#### MINUTES OF THE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Vicki Schmidt at 1:30 p.m. on February 8, 2011, in Room 546-S of the Capitol.

All members were present except:

Senator Terrie Huntington, excused

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes Katherine McBride, Office of the Revisor of Statutes Melissa Calderwood, Kansas Legislative Research Department Iraida Orr, Kansas Legislative Research Department Carolyn Long, Committee Assistant

Conferees appearing before the Committee:

Shawn Sullivan, Acting Secretary, Department of Aging

Others attending:

See attached list.

Senator Schmidt opened the confirmation hearing for Shawn Sullivan as Secretary of the Department of Aging (Attachment #1). Mr. Sullivan was welcomed to the committee and addressed members, giving a brief background of his credentials and expressing what he felt he could contribute as the guiding force for the Department. Senator Kelly asked for further detail on his plans for transforming services and Senator Reitz complimented him on his emotional optimism considering the challenges he would be facing. It was moved by Senator Kelsey, seconded by Senator Steineger to unanimously recommend confirmation of Shawn Sullivan as the Kansas Secretary for the Department of Aging. Motion carried.

The Chair opened the hearing on <u>SB 90—Behavioral sciences board; licensure</u>. Explanation of the bill by staff noted that it would allow the Behavioral Sciences Regulatory Board to deny, refuse to renew, suspend, revoke, condition, limit, qualify, or restrict the license of any application or licensee when an allegation of abuse, neglect, or exploitation has been substantiated by the Department of Social and Rehabilitation Services. Staff introduced a balloon amendment which included a reference to K.A.R. 30-46-10 et seq. as further explanation to the term substantiated.

Phyllis Gilmore, Executive Director, Behavioral Sciences Regulatory Board added that in addition to the explanation given by staff the bill would allow the refusal to license, limit, suspend or revoke even if the action was not practice related (<u>Attachment #2</u>). After discussion, Senator Kelsey requested additional wording to include "and appeals exhausted" as further clarification. Staff stated that on Line 30 the following statement could be inserted after *rehabilitation services* to read "and the appeal process has been exhausted and the substantiation of act has become final". Senator Haley inquired if there would be substantial additional cases with enactment of this legislation and Ms. Gilmore replied that there have only been two cases that have required the board to proceed with this type of action. Senator Pilcher-Cook would like to see the definitions of these statutes before the committee has final action on this bill.

There being no further discussion, the hearing on  $\underline{SB 90}$  was closed.

The meeting was adjourned at 2:07 p.m. The next meeting is scheduled for February 9, 2011.

# SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: Tuesday, February 8, 2011

NAME	REPRESENTING
Phyllis Colmore	BSRB
Laslie allen	BSRB
Debra Zehr	KATTSA
Joe Ewert	KANSA
Sava Arif	KDOA
Craig Kaberline	K4A
Sky Wisterlund	KNASN
Islie Hein	HemlawFirm
Jenna O wisky	Huntington.
Kerni Stubbs	Lt. Governor Colyer
Belinda Vierthaler	State LTC Ombudsman
wigh Keek	capital Strategies
Lauren Tuthill	Federico Consulting
	$\mathcal{J}$

# Senate Confirmation Information Summary

Prepared and Submitted by the Office of Governor Sam Brownback

Appointee: Shawn Sullivan	Position: Secretary of Aging		
Expiration Date: N/A	Term Length: POG		
Statutory Authority: K.S.A. 75-590‡ 3	Party Affiliation: R		
<ul> <li>Statutory geographic representation Requirements (insert any that apply)</li> </ul>	Congressional District: 4		
requirements (insert any that apply)	County: Harvey County		
	Size Requirement (if any):		
,	Other, specify:		
Statutory party affiliation requirement: N/A			
Statutory industry or occupation requirements: N/	'A		
Salary: 103,000	Predecessor: Martin Kennedy		

**Board Composition Prior to Confirmation of New Appointee:** 

Martin Kennedy, Secretary of Aging

Senate Public	Health &	& Welfare
Date 2-8	-2011	
Attachment	1	

#### SHAWN SULLIVAN

310 Springlake Ct. Newton, KS 67114

(316) 209-7531 ssulliva@ksmasonic.org

#### PROFESSIONAL EXPERIENCE

Kansas Masonic Home, Wichita, KS Executive Director

2008- Present

Director of Continuing Care Retirement Community with 244 units (64 IL, 60 AL, 120 HCC), 215 employees, and \$13 million dollar annual budget

