the needs of the family and to provide the services required to assure the child or children will be ready for school, and having the social and learning readiness skills necessary to be successful. One should be aware that what might look like duplication from the outside probably is not. Some families have such complex needs that a number of programs may be involved in working with them. Because resources are short in most areas and the needs are great, it is unlikely that duplication is taking place, rather, programs are working together to provide complementary services to get the children off to a good start.

Success by 6

A participant familiar with the Topeka Success by 6 United Way program listed the different programs that are involved in Success by 6. There are 17 programs that are combined under one system, aided by assistance assessment staff used to identify families at risk for abuse and neglect at the time of birth. A therapist who spent 20 years in research is involved and has helped develop an assessment tool that has 85 percent probability in identifying those families that will abuse or neglect their children by age two. Using that research, the highest risk families are provided in-home services and “hooked up” with other resources to assist them in the long term. The “success stories” result from two or more programs working together and pooling their resources to help the family. This could be perceived as duplication, but in reality the duality of resources is needed to serve that family. Last year child abuse was reduced in the group receiving services by more than 80 percent according to the national research for the type of project. The participant indicated success stories

are never the result of one program working in isolation. In Topeka, the success stories are the result of two or more programs working together.

It was noted one of the highlights of this spring and summer is a Smart Start planning grant that is not a significant amount of money, but which has provided for a forum for talking with people in the community. The grant has enabled program personnel to hold meetings in the community and to sit down and talk with people. The meetings have been very positive. Community members know what they need. They need more child care and more preschool options. If we are ever to do anything about the achievement gap in our workforce, we need to start with the very young. Families cannot focus on children's needs when they have to focus on day-to-day survival due to poverty. They need help to get out of poverty. They would do better as parents if they knew what to do. There needs to be more community awareness of what is available. Success comes from working together to focus on preserving the family and protecting children.

Purpose of Study

A Committee member noted the Committee is not necessarily looking at cutting funds, but trying to determine if available funds are being used wisely. Discussion started during the recent legislative session when questions were raised about whether Smart Start is where we want to put our money. Do we want to be more oriented to grants? Do we need more requirements to be met in order to qualify for programs? Do we have true measurable outcomes throughout the programs? Are we putting ourselves in the role of a parent by saying if you cannot give your child breakfast, we will do it, we will take care of your child after school, etc. At the same time, we want more parent involvement. We learned at our last meeting that we need to sit down and take a hard look at each and every program. No one has given the Legislature hard data about program outcomes or how we improve on those outcomes. Should programs be combined to cut administration costs? These are the issues before the Legislature.

Infant and Toddler Programs

A provider of infants and toddler services in a 12-county area in southwest Kansas who works through a nonprofit organization that also is a resource and referral agency and who is a member of the Coordinating Council on Early Childhood Services of Garden City, stated she understood the concern about results. The program she is associated with applied for a Smart Start grant in 2000, but were not one of the successful applicants. They kept on seeking funds, and were successful in receiving funds, not just once but five times, in the form of grants from Bank of America through United Way of America. In all, they received \$100,000. The roundtable participant said she would doubt the grantors were impressed by outcomes in the first five years, because those were the years of process development and trust building. However, four and a half years after beginning the process, permission was obtained from the hospitals to bring assessment staff into the hospital. That is a great accomplishment because there is no mandate that requires hospitals to accept assessment staff. The infant-toddler program is matching funds from Medicaid and measuring outcomes. The outcomes are good. The infant-toddler program was a big player in putting the system together.

Another participant noted in Shawnee County the number of infants and toddlers served was increased by 28 percent, but 20 percent of staff was lost because a local agency said it could not afford to participate for the amount of money designated for services. (Some of the money raised in the local community was to be designated for staff to follow up with families served.) What resulted was that 30 children who would have received services through the provider that dropped out of the infant-toddler program were dropped from the program.

