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Health and Human Services Committee and the Children's Behavioral Health Oversight Committee met at 10:00 a.m. on Wednesday, May 19, 2010, in Room 1510 of the State Capitol, Lincoln, Nebraska. Children's Behavioral Health Oversight Committee senators present: Kathy Campbell, Chairperson; Annette Dubas, Vice Chairperson; Colby Coash; Tom Hansen; Amanda McGill; and Jeremy Nordquist. Health Committee senators present: Tim Gay, Chairperson; Mike Gloor; Gwen Howard; Arnie Stuthman; and Norm Wallman. Senators absent: Bill Avery; Dave Pankonin; Pete Pirsch. []

SENATOR GAY: All right, if we could, we'll get started today. We want to try to stay on schedule and we're a little behind anyway. But this is a joint hearing between the Health Committee and the LB603 Oversight Committee, and we have two topics today that we're here for: child welfare reform, an update on what's going on there, and we got Director Winterer here and Todd Reckling, the director of the Division of Children and Family Services, that will go till roughly noon; take a break and then at 1:00, if other people...I think the LB603 Committee is going to stay or anyone else can stay as well to be updated on the Family Navigator Program and the help line and the postadoption, postguardianship services. So Senator Campbell and I are kind of doing a joint thing here, since she is the Chairperson of the LB603 and I'm the Chair of the Health Committee. We have a great turnout of senators it looks like. Thank you, all, for making time and coming, and thank the audience for coming too. These are important topics that we want to make sure we find out more about and get updated on. So with that, we'll do some introductions. As I said, I'm Senator Tim Gay from District 14, and I'll start over on my right with Senator Wallman. []

SENATOR WALLMAN: I'm Senator Wallman, District 30, BSDC, Mosiac in my district. []

SENATOR GLOOR: Senator Mike Gloor from District 35, which is Grand Island. []

SENATOR STUTHMAN: Senator Arnie Stuthman, Columbus area, District 22. []

SENATOR HOWARD: Senator Gwen Howard, Omaha. []

SENATOR CAMPBELL: Senator Kathy Campbell, District 25, Lincoln. []

SENATOR DUBAS: Senator Annette Dubas, District 34, that's Fullerton, Central City, Aurora, and part of Grand Island. []

SENATOR HANSEN: I'm Tom Hansen from North Platte, District 42. []

SENATOR COASH: Colby Coash, District 27 here in Lincoln. []

SENATOR NORDQUIST: Jeremy Nordquist, District 7, downtown and south Omaha. []

SENATOR McGILL: Amanda McGill, the state senator from District 26, which is northeast Lincoln. []

SENATOR GAY: All right. Thank you very much. And we'll get...we'll get right to it. And I know, I think, Todd and Kerry, do you want to...however you want to do this, we'll just...you have a presentation. How long do you think that will last, the presentation? []

KERRY WINTERER: As long as you want, Senator. []

SENATOR GAY: Well,...(laughter) do you...I guess let's put it this way. Would it be best for you, because this is fairly...would it be best for you if we listened to your presentation, wrote down our questions, and then asked questions? Or how would you like to do it, Kerry? []

KERRY WINTERER: Well, I have...I've got a few just introductory comments. Most of

the meat of this thing I think is going to come with Todd and his PowerPoint, so I think that's really up to you. I think the...a lot of the questions, I think, may arise from what Todd is presenting and such, but I'm happy to take questions at the end of what I talk about. It's really up to you. I think we're content to do it either way, however you'd like to do it. []

SENATOR GAY: I think what we'll do...what I'd like to do is probably, if it's a 20-minute presentation or something roughly, about 30, what I'd like to do is have you go through it for some consistency, and then if senators could be jotting down their questions and then we can come back. Otherwise, I'd hate to see us get off track. So why don't we give you the courtesy of going through your whole presentation; we'll write down our questions and then have an open discussion. And then also, if we get any time, if there's any of the actual providers in the contract who may want to...I don't know if we could maybe ask them questions as well. We'll see how much time we have and we'll kind of play that by ear. I think you'd have that, but we may want to do that as well. So, Director Winterer, I'll turn it over to you. []