> Development of new KMH Foundation

> Led development of \$22 million re-positioning project to revitalize aging and stagnant

> Established strategic partnerships with local universities

Significantly improved financial position to best in last 25 years

2010 Kansas Department on Aging PEAK award winner for creating a home-like environment, creating choice and control for residents, creating ownership and shifting decision-making to staff

Newton Presbyterian Manor, Newton, KS Executive Director

2004-2008

> Director of Continuing Care Retirement Community with 160 units (54 IL, 46 AL, 60

> 2006 Kansas Department on Aging PEAK award winner

Led successful capital campaign as part of a renovation to "households"

Three annual development awards from Presbyterian Manors, Inc. for program development

Lyons Good Samaritan Center, Lyons, KS Administrator

2001-2004

> Administrator of 66 bed nursing home and 12 unit assisted living center

> 2003 KDOA PEAK award winner

> Led successful facility renovation to "neighborhoods"

Atwood Good Samaritan Center, Atwood, KS Administrator

2000-2001

> Administrator of 50 bed nursing home

#### EDUCATION

Kansas State University, Manhattan, KS B.S. in Business Administration

University of North Texas, Denton, TX M.S. in Applied Gerontology

#### OTHER ACTIVITIES

- > Member of Kansas Homes and Services for the Aging (KAHSA) board of directors
- Member of American Association of Homes and Services for the Aging (AAHSA) house of delegates
- Member of Masonic Communities and Services Association (MCSA) board of directors
- > President of Downtown Wichita Kiwanis Club
- > Active in local church and community activities

#### REFERENCES

Debra Zehr President of KAHSA 217 SE 8<sup>th</sup> Avenue Topeka, KS 66603 785-233-7443

Randy Fitzgerald Good Samaritan Society Regional Director P.O. Box 5038 Sioux Falls, SD 57117-5038 605-362-3100

Garry Swords Presbyterian Manors, Inc. Regional Director 6525 E. Mainsgate Wichita, KS 67208-1440 Phone: 316-258-0108



## CONFIRMATION OVERSIGHT COMMITTEE

# APPOINTMENT QUESTIONNAIRE

Full Name: Shawn Michael Sullivan				
(please include title and middle name along with any names previously used)				
Home Address: 310 Springlake Ct.	Newton, KS 67114			
(Street Address)	(City, State, Zip)			
Driver's License Number.	Social Security Number:			
Position to which Appointed: Secretary of Aging				
Appointing Authority: Governor of Kansas				

\* Information on this page will not be made public but is used by the KBI and Department of Revenue.

F-2

(for Committee use only)  KBI Clieck: N/A		
KBI Check: N/A	In-Process	Complete
DOR Check: N/A	In-Process	Complete

This Questionnaire is to be fully completed by each appointee appearing before the Senate Confirmation Oversight Committee (Committee) and returned to the Committee Chairman's Office. A meeting of the Committee to consider an appointee will not be scheduled until a completed questionnaire and other forms are received by the Chairman. Please answer each question completely to the best of your knowledge. Should a question not be applicable, please so state. Hand-written responses are strongly discouraged. If filling out this form electronically, "\(\superightarrow\)" should be replaced with "X" by the appropriate response on the form. Please contact your appointing authority if you have questions when completing the form.

form.	
Full Name: Shawn Michael Sullivan	to the state of th
Position to which Appointed: Secretary of Aging	g with any names previously used)
Appointing Authority: Governor of Kansas	
Home Address: 310 Springlake Ct.	Newton, KS 67114
(Street Address)	(City, State, Zip)
Business Name: Kansas Masonic Home	
Business Address: 401 South Seneca St.	Wichita, KS 67213
(Street Address)	(City, State, Zip)
Position Title: Executive Director	
Home Phone: (316) 283-1738 Business Phone: (316) 269-	-7650 Cell Phone: (316) 209-7531
Fax Number: (316) 267-2199 E-Mail Ad	dress: ssulliva@ksmasonic.org
Kansas resident?	Place of Birth: Joplin, Missouri
Registered Voter? Yes Party Af	ffiliation: Republican
Congressional District: 4th Kansas Senate District: 31st	
Do you have the legal right to live and work in the United S	<b>'</b>
Please answer the following questions numbered 1 - 43.	Each question MUST BE ANSWERED ON

Please answer the following questions numbered 1 – 43. Each question <u>MUST BE ANSWERED ON THIS ORIGINAL FORM</u>. If the answers the question are provided on your resume, please state "See Resume" or if you supply additional attachment(s) with answers, please state "See Attachment(s)" on this form.