Responding to a question as to whether we would be better off with combinations of programs that are packaged at the local level, it was noted by a roundtable member that, while communities may be similar, each has unique problems. It was suggested that Smart Start can assist communities to determine their needs through grant funding to support planning at the local level.

Smart Start

A participant in the roundtable offered information about the use of Smart Start funds in the Wichita community. It was noted Wichita had received a substantial Smart Start grant four years ago that the roundtable member believes has had a very positive outcome. The grant was used to work on quality, accessibility, and affordability. From the perspective of the YMCA which the roundtable member represents, in those four years the “Y” has reached the point where two-thirds of their child care centers are accredited through the National Association for the Education of Young Children, a recognized benchmark for quality in children’s programs. Communication and collaboration have also increased. The “Y” has gone from a beginning partnership to a really successful partnership with Early Head Start and Head Start resulting in increased interaction and in the quality of programs in the Wichita public schools. Grants from United Way have increased.

The speaker expressed the belief the activity resulting from the Smart Start grant has had an impact, not only in accrediting the “Y’s” child care sites and offering better quality child care to people in the community, but in allowing the “Y” to work with new partners. For example, there are Foster Grandparents who volunteer to work with the children in care. Four years ago, they did not think about that. They have access to a national health professional with more expertise than the “Y” has. There are scholarships to upgrade the training of those who work for the programs. There remains a need for post-secondary extension training.

In response to a question, the roundtable participant stated, with the hours the “Y” is open, staff and volunteers have over a million hours of contact with children in their programs. Therefore, they need good input and outcomes. Responding to a question about what particular area in Smart Start needs more attention, the roundtable member noted he was very pro-accreditation and vested interest. Community collaboration has helped local agencies to get out of their area of expertise and into sitting down and talking about the resources that are there in the community. This gives us all a bigger picture and leads to utilizing those resources better.

Early Head Start

A participant who has long been involved in Early Head Start in Kansas City, Kansas, indicated a little background would be helpful in recognizing how the area got to the point it is now. Project Eagle started in 1989 with federal legislation called Comprehensive Child Development Program Dollars. What was unique was the dollars were to be used to provide comprehensive child development and family support in a collaborative way. The money was not to be used to duplicate or create services, but to create a network of services in the community. This was a clinical trial study done over a six-year period resulting in fantastic outcomes in self sufficiency and infant care, not in early education. As a result of an evaluation, the federal government asked how do we get into a Head Start program to get better outcomes for children while maintaining strong outcomes for the parents. In 1995, this was rolled into the Early Head Start program. Again, Kansas City was one of the 17 federal Early Head Start clinical trial sites. There were designated outcomes such as stronger language development, greater social and emotional development, better health services, and more successful parents. The outcomes were excellent in all 17 sites. In 1998, the State of Kansas had a vision and created about 14 Early Head Start programs in the state. The dollars were to be used to expand services only in cooperation with those agencies helping parents get jobs and advance

their education. They were not to be used to create new services, but to work in partnership with others to strengthen and enhance all services. In 2004, the state has collected outcome data that shows early language is advancing in children. We are looking at parent-child interaction which is critical in early social and emotional behavior that prepares children for entering school. We are looking at pre-natal care wherein most programs are getting 95 percent of women who are pregnant adhering to the guidelines for comprehensive pre-natal care. We do have good outcomes, but we achieve this only through a collaborative model.

In response to the question as to what can happen in an individual community, over the past 15 years of sharing and collaborating in Wyandotte County we have seen the benefits and are moving toward building a children's campus. Twelve agencies will move all or part of their operations onto a central campus and create a comprehensive system of services without interruption for children and their families. The agencies have different purposes and funding, but they are not competing with each other. The Early Head Start dollars provided by the state have allowed us to take a leadership role and get this project going. This cannot be emphasized too strongly. People at the state level helped in securing a new "Healthy Tomorrows" grant that, over a five-year period will enhance the early identification, intake, and referral system. There is also a research component to identify the multiple needs of families that will use a valid instrument that will enable agencies to predict which agencies are more likely to serve a family effectively. Because we are working collaboratively, Wyandotte County received a Wyandotte County American Express grant, one of 20 given out from over 1,000 applicants. Attachment 2 provides additional information about the proposed children's campus.