KERRY WINTERER: Thanks a lot. It's kind of a full house this morning, I think. We weren't sure where you were going to put everybody this morning but you found places. My name is Kerry Winterer. I am the CEO of the Department of Health and Human Services, and I and the department appreciate the opportunity to visit with you today and update the members of both committees on the progress and the status of child welfare reform. We know that over the course of the last several weeks there's been a number of questions that have surfaced in the media and otherwise, and we're very happy to respond to questions you have and some of those questions that you've heard of, and it provides us an opportunity to talk more about this. I'm going to make just a few opening comments. Then Todd Reckling, who is the director of the Division of Children and Families, has a PowerPoint presentation that I think may provide some very specific information about where we are, where we've come from and so on that hopefully will spur then some questions that we'll obviously be able to...more than willing to respond

to at any time and after that presentation. I would also like to add that we have representatives of our three lead contractors here: Judy Dierkhising from the Nebraska Families Cooperative (sic), I didn't see her earlier but I think she is here; Sandra Gasca-Gonzalez from KVC; and Jeff Hackett from Boys and Girls Home. I know Sandra is here and Jeff is there. Okay, great. I'd like to start just by telling you a little bit about my involvement with this reform. Actually, my involvement predates my involvement with this department. For many years I was a board member of Heartland Family Service and I remember it coming to the board and being discussed at the board level over many months, if not a year or two, about welfare reform and what the state had planned and where the state was going. And I remember at that level we had numerous conversations about what did this mean, what did this mean for us as an agency trying to serve this same population that the state was concerned about, and our discussion really revolved around what's the place that we have in this welfare reform effort. And we as a board recognized that there was going to be some risk to us because it meant that we were going to be doing things and undertaking some risks that we didn't undertake before. But our board decided that, in order to be part of what was going on in child welfare reform and be truth to the mission of that agency, we needed to do that. And I don't want to...I don't want to presume the thinking that's gone on with other agencies that have been participating, but I suspect that their boards and people responsible for running these agencies pretty much went through the same conversation beginning three years ago, if you will, to come to where we are today. And Heartland Family Service, obviously, now is part of the Nebraska Families Cooperative (sic) with Boys Town and Child Saving Institute and OMNI Behavioral Health. Now obviously I'm in a bit (laugh) different situation looking at this, but I think child welfare reform is important, clearly, as a way to solve some of the problems that are part of our child welfare system. And almost even more importantly, it's a way I think to involve the private community in ways to solve these problems and bring the resources, the expertise, those kinds of things to bear in this process and in solving these problems. People refer to this as privatization. That's not the word that I would use. It's really not privatizing. We are entering into a partnership with the community with these

organizations to provide these services. It's not privatization in the sense that we're handing over everything and all authority to these private entities. It's not really what I would describe at least as full privatization. It's more of a partnership. I think the department has known really from the beginning it could take as long as three to five years to get to the point where we're going to complete this reform, and during that period of time I think people anticipated inside the department, and probably the contractors themselves, anticipated that we're going to go through a process of learning from this and adapting and making changes as we learned through this process, and I think that's exactly what's going on here. This is fundamentally the right direction to go. What we really need to be doing is serving more children in their homes and local communities, and this is the right thing to do and it's consistent with the national trend. This is where we need to go. We remain strongly committed to this reform. Our top priority is ensuring safety, permanency, and well-being for the children we serve. And our other priority is flipping the pyramid. You've probably heard that description before and that merely says that about 70 percent of the kids that we're responsible for we are serving out of home. As a result of what we're trying to do over the next few years, we want to flip that pyramid and serve 70 percent in-home, and that's really our objective and where we're trying to go. Let me update you a little bit on the current situation and kind of what you read in the newspapers over the last few weeks and so on. We have lost two of our contractors. We initially started out with five. We've lost two of our contractors. Visinet has closed. They notified us some weeks ago that they were experiencing some financial difficulties and that they were on the verge of bankruptcy. We had a series of conversations with them. They ultimately decided they needed to file bankruptcy and that then caused us to terminate their contract because we didn't believe that we could continue to contract with an insolvent or bankrupt company. We provided notice to them on April 8 that we were terminating the contract. We agreed to assume payments to...for any providers, any foster care parents effective the 16th of April. So anybody that had contracted with Visinet and continues to look to Visinet for payment, we have assumed that obligation as of the 16th of April. So everybody who was continuing to provide services and would have through Visinet is getting paid as of