- 1. What is your educational background? See Resume
- 2. Describe your employment experience. Include any expertise related to the position to which you were appointed. See Resume

- 3. List any professional licenses that you have obtained and include the number for each license.

  Nursing Home Administrator's License- #2842
- 4. Why do you feel you are a good candidate for the position to which you have been appointed? See Attachment A.
- What do you see as the purpose or mission of the role to which you have been appointed? See Attachment A
- 6. Military Service: List rank, date and type of discharge from active service.
- 7. Government Experience: List any experience or association with local, state or federal government (exclusive of elective public office but including advisory, consulting, honorary, appointed or other part-time service or positions) and include dates of service.

  Solution
- 8. Elective Public Office: List all elective public offices sought and/or held with dates of service.
- 9. Campaigns: Have you ever played a role or held a position in a political campaign? If so, please identify the candidate(s), the dates of the campaign and describe your involvement.

  ☑No ☐Yes
- Honors and Awards: List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements.

  None See Attachment A
- Organization Affiliations: List all civic, cultural, educational, charitable, or work-related organizations that you have been associated with in the past ten years. Include any position held in the organization and the dates of service.
- Organization Restrictions: To your knowledge, is any organization listed above restricted on the basis of race, color, religion, sex, national origin, disability, marital status or veteran status? If so, please describe.

  No Yes Newton Masonic Lodge is restricted in membership on the basis of sex as only males can join.
- 13. Issues: Have you ever been publicly identified, in person or by organizational membership, with a particularly controversial national or local issue? If so, please describe.

  □No ☑Yes See Attachment A
- Submission of Views: Have you ever submitted oral or written views to any governmental authority, whether executive or legislative, or to the news media on any particularly controversial issue other than in an official governmental capacity? If so, please describe.

  No VYes See Attachment A
- Associations: Have you ever had any association with any person, group or business venture that could be used, even unfairly, to impugn or attack your character and qualifications for the position to which you seek to be appointed? If so, please describe.

  No Tyes

Opposition: Do you know of any person or group who might take overt or covert steps to attack, 16. even unfairly, your appointment? If so, please identify and explain the basis for the potential attack. ☑No □Yes Miscellaneous: List any factors, other than the information provided above, which particularly 17. qualifies you or is relevant to the position to which you are seeking appointment? Include any special skills. ☑None Relationship to Governmental Employees: Are you or your spouse or other close family 18. members related to any state governmental official or employee? If so, please provide details. ☑No □Yes Compensation: During the past five years, have you or your spouse or other close family members 19. received any compensation or been involved in any financial transaction with the State of Kansas? If so, please explain. ☑No ☐Yes Business Relationships: Describe any business relationship, dealing or financial transaction which 20. you have had during the last five years, whether for yourself, on behalf of a client or acting as an agent, which you believe may constitute an appearance of impropriety or result in a potential conflict of interest in the position to which you want to be appointed. If none, please so state. ☑None: Transactions with Officials: During the past five years, have you or your spouse or other close 21. family members received any compensation or been involved in any financial transaction with any state government official? If so, please explain. ☑No □Yes Spouse or Other Family Members: If the nature of employment for your spouse or other close 22. family member is related in any way to the position to which you have been appointed, please indicate the employer, the position and the length of time it has been held. If not, please so state. ☑No □Yes Lobbying Activities: Describe any lobbying activity during the past ten years in which you and/or 23. your spouse have engaged for the purpose of influencing the passage, defeat or modification of any legislative or administrative action. Lobbying activity includes any activity performed as an individual or agent of another individual, or of any organization that involves direct communication with an official in the executive branch of state government or any official of the legislative branch. If none, please so state. ☐None See Attachment A Regulated Activities: Describe any interest that you, your spouse or other close family member 24. may have (whether as an officer, owner, director, trustee, or partner) in any corporation, firm, partnership or other business enterprise and any non-profit organization or other institution that is regulated by or receives direct financial benefits from any department or agency of the State of Kansas. If none, please so state.