In response to a question as to what percentage of children who could qualify are being served, it was noted 20 percent of children in Wyandotte County live in families with incomes below the federal poverty guidelines. There are a little over 3,000 eligible for Early Head Start, but only 200 are served. One of the reasons for moving to a centralized intake and referral system is to see if it is possible to look at the intensity of services the family needs and get them to the proper services, thereby reducing or eliminating waiting lists. In 2003, there were 83 enrolled and 300 applications from families that had been assessed as being within the 85 percent at risk for child abuse, so about 30 percent were served. Asked how the 83 had been chosen, the response was pretty much first come, first served, since all the referrals do not come at one time. They were able to get some of the families on the waiting list for Early Head Start which had 54 slots. Those slots have been filled and there are now 150 on the waiting list.

Responding to a question as to the funding for the new children's campus, it was stated the funding would all be raised in the private sector, and already there are commitments from several foundations. No program funds will be used to construct the center.

Program Availability

A roundtable member stated it may seem as though there are a lot of programs, but one needs to look at where there are gaps. Parents as Teachers is a statewide program open to all parents, but it is only available in 229 of the 305 school districts. Early Head Start statewide serves only 5 percent of the eligible population. Head Start has slots to serve only about 61 percent of those eligible. The four-year old at-risk program is only in 40 percent of the school districts even though it is supported by the state.

A participant from Lane County commented the area consists of small communities, and, in Dighton where she lives, child care is provided by two private day care centers, with a third that may open, but parents are scrambling right now that school is about to open to find day care. There is no Early Head Start, no Head Start, but there is an Infant and Toddler Program headquartered in

Russell. There are parents as teacher programs. Parents are very receptive to the latter programs. The Infant-Toddler program will go into day care when needed, and that is invaluable. However, although the parents as teachers programs are open to all parents, most of the other programs are discriminatory. They are good programs, but one must qualify based on income, or educational or developmental level, to be eligible. We need programs for all children. Our community no longer has a private pre-school although we had one until recently. However, the last three years it changed hands three times, and no one is picking it up. Now parents are faced with no preschool or driving 25 miles to another town to transport 3 and 4-year-old children.

The participant noted we need to consider all children from birth to five. This is an important part of the equation that is missing in many small communities. As the state is thinking about dollars and how to spend them, it seems thinking about all children from birth to age five is important. Support was expressed for the programs that serve special populations, but the opinion was expressed that all children deserve to be involved in a good program.

It was further noted the parents as teachers program in Lane County had just finished a pilot on quality standard self assessment. This is a valuable tool. The last grant request incorporated getting measurable outcomes. While the self assessment was invaluable, the problem is it is supported through grants, and there are no funds to continue. There is some question about the equality of grants. There are no grants in Lane County because locally there is not the knowledge to compete with other communities having staff who are trained to seek funding and write grant proposals.

Another member of the roundtable presented statistics on the various programs over the state (Attachment 3).

A parent educator added, in looking at issues of self sufficiency for families, we need to fund full-day, full-year child care. In Wyandotte County there is no full-day, full-year preschool program. A parent who is working has to figure how to get the child to the preschool program and also provide child care for those hours not covered. The same problem exists with Head Start programs. If we really want families to become self sufficient, we need to look at a system that supports parents as they try to move ahead as well as assuring quality preschool education for the children.

A roundtable member familiar with Early Head Start stated the program is only available in 35 counties, none in the far northwest quadrant of the state. There is a strong relationship between Early Head Start and child care. (There are 150 child care partners in the program she is familiar with.) The child care provider partners have to meet the high performance standards of Early Head Start. While the early federally funded Early Head Start programs did not assess outcomes, the state-supported programs are required to report measurable outcomes. There is seven years of outcome data demonstrating the impact programs are having.