that date. We want to reassure you that services are continuing as usual for children and families, that only a handful of children were actually moved when Visinet closed, and we are now in the process of negotiating an agreement with Visinet. Our primary objective is to ensure the integrity of the system and by that I mean that those who have contracted with Visinet and looking to them for payment will receive payment. I can't guarantee that's going to be full payment but we are working with Visinet so we can come to an understanding with them that these...the foster care parents, other providers, their employees certainly will realize some payments out of this process. You also know that CEDARS terminated their contract. They concluded that it didn't make financial sense to them. They continue to provide services through the end of June under the termination provisions of the contract which provided for a 90-day termination provision. We now continue to meet with our lead contractors to learn from this experience, to figure out how should we be doing this differently, what changes can we make, how should we...what can we actually learn from this experience. And I'm pleased that our contractors, all three of them at this point in time, are firmly committed to continuing and want to see this succeed. So that is very...that's very heartening for us to have that kind of commitment. Let me finish simply by saying that our focus through the last few weeks has been to minimize any disruption in services to the children, not change placements of children, maintain the integrity of the child welfare care system, including foster care, and learn what we can from what's been going on. And those are our primary objectives at this point in time. Thanks for your time and attention. We recognize, frankly, that we may not have all the answers that you would like today when we get finished with this. A lot of these things are in process. I would certainly encourage another meeting such as this sometime in the future when we have more answers, if that would be...if that fits in your schedule or if you'd like to do that. At this point in time, I'll turn it over to Todd, unless you'd like to ask questions at this point. []

SENATOR GAY: Yeah, I'd rather just let's go directly to Todd. []

KERRY WINTERER: Okay. []

SENATOR GAY: And then you're going to stick around kind of if we need... []

KERRY WINTERER: I'll stick around, yes. []

SENATOR GAY: Yeah, I figured you might. All right. Yeah, we'll just...we'll hold off on those. Thank you. []

TODD RECKLING: Good morning, Senators. []

SENATOR GAY: Morning. []

SENATOR HANSEN: Morning. []

SENATOR DUBAS: Morning. []

SENATOR WALLMAN: Morning. []

SENATOR STUTHMAN: Morning, Todd. []

TODD RECKLING: (Exhibit 1) Thank you. I'd like to echo what Kerry said and thank you for letting me give you an update. I'm going to talk you through some of the history of where child welfare was just briefly and how we got to come to where we are now with the reform. I'll continue where Kerry...and elaborate a little bit further on what he was talking about related to the current situation with reform contracts, where we're headed with some of those details, and then get into just some additional things I'd like to point out to show you that...where child welfare is headed in the future. I'll try to get out of everybody's way here while I'm talking. Just a little bit about why we're doing what we're doing, this is nothing new, you've heard from us many times before, in the future that things needed to change. We knew we needed to improve our outcomes for kids and

families that are across the state. The public was demanding improvement, the federal government was demanding improvement from the states, and so we sought to make those improvements through a systematic, thought-out process. And so what did we know that we needed to do to change the way we need to do business? Well, we've got to improve our services for kids and families, and certainly part of that service delivery is to increase our quality of those services. The beacon that you're going to hear me repeat over and over today when you ask me where do we want to go with all of those is the vision around improved outcomes, what Kerry mentioned, safety, permanency, and well-being. Those are those the standard outcomes we've been talking about. That's what the federal government is measuring all the states against. We believe fundamentally those are good outcomes and measures for us to be heading toward and those are going to be our guiding lights. So through this we want to increase our accountability. We've heard lots of comments and questions and we've had lots of discussions related to accountability, the effectiveness of the system, efficiency, and how responsive and timely are we with meeting customer demands. We've also known, through our experience with LB542 and other opportunities to look at the system, we've got some gaps in the system. How do we fill those gaps and make it more of a continuum of services versus sort of a piecemeal system that we have currently, and how do we maintain that continuity? So whether a kid has to go from a certain type or level of care or different service, instead of going to different provider to provider or our system changing their placement, how do we maintain continuity between services and supports? You'll hear me talk later that one of the continued struggles for our system is placement stability for kids, and I'll give you the definition of what that means in a few minutes. One of the challenges, and I'll talk about several challenges that set the stage for why we continue to want to make improvements and changes in the system, is that we continue in Nebraska to have a much higher rate of children in out-of-home care than other states. And of the kids that are in the system--you heard us say and you'll continue to hear us say about flipping that pyramid--on any given day we have about 70 percent, it's going down a little bit, and I'll talk about that, but in general over the last few years about 70 percent. To put that in perspective, over 4,000 kids on any given day are