None

F-5

1-7

- Other: Please describe any other matter in which you are involved that is or may be incompatible or in conflict with the discharge of the duties of the position to which you have been appointed or which may impair or tend to impair your independence of judgment or action in the performance of the duties of that position. If none, please so state.

  None
- 26. Conflict of Interest: How would you resolve any potential conflicts of interest that, while maybe unforeseen at this point in time, could arise?

  Make them known to the proper authority. Remove myself from conflict if possible.
- 27. Citations: Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If so, please provide details.

  ☑No □Yes
- Convictions: Have you ever been convicted of or entered a plea of guilty or noto contendere or forfeited collateral for any criminal violation other than a traffic infraction? (Please include any offenses of driving under the influence, operating while impaired, reckless driving, or the equivalent offenses in other states.) If so, please explain.

  ☑No □Yes
- 29. U.S. Military Convictions: Have you ever been convicted by any military court? If so, please provide details.

  ☑No □Yes
- 30. Imprisonment: Have you ever been imprisoned, been on probation or been on parole? If so, please provide details.

  ☑No □Yes
- Agency Proceedings/Civil Litigation: Are you presently, or have you ever been, a party in interest in any administrative agency proceeding or civil litigation that is related in any way to the position to which you are seeking appointment? If so, please provide details.

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  \textsit{\substack}\tex
- Agency Proceedings and Civil Litigation of Affiliates and Family: a.) Is your spouse or other close family member currently, or ever been, a party in interest in any administrative agency proceeding or civil litigation that is related in any way to the position to which you are seeking appointment? If so, please provide details.

  No \( \subseteq \text{Yes} \)
  - b.) Has any business in which you, your spouse, close family member or business associate are or were an officer, director or partner been a party to any administrative agency proceeding or civil litigation relevant to the position to which you are seeking appointment? If so, please provide details. (With respect to this question, you need only consider proceedings and litigation that occurred while you, your spouse, close family member, or business associate were an officer of that business.)

33.	Other Litigation: a.) Other than the litigation described in question 32, have you or any business in which you are or were an officer, director, or partner been a plaintiff or a defendant in a civil lawsuit? If so, please describe:  No Yes See attachment B  b.) Are you aware of any pending or anticipated litigation against you or any business in which you are an officer, director, or partner? If so, please describe:  No Yes
34.	Drivers License: Has your driver's license ever been suspended or revoked? If so, please describe. ☑No □Yes
.35,.	Parking Tickets: Do you have outstanding parking tickets from any jurisdiction that have remained unpaid for more than 60 days? If so, please explain.  ☑No □Yes
36.	Security Clearance Denial: Have you ever been denied a military or other governmental clearance? If so, please explain.
37.	Firings: a.) During the past ten years, have you been fired from a job for any reason? If so, please explain.  No DYes
	<ul> <li>b.) During the past ten years, have you quit a job after being told that you would be fired? If so, please explain.</li> <li>☑No □Yes</li> </ul>
·	c.) During the past ten years, did you leave a job by mutual agreement because of specific problems? If so, please explain.  ☑No ☐Yes
38.	Alimony and Child Support: Are you now, or have you ever been, delinquent in the payment of alimony or child support? If so, please explain No LYes
39.	Consumption of Alcohol: Have you ever or are you currently abusing alcohol? If so, please explain.  No Tyes
40.	Controlled Substances: Have you ever or are you currently engaged in the illegal use of a controlled substance or abusing the use of a prescribed controlled substance? If so, please explain.  No Tyes
41.	Physical Examination: If you receive a conditional offer of appointment or employment, would you be willing to take a physical examination, which may include a drug test?

F-7

- Governmental Delinquencies: Are you delinquent in the payment of any obligation owed to the federal or state government or any political or taxing subdivision or any instrumentality thereof? (Include delinquencies in the payment of: Income, property, or other taxes; exactions, fees or special assessments; loans, including any defaults, on or under loans which are or were made by, guaranteed, insured or subsidized by any unit of government or instrumentality thereof; overpayment of benefits; required payments into or under governmental programs; payments under a diversion arrangement or other repayment schedule.) If applicable, please state whether such delinquency is under formal appeal.