Another roundtable member indicated there are no early childhood services in the southwest quadrant of the state. Through the vision of the state-sponsored program, Early Head Start has made a big impact on child care in that area.

A Committee member commented about the mobility of today's society which means a family may be in a community with services one day and another tomorrow in a location where the same services are not available, not because the community does not want the services, but due to other factors. The child then falls through the cracks. It appears one model will not fit all areas.

Concern was expressed about how much of the available money is expended for administration rather than going directly to programs. The question was raised as to whether the fragmentation of programs leads to higher administrative costs.

Collaborative Models

A roundtable member reported there is a model collaborative program for at-risk children in Shawnee County. Family Services and Guidance and Sheldon Head Start collaborate in a program in which the at-risk child spends a half day at Sheldon, an elementary school, and a half day at Family Services and Guidance in a therapeutic environment. The Guidance Center also is a consultant for the Sheldon preschoolers in the Head Start program at the Sheldon site and is doing play therapy at the Sheldon site at the request of the Head Start program. There are other state-funded therapy preschools in mental health centers, although they may not be as extensive as the Shawnee County collaborative effort. Still, the project is not reaching all those who need therapeutic services. There are 24 slots in the Shawnee County program and 50 slots for preschoolers in Family Services and Guidance. The Center requires parental involvement, including a parent education program in the evening for parents willing or able to attend. There are also some in-home services.

The deputy superintendent for the Wichita public schools noted one thing they look at is trends. In 1998, they had 890 students receiving services, and that number has gone up with increased collaboration. If funding were available, they have 4,500 students who would be eligible to receive services. The increase in the number of services and help from grants have improved education. They have seen long-term outcome results. For example, student achievement scores have gone up district-wide. Not only has student achievement increased, poverty has been impacted. In 1998, 48 percent of students qualified as being at or below the poverty level. Today it is 64 percent, and yet achievement scores have improved. It may be difficult to see an immediate gain, but school readiness has made a difference over time. Parents as teachers, student counseling, and increased parental roles have contributed. The return on dollars, including public dollars, from early childhood education is huge. Collaboration is important, as is evaluation, and continued efforts to increase efficiency. It is important to increase the parent's role. While, as providers, we hope to get parents to provide for children's needs, the reality is the parents may not have the financial and educational ability to do so.

A roundtable participant indicated she had worked as program coordinator in Geary County for six years, and through collaborative programs they saw over 180 children a year. What happened at the local level is collaboration occurred because of necessity. Parents as teachers and early childhood programs came together because the need was so great since proximity to Ft. Riley means a larger than usual number of young children and many low-income families. By virtue of necessity, everyone came together to get services and programs for these families.

A Committee member noted \$133 million is being spent by the State of Kansas. With that amount of money being spent, are we getting a full return? The Committee's responsibility is to check on how the money is being spent and whether it is providing the intended services. How do we measure these programs? Are we measuring the right thing? Are we bringing the right groups together?

Child Care

A roundtable participant suggested it is important to look at all services and not only those for special needs children--take a broad perspective on services offered. There is very little funding put into child care, but there are 100,000 children in child care every day at 8,300 facilities. There are good child care regulations in Kansas. We know the regulations impact child health because over 90 percent of children in regulated child care facilities are immunized. We know we do not have great disasters in Kansas involving children in child care facilities. The regulatory program is a preventive program, but referring child care providers to services they need is very difficult in Kansas because

there are large areas of the state where there are still gaps in the support providers need. Staff turnover in child care is very negative, causing a child to be moved from program to program when it is important to have a relationship between a child and an adult in order that the child develops trust and is ready and open for learning. Child care wages are very low, leading to about a 35 percent turnover in child care facilities. We need to look closely at why our child care programs are closing, how we can insure that good care is available, how we can inform the public that child care is a viable part of economic development, and how to assure parents their children are being cared for in a good environment.