somewhere outside of their home. Whether that's through foster care, group home, residential treatment, or some other type of placement, they are not with their families. We also want to serve more kids, as I said, in the home with this wraparound type philosophy of service delivery so we can maintain that continuity. And again, the federal measures are our guiding force around safety, permanency, and well-being. We also have talked about and want to continue to move in a direction of there's some families out there that need services that it may be short of having to come into the official judiciary system. Maybe they don't need an active juvenile court case. Can we get them in services if we have an unsafe child in something that we call a non-court-ordered or voluntary service case? If we need the court intervention, we can still go there. But short of that, are there things we can do to work with the system? We heard through the safe haven families in prior months and years that a lot of it was how do we access services and get some services, not necessarily that I want to have my kid removed or have them in the judicial system. We also want to move kids to permanency, not only in Nebraska but many states struggle with permanency. The federal government has measures set up so if the child can be reunified, how do you get that done timely? If the child cannot be reunified, how do you move to timely adoption or timely guardianship? Mentioned earlier, customer service is a huge thing. Often the criticisms and calls to your office are related to our lack of timely, responsive reaction to public requests for families needing answers to their questions. We also want to improve oversight and accountability in our system, and certainly we ultimately want to build a stronger...what we're terming a system of care rather than pieces of care moving forward. I show this slide just to give you a perspective of where we've been with state wards and, again, some of the challenges in our system. If you look, and I apologize, the numbers are pretty low and small, but in April of '06 we hit an all-time high of state wards in the system. These are kids, through a juvenile court case, that are committed to the care and custody and control of the department--7,803. We arguably had the highest rate of removals and out-of-home care in the nation. And so we knew that in order to get where we wanted to go, we needed to start thinking about how do you front-load the system so you can work with families and kids up-front without having to remove them from the

home, and how do we work with what we have now so we can get kids to permanency. One of the states nationally the states struggle with is, again, permanency and getting kids out of the foster care system. We don't want kids to linger in the foster care system. If they can be reunified, again, get them back with the parent; if they can't be reunified, get them to an adoptive home center. And I'll talk later but you can see that over the last couple of years, as of, you know, '10, it's taken us a few years, but we're down to 6,381 state wards in the system. Another...I keep mentioning the federal government and what is this all about. Well, in the early 2000s, the federal government started measuring all states on a consistent basis using the same tool, trying to get all states moving toward the direction of safety, permanency, and well-being. Nebraska had it's first Child and Family Services federal review in 2002 and you can see we didn't fair too well. We hit 0 of 7 outcome measures and 3 of 7 systemic measures. And to put it into perspective, it wasn't just Nebraska. No state or territory across the nation was able to pass the first federal review, nobody. All states ended up doing a two-year program improvement plan. Nebraska worked hard on our program improvement plan. We had many activities related to that and we successfully closed out of our program improvement plan. There have been a few states that have actually not successfully closed out of the program plan and have actually had either penalties or threats of penalties to move forward to make the changes that they were saying that they would make. We then had our second review in 2008. Again, we didn't hit on the outcomes; we improved...hit two more on the systemic factors, and again so far none of the states are passing. Actually, the federal government went from the first round of having some specific measures to the second round to where we actually have composite scores. It gets a little complicated but, basically, this composite score is a little bit more holistic around a measure. So when we talk about adoption, instead of just one measure toward adoption, there are actually several factors that play into the adoption outcome that is being measured. So I say that only to mention that there are somewhat...it's limited with comparisons between the first round and the second round because the measures changed a little bit, but again, nobody is passing the second round and actually the requirements for the states through the federal government actually increased going