  No 
  Yes
- 43. Other: Please provide any additional information, favorable or unfavorable, which you feel should be considered in connection with your appointment. If none, please so state.

Please include resume and completed Statement of Substantial Interest not more than twelve months old.

	REFERENCES
T. Michael Fegan Name:	Knows you how?: Knows you how?:
PO Box 207	Junction City, KS 66441
Address:	(City, State, Zip) Business Phone: (785) 226-2629
Debra Zehr Name:	President of KAHSA (on board of organization)Knows you how?:
Address: 217 SE 8th Avenue	
Address:	(City, State, Zip) Business Phone: (785) 233-7443
	Knows you how?:  Sloux Falls, SD 57117
Address:	Business Phone: (605) 362-3100
Garry Swords Name:	Knows you how?:Kormer employer (Presbyterian Manors)
6525 E. Mainsgate, PO Box 20440	Wichita, KS 67208
	(City, State, Zip) Business Phone: (316) 685-1100

#### AUTHORIZATION AND CERTIFICATION:

The facts set forth in my application are true and complete. False statements, answers, or omissions on this application shall be sufficient cause for nonconsideration or for dismissal after appointment or employment. I also recognize that my selection is based on receipt of satisfactory information from former employers and references, and upon my ability to perform the essential elements, with or without reasonable accommodations, for the position for which I am applying. I herein authorize investigation, without liability, of the information supplied by me in this application for employment or appointment including academic, occupational, health, law enforcement, and government records. I also authorize listed employers and references, without liability, to make full response to any inquiries in connection with this application for appointment or employment. I understand and agree that the terms, conditions, compensation, benefits, hours, schedule, and duration of my appointment or employment may be determined, changed, or modified from time to time at the will of the appointing authority or designee without limitation or condition. I FURTHER CERTIFY THAT I HAVE READ THE FOREGOING PARAGRAPH AND KNOWINGLY MAKE THIS AUTHORIZATION BY SETTING FORTH MY SIGNATURE.

I understand that if I am required to be registered, licensed, or certified by federal or state law or regulation for the position I seek, I will notify the appointing authority immediately if any investigation, limitation, or cancellation of my registration, licensure, or certification occurs. If any investigation, probation, limitation, or cancellation occurs, I understand that my failure to notify my appointing authority as described above will result in the termination of my appointment or employment.

٠	01	12/22/2010
Signature_	Man July	Date
-		



# CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

Shawn Michael Sullivan I,	acknowledge that as part of the
(print name)	
Senate Confirmation Oversight Committee	process I will:
<ul> <li>be subject to a criminal records back Investigation; and</li> </ul>	aground investigation by the Kansas Bureau of
<ul> <li>have my tax records released by the</li> </ul>	Kansas Department of Revenue.
Such information will not be released to the at the appropriate time by:	general public, but will be made available for review
<ul> <li>Myself;</li> </ul>	
<ul> <li>My appointing authority;</li> </ul>	
Chairperson of the Senate Confirma	tion Oversight Committee; and
The Vice Chair of the Senate Confin	rmations Oversight Committee.
Oversight Committee questionnaire, the Karelease my tax information and the Kansas	ntion" section (on page 8) of the Senate Confirmation unsas Department of Revenue will be authorized to Bureau of Investigation will be authorized to conduct and provide that information to the appropriate
Signature & Sull	Date
	Form:08/08
sas Legislative Research Department	F-10 Appointments and Confirmations Handbook

4. Why do you feel you are a good candidate for the position to which you have been appointed?

lam committed to providing Kansas Seniors with quality services in the place they call home. My career has been dedicated to returning choice and control back to the lives of elders so they can continue to live an active and vibrant life. I have experience leading long-term care and senior living communities in diverse settings, from frontier and rural areas to my current organization in a metropolitan area and understand the varying needs of seniors in each area. In each organization, I have brought together stakeholders to set a common vision to carry out the vision with a common sense of ownership. Carrying out the mission of the Department of Aging with declining resources will require us to pull all stakeholders together to find innovative solutions for how we will provide quality services in the future.