A representative of child care resource and referral agencies noted the agencies work with child care providers and the infant-toddler specialists. There is a need for teacher education and better compensation for day care workers. A program known as WAGES provides a wage stipend for day care workers who have achieved a specific education level and who are working in a full-day program. They can receive a wage stipend which varies depending on their education level. The first level is \$300 and the last is \$4,000. When day care workers are paid higher wages creating an incentive to stay in childcare, turnover is reduced. The speaker was asked how many applicants they have for the educational stipends. In response, it was noted there are presently about 250 scholarships - some funded with Smart Start grants, some funded through the child care grant and administered by the Department of Social and Rehabilitation Services, and some from funding secured from various other entities. There is a waiting list of around 15. WAGES is available in 13 counties and serves around 470 people. The program is funded basically through a five-year commitment from the Kaufman Foundation. There are some Smart Start partnerships that have funds from WAGES.

Another roundtable member noted professional development is important, and programs are only as good as the dedicated worker. The state has a commitment to provide educated professionals. She spoke of a Colorado program called "Educare Colorado" that is to be used to measure the quality of early childhood programs. The Colorado study is to be extended over three to five years to develop a data base to be used in measuring results. It was suggested, as early education programs are funded, communities be required to look at collaborative systems of services.

Summary of Morning Session

Prior to a recess for lunch, the Vice-Chair summarized the discussion and asked the question, "Should funding be all in one source, and would there be a recommendation on where this funding should be centered?" Second, on the local level is there any one entity in which funds should be centered? The number of children's programs and the agencies in which responsibility is located were enumerated and a question was raised of how moving all funding to one central source would affect federal funding. A memorandum on Programs for Children Zero through Five prepared by the Legislative Research Department, dated June 23, 2004, which provides a list of major programs, their purpose, and funding source, was referenced ([Attachment 4](#)). A comment was made that it is up to the community to say what is needed and to find a source for funding and program assistance.

Afternoon Session

Healthy Start

Following a noon recess, the roundtable resumed with a discussion of Healthy Start programs. A roundtable participant stated it is difficult to compare Healthy Start which serves children from birth, to Head Start which serves children up to 4. Both are needed to serve the at-risk population at different times, and each serves a slightly different purpose. Some Healthy Start services may be intensive if the child is at a high risk for abuse or neglect. It may be possible to use pilot school readiness indicators that look at the child, the community, the parents, and other factors such as nutrition to measure the effectiveness of both programs. Health is an important component in the Healthy Start program.

Suggestions for Coordination at the State Level

It was suggested that instead of each state agency presenting testimony for legislative committees on programs over which they exercise oversight function, the agencies combine and present a united report that would give legislators a better understanding of how the various programs complement each other.

A member of the roundtable posed questions about how all the programs could be integrated and evaluated. She reviewed a meeting held in January of 2003 in Lecompton on early planning for childhood services and noted another is scheduled for October 2004 (Attachment 5).

It was noted that emphasis on health issues had been conspicuously absent from the discussion during the morning session, and a question was asked about the extent to which the programs that had been discussed include a local health department in the coordination of services. In response, several agencies noted that health issues are included in their programs and are a very critical component in the community.

A roundtable participant indicated she feels evaluation and collaboration would make funds go further and get more impact for the dollars. Another suggested development of a template for agencies that do not have resources to develop an evaluation program. In the current environment, many health problems are from drugs that happen before birth and prenatal care is most important. Early Head Start and Head Start have to insure that pregnant women get the comprehensive, continuous prenatal care they need. This leads to making the health of the child more secure.

It was suggested the agencies providing services to young children and their families be challenged to look at how they can work collaboratively rather than in an either-or-system in which the family could be the loser. Putting the programs in one state agency or one funding stream would create competitiveness when, in fact, all programs need to be working together. Accountability for the dollars received should be standardized, and all agencies held to the same level of accountability and standards. It was suggested a better system would be to use school readiness indicators as an umbrella outcome measure and appoint a team to look at the system of funding, how providers can work together, and how reporting and accountability should be verified.