into the second round, even though no state passed the first round. And so again, not only are states not passing but many of us are actually faring worse on some of these measures than we did in the first round. Another factor that we're just working with that is what it is and it's an important factor, though, you can see dating back to 2002 this is the number of the investigations that were ultimately called into our system in child abuse and neglect. We screened them in; said, yep, we need to go take a look at what's going on here; and in 2002 we did about 7,200 investigations. You can see where we're at in 2009. We've almost by twice increased what we've been doing, up to 14,000. So where are we going and what does the future look like? Well, setting the stage to where we're going, we started with one activity, which was working with not only our staff but the Foster Care Review Board, working under a directive of the Governor, to really take a look at some factors that were leading to kids not moving to permanency. So we identified 1,184 kids back in 2006 and we said these kids have been in the system an awful long time; what is it going to take; how can we do things differently and how can we move them to permanency? So that's where things started, when we really started taking a look at those kids that have been in the system a long time, in 2006. Supreme Court was also very interested at that time in working with the child welfare for improvements. Chief Justice, both Heavican now and the former Chief Justice Hendry, were very interested in child welfare and actually set up a Supreme Court commission which is continuing today in an ongoing effort to improve the system. I hope you've also heard about the Through the Eyes of a Child Initiative. That's a court initiative that the department is also involved, as are all of the other stakeholders of the system. There are 25 judge-led teams across the state that are really working across systems to try to figure out how to improve overall the child welfare and juvenile services system. And in 2007, as the department was going through our restructuring, the Governor came out with ten priorities that he wanted the HHS system to improve on, and two of those directly related to child welfare. He wanted acceleration of child welfare reform and he wanted us to improve on those federal measures that have been identified before. So again, that was part of the impetus to keep us moving forward. You've heard us talk, some of you have, related to the LB542 behavioral health reform. We worked with the

Behavioral Health Division, as well as Medicaid and Long-Term Care. The three systems collaborated and we responded to the requirements under LB542 back in January of 2008 to come out with a plan of where we wanted to go forward, and that's where you first saw this pyramid that Kerry mentioned and I'll show you here in a minute where we really want to set the system up so we build that foundation of prevention, early intervention, and invest more dollars down in the foundation versus some of these higher level of care situations. We also knew that in order to really understand what was going on with the family, we had to do good assessments, and I'll talk a little bit later about those, but in order to understand what's going on with the family, we had to identify what their needs were, what the issues were that needed to be resolved, and how to tailor services and supports that would help them accomplish those things. So we implemented a safety intervention system. Well, once we had the system in place and started doing better assessments, we also knew that we needed to have in-home services available so we could really start making those changes. So we started new contracts in July of '08 to do safety and in-home services, which leads us then to...to start with in-home, we knew we also needed to go with out of care home (sic) and we wanted those, again, to be a continuum in a system of care. So these new child welfare/juvenile services contracts are the whole gamut, in-home and out-of-home, and I'll talk about that as well. Some of these are...just continue to be beacons of where we're going and, obviously, we want to improve outcomes, eliminate gaps, continuity of services, and what we're really moving toward in the national trend is more toward performance-based contracting. Are we there yet? No, but we're starting down that road of actually trying to build in incentives and disincentives into our contracts that will lead to performance outcomes. One of the primary things with this reform, too, is we thought in part it was also going to be role conflict. Before, you had the state really do the funding, we provided the funding, we evaluated our own services. This reform, working in a partnership that Kerry mentioned, was really an opportunity for both the state and the private sector to look at outcomes, look at performance, and evaluate how things are going. It also maximizes expertise. Contract private sector has innovative, creative things that they can do that the state necessarily can't do. We believe that by combining