5. What do you see as the purpose or mission of the role to which you have been appointed?

To provide leadership to the Kansas Department of Aging in a manner that will enable the agency to provide quality services that Kansas Seniors need, when they need then, in the place they call home. To bring together all stakeholder groups together so they can have ownership with the needed innovation and solutions to fulfill this vision.

10. Honors and Awards: List all scholarships, fellowships, honorary degrees, honorary society membership and any other special recognition for outstanding service or achievements.

PEAK awards (Promoting Excellent Alternatives in Kansas) in three different organizations from KDOA for creating a home-like environment, promoting choice and control for residents, empowering staff and creating community involvement.

11. Organization Affiliations: List all civic, cultural, educational, charitable, or work-related organizations that you have been associated with in the past ten years. Include any position held in the organization and the dates of service.

Kansas Association of Homes and Services for the Aging

- Member through organization since 2000
- Board Member from 2005 to present

American Association of Homes and Services for the Aging

- Member through organization since 2000
- Member of House of Delegates since 2006

Masonic Communities and Services Association

- Member through organization since 2008
- Member of Executive Committee since 2009

Newton Masonic Lodge

Member since 2008.

#### Kiwanis Club- Downtown Wichita:

- Member since 2008
- Board member since 2009
- Club President since October 2009

#### Chamber of Commerce-Wichita

Member through Kansas Masonic Home since 2008

#### Kiwanis Club- Newton

- Member from 2004 to 2008
- Board member from 2006 to 2008
- Vice-President and President-Elect in 2007 and 2008

#### Chamber of Commerce-Newton

- Member through Newton Presbyterian Manor from 2004 to 2008
- Member of Governmental Affairs and Legislative Committee in 2003 and 2004

#### Rotary Club-Lyons

• Member from 2001 to 2004

#### Chamber of Commerce-Lyons

• Member through Lyons Good Samaritan Center from 2001 to 2004

#### Rotary Club- Atwood

Member in 2000 and 2001

#### Chamber of Commerce-Lyons

- Member through Atwood Good Samaritan Center in 2000 and 2001
- 13. Issues: Have you ever been publicly identified, in person or by organizational membership, with a particularly controversial national or local issue? If so, please describe.

I publicly represented the Kansas Association of Homes and Services Association (KAHSA) during the 2010 Kansas legislative session as a voice against the nursing home bed tax before a compromise was reached. This is probably not seen as a controversial national or local issue, but was contentious within some legislative and provider circles.

14. Submission of Views: Have you ever submitted oral or written views to any governmental authority, whether executive or legislative, or to the news media on any particularly controversial issue other than in an official governmental capacity? If so, please describe.

#### Nursing Home bed tax issue in 2010

- Submitted letter to the editor to Wichita Eagle
- Was interviewed by local television station
- Submitted emails and letters to Kansas legislators

- Submitted email to Kansas Department on Aging
- 23. Lobbying Activities: Describe any lobbying activity during the past ten years in which you and/or your spouse have engaged for the purpose of influencing the passage, defeat or modification of any legislative or administrative action. Lobbying activity includes any activity performed as an individual or agent of another individual, or of any organization that involves direct communication with an official in the executive branch of state government or any official of the legislative branch. If none, please so state.

Nursing home bed tax in 2010

- Submitted letter to the editor to Wichita Eagle
- Submitted emails and letters to Kansas legislators
- Submitted email to Kansas Department on Aging

Nursing home bed tax in 2008 and 2009

Submitted emails and letters to Kansas legislators

KDOA budget in 2010

• Provided testimony at Senate KDOA sub-committee budget hearing

Proposed repeal of non-profit senior living tax exemption in KS legislature

Submitted emails and letters to Kansas legislators

Various issues at national level

• My spouse and I have sent emails over the last ten years to Kansas legislators at the federal level to support our personal views on "pro-family" issues.

33. Other Litigation: a.) Other than the litigation described in question 32, have you or any business in which you are or were an officer, director, or partner been a plaintiff or a defendant in a civil lawsuit? If so, please describe.