Concern was expressed that any one agency would not have enough staff with in-house expertise to follow all programs. As an example, it was noted people from health are working with people in education and mental health, all of which are part of the framework of early childhood readiness. Child abuse and neglect are included. It was suggested that agencies work hard to coordinate and benefit children to the best of their ability, but since adequate funds are not always available to provide all needed programs, they need to prioritize. One participant emphasized that the same standards for receiving services should be applied to everyone, whether it be the poor, the at-risk, or the average.

There was discussion of educational development, physical development, health issues, funding sources and how funds are obtained and distributed, and accountability. It was emphasized there is a need to evaluate and periodically reevaluate program guidelines in order to determine where additional emphasis should be placed. It is important to look at where the issues are and direct resources to improve services and help more children. A roundtable participant stated she had learned from the day's discussion that "out in the real world" coordination of services is happening and community agencies are developing an understanding of the need for programs to work together simply because the need is so great that no one program can meet the needs of the children and families at risk. Another participant indicated a shortage of funding makes it imperative that communities determine what the greatest needs are, where there are gaps, and work from that point to meet the stated needs. Another noted the disparity in services across the state and stated that is an issue that needs to be addressed. Children should not be denied a good start in life and education simply because of where they live.

A question was raised as to whether there is duplication in the numbers being served by programs. In response, it was noted the same child or family might be served by more than one program, but that did not necessarily mean there was a duplication of services. It simply means that child is in need of more than one program. If anything, the differing eligibility standards for programs may mean that a child does not receive all services from which the child could benefit because his or her family may meet certain criteria but not others. One reason we have so many programs is they cover small and unique populations. Geographics make a difference in the statistics because not all areas have all programs. In the juvenile justice system all levels of family income are eligible and this could be a way to look at early childhood programs. The same factors that influence entry into the juvenile justice system are out there for early childhood programs, *i.e.*, change in the family, absent parents, dealing with mental health situations, stress levels - those place the child at risk, but that does not mean he or she will qualify for some of the programs.

A representative of the Department of Social and Rehabilitation Services provided information on Fiscal Year 2004 Kansas Early Head Start core outcomes in the categories of (1) pregnant women and newborns; (2) infants and children; and (3) years a family has been enrolled (Attachment 6).

The Vice Chair of the Joint Committee thanked the roundtable participants for making time to be a part of the roundtable and indicated the value to members of the Legislature of open discussion such as had taken place during the day. She noted the purpose of the Committee is to get feedback so a subcommittee can study early childhood programs thoroughly. Many alternatives may be discussed, but that does not mean they will be adopted. Open discussion like that which took place today will open up the lines of communication and bring all views to the table. Legislators are asking you to educate us and give us the facts.

The roundtable was adjourned at 4:00 p.m.

Transition From Foster Care

A representative of Kansas Action for Children reported on a request for a proposal and a grant the organization has received that will allow interviews with youth aging out of foster care to determine how well their needs are being met and what they see as needed services to smooth the transition out of the foster care system into independent living (Attachment 7).

Staff noted the Legislative Coordinating Council had given the Committee a fourth issue to study - the re-enrollment process for HealthWave, specifically for the children's health insurance

portion. The Committee was asked to look at whether there are other ways to handle re-enrollment, including the passive re-enrollment procedures some states have used.

Future Meetings

November 4 and 5 - A roundtable discussion on foster care and mental health will be held on the first day of the meeting and a look at expansion of HealthWave in terms of coverage for more pregnant women on the second.

December 2 and 3 - Subject to approval of the Legislative Coordinating Council, the first day will be a roundtable with judges and the second an update and Committee decisions relating to issues reviewed previously.

Approval of Minutes

It was moved and seconded the minutes of the July 12, 2004 meeting of the Joint Committee on Children's Issues be approved. The motion carried.

Prepared by Ann McMorris
Edited by Emalene Correll

Approved by Committee on:

December 2, 2004

(Date)