I have not personally been named as a defendant in any administrative agency proceeding or civil litigation. I have been the executive leader/officer for organizations that have been investigated by administrative agencies or named in lawsuits. The details of these instances are as follows:

- 1. In 2001 while administrator of Atwood Good Samaritan Center, we filed a small claims court suit (as the plaintiff) against a former employee for breach of an agreement surrounding a scholarship. The court ruled in the facility's favor.
- 2. In 2002, Lyons Good Samarian Center where I served as the administrator was named as the defendant in a civil lawsuit by the family member of a former resident. The case was later settled by the insurance company. The incidents/occurrences in question named in the lawsuit occurred in 2000, prior to when I joined the facility as the administrator.
- 3. In 2004, while I was at Newton Presbyterian Manor as Executive Director, a department of labor complaint was made against the organization by a former employee. A minor settlement was made with the employee over back wages that were supposedly not paid while the employee was working off the clock as the hours were not reported to the organization. The organization was also cited for minor items that occurred prior to me joining the organization. The first was for a minor operating a meat grinder in the kitchen. The second was for a minor operating power lawn maintenance equipment.
- 4. In August 2008, a complaint was filed against Kansas Masonic Home with the EEOC by a former executive director for wrongful termination. The EEOC complaint was dismissed in 2009. The individual later filed a lawsuit in United States District Court that was later dismissed with prejudice. The instances of the dispute occurred prior to my employment with Kansas Masonic Home.
- 5. In 2008, Kansas Masonic Home where I served as the executive director was named as a defendant in a civil lawsuit by the family member of a former resident. The case was dropped and dismissed in 2009 by the family.
- 6. In June 2009, a complaint was filed against Kansas Masonic Home with the EEOC by a former employee for wrongful termination. The EEOC granted a release of the claim in 2010. The individual later filed a lawsuit in United States District Court that was later dismissed with prejudice. The allegations made occurred between 2005 and December 2008. My employment at Kansas Masonic Home started in August 2008.





Sec. of St. bar code

#### KANSAS GOVERNMENTAL ETHICS COMMISSION

#### STATEMENT OF SUBSTANTIAL INTERESTS FORM

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by individuals who are required to do so by law. Any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and Definition" section provided with this form for additional assistance in completing sections: "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 785-296-4219.

۸.	IDENTIFICATION:	PLEASE TYPE OR PRINT	
	Sullivan	Shawn	M.
	Last Name	First Name	MT
٠	Jenny Lynn Sullivan		
	Spouse's Name		
	310 Springlake Ct.		
	Number & Street Name, Apar	tment Number, Rural Route, or P.O. Box N	lumber
	Newton, KS 67114		
	City, State, Zip Code		
	(316) 283-1738	(316) 209-	7531
	Home Phone Number (include	e area code) Business P	hone Number (include area code)
	Education, or Dist  Appointed Member  Appointed State P  Appointed State P  Appointed State P  General Counsel f  Candidate for Stat  Contractor	er of a State Board, Council, Commission or osition is Subject to Senate Confirmation; te Agency or University; or State Office; e Office;	
Secre	tary of Aging for the Kansas Dep		
			viations but not acronyms)
List N		eartment on Aging	viations but not acronyms) Secretary
List N	ame of Agency, Board, Univers as Department on Aging Agency Divis	eartment on Aging  sity or Elected Position (You may use abbre  sion if applicable (May use acronyms)  ocial security number will aid in identifying	Secretary Position

OWNERSHIP INTERESTS: List any corporation, partnership, proprietorship, trust, joint venture and C. every other business interest, including land used for income, and specific stocks, mutual funds or retirement accounts in which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page if necessary to complete this

2

If you have nothing to report in Section "C", check here ...

	BUSINESS NAME AND ADDRESS		TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	PERCENT OF OWNERSHIP INTERESTS	MHOW BA HELD
Ĩ.					•	
2.				·		
3.		-				
4.						
5.					-	
6.						
T						
8.					,	
9.						
10.						

GIFTS OR HONORARIA: List any person or business from whom you or your spouse either D. individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months. If you have nothing to report in Section "D", check here

NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED	<b>40</b>	ADDRESS	RECEIVED BY:
1,			
2:			
3.			

E.	RECEIPT OF COMPENSATION: List all places of employment in the last calendar year, and any
	other businesses from which you or your spouse received \$2,000 or more in compensation (salary, thing of
	value, or economic benefit conferred on in return for services rendered, or to be rendered), which was
	reportable as taxable income on your federal income tax returns.

1;	YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING
,	CALENDAR YEAR. IF SAME AS SECTION "B", CHECK HERE .
	If you have nothing to report in Section "E"1, check here

description .		EEC 型数模型		
[2000] · 在1000]	NAME OF BUSINESS	一种使用证明	ADDRESS*	TYPE OF BUSINESS
, Kansas N	Masonic Home		401 S. Seneca St., Wichita, KS 67114	Sentor Living Community
.2.				

SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING 2. CALENDAR YEAR.

If you have nothing to report in Section "E"2, check here \[ \sqrt{\left} \].

			ADDRESS	 	TYPE OF BUSINESS
41.					·
2.					

OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS: List any organization or F. business in which you or your spouse hold a position of officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position. Please insert additional page if necessary to complete this section If you have nothing to report in Section "F", check here

<b>维斯斯斯</b>	BUSINESS NAME AND ADDRESS	<b>金额数据</b>	POSITION HELD	HELD BY WHOM	
1.	Kansas Masonic Home		Executive Director;	Shawn Sullivan	
	401 S. Seneca St., Wichita, KS 67114		Corporate Secretary		
2. Kansas	Association of Homes and Services for	the Aging	Director on Board	Shawn Sullivan	
	217 SE 8th Avenue, Topeka, KS 66603	3	·	<u> </u>	
s. Ma	sonic Communities and Services Associ	ation	Director on Executive	Shawn Sullivan	
	PO Box 362, Goochland, VA 2306	3 .	Committee		
4.					
Š.					
6.					
7.					
8,					

SSI o	f:	1272)	negate.		7	

G. RECEIPT OF FEES AND COMMISSIONS: List each client or customer who pays fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. The phrase "client or customer" relates only to businesses or combination of businesses. In the case of a partnership, it is the partner's proportionate share of the business, and hence of the fee, which is significant, without regard to expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "G", check here .

	NAME OF CLIENT / CUSTOMER	Sign of court	ADDRESS	RECEIVED BY
1:				
2.				
<u>3;</u>				
4.				
7.			1	
8.				
9.				
10.				
11.				
·12.				

·12.		
13.		
H.	true, correct and complete statement	, declare that this statement of substantial interests (including any has been examined by me and to the best of my knowledge and belief is a of all of my substantial interests and other matters required by law. I to file this statement as required by law or intentionally filing a false
12/21 <sub>/</sub>		Down Julua
	Date .	Signature of Person Making Statement
NUM	ber of additional pages 0	<b>=</b> '
	n your completed statement to the Sector, Kansas 66612-1594.	etary of State, Elections Division, Memorial Hall, First Floor, 120 SW 10th
F	Print Form	Reset Form
Kansa	s Legislative Research Department	F-15 Appointments and Confirmations Handbook

### State of Kansas Behavioral Sciences Regulatory Board

SAM BROWNBACK
Governor

PHYLLIS GILMORE
Executive Director



712 S. Kansas Ave Topeka, Kansas 66603-3817 (785) 296-3240 FAX (785) 296-3112 <u>www.ksbsrb.org</u>

# SENATE TESTIMONY PUBLIC HEALTH AND WELFARE COMMITTEE February 8, 2011

**SB 90** 

Madam Chair and Committee Members:

Thank you for the opportunity to testify today in support of SB 90. I am Phyllis Gilmore the Executive Director of the Kansas Behavioral Sciences Regulatory Board (BSRB).

The BSRB is the licensing board for most of the state's mental health professionals; the licensed psychologists, the master level psychologists, the clinical psychotherapists, the bachelor, master and clinical level social workers, the master and clinical level professional counselors, the master and clinical level marriage and family therapists, and soon the addiction counselors and clinical addiction counselors.

SB 90 adds to the board's power by allowing the board to refuse to license, limit, suspend, or revoke a license if the licensee has been substantiated of abusing a child, adult, or resident of a facility, even if the action was not practice related.

I will be happy to stand for questions.

Senate Publi		Welfare
Date <u>2</u>	8-2011	
Attachment _	2	