both our expertise between the public and private sector, that we can continue to make improvements and leverage that expertise in ways that we haven't done in the past. And through all of this, again, we believe that it will increase accountability but also get us to a more effective and efficient system. Just kind of the same themes, but I wanted you to know, across systems, across states, we know what works generally in child welfare reform efforts and that's what we wanted to build upon as we were going with our reform in Nebraska. Other private partnerships are critical. No one system, no one person can solve all the problems in child welfare. It takes a collective effort across all stakeholders to make changes to the system. You got to have planned implementation. The more planning the better. And even with the best laid plans, the best strategies are to be able to react quickly to plans and make adjustments as you go along. There's got to be solid oversight and review of the system. There has to be a common, well-defined vision and a team approach to that system. Shared advocacy across the system, again, that's not just the state, it's all stakeholders, how do we share that. And this really, reform efforts, are creating a shared risk, that there is a risk, both financially and achieving outcomes between the private sector and the public sector. So actual reform efforts, how do we get where we're going and where we want to be? Again, this pyramid is just a symbol but I think it's an important symbol. It is where we want to go, giving kids the right service at the right time in the right amount at the right level. And so you've seen this before. This was an LB542 slide and basically what it represents is that kind of 70-30 shift, and we'll get to where we would like to go with serving the kids at the right level through better assessments, really defining their needs, and if they do need to be in out-of-home care, how do you make sure you're still paying attention to what services they need with the intent of getting them back home, or how can we be creative, think of new solutions instead of reacting, going to out-of-home care, and then figuring out how to get them back in the system or back into their home. How do you start from the very beginning and say we can keep this child home safely, we won't compromise safety, but if we can keep them safely in their own homes and wrap the services and supports around them, that's where we want to go. That's what is flipping the pyramid that you're going to hear us repeatedly talk about, this shifting from those 70 percent of kids, those

4,000 kids on any given day, being out of home, we want to serve 70 percent in the home with services. But I can't get there overnight. You're going to hear me talk a little bit later about the fact that even though we're very early on into this, I can give you an example of where just one of the providers is already seeing a change in their numbers from out of home to in-home. So just a little couple slides here on the safety intervention system that I think are important for you to know. Most systems that are investigating child abuse/neglect really look at the incident. So we get a call. Johnny may have had bruises. We go out, see if we can substantiate if the bruises happened, how they happened. Well, there's more than just that incident. Is the child really safe? What are the parenting practices? What are the disciplinary practices? Other than just that bruising incident, is that child safe on an ongoing basis? That's where we worked with the National Resource Center for Child Protective Services. We worked with another sector, an entity called Actions, and we tried to work with them around a safety system rather than just an incident-based system. So we want to comprehensively, all the time, just not a point in time but all the time look at the safety of the child holistically of what's going on so we can determine whether they're safe or not. We started the system in 2007 and were fully implemented in 2008. Kind of how we went through the process, we did set up requests for bids with the providers. We were still prescriptive in what we were asking for with providers. We said we want these 11 safety and in-home services. But now that we're doing these more holistic assessments, we got to have the services that can actually support kids being in the home and staying in the home and helping mitigate those safety factors. So we went out for contracts and ended up contracting with those five providers: Boys and Girls Home, Visinet, CEDARS, Child Saving Institute, and Boys Town. And again, by going to lead agencies, that also helped us increase our oversight and accountability factors. Because instead of the state having literally over 100 contracts, I was able to go down to five lead agencies to monitor their progress on. And again, those services started July 1. Just a brief snapshot of what some of those services are, really designed to keep the child in the home as much as possible, again, if we can keep them safe. Those list out some of the services, if you're interested. And so next steps, we had the assessment going on, we had in-home, now

we needed data out of home. So this new reform effort was to put together the safety and in-home and out-of-home continuum, and so we started to think about, you know, what other states were doing, looking at the research, what other states were actually implementing, what they had gone through. We looked at what was going on here in Nebraska and we had a team that got together in July-August of '08 and really started trying to lay out some of these preliminary plans. And we knew also that we couldn't design this by ourselves so we had to get public input. So team came up with recommendations to then former director Todd Landry. We worked around that framework to get it out to the public. We launched that out to the public in September-October of '08 so we could get feedback. We held public forums to solicit that input from the public; had really good input. We also set up a Web site so we could have e-mails that came in through the Web site. We looked also if we needed any legislative changes, what the dollars looked like to go into this reform. We then started to plan the reform, how we were going to go about that. We released requests for qualifications to providers so anybody that was interested had an opportunity to bid on this, and I'll talk a little bit more about the steps, but we went through that process. It was a planned process. We looked at the bids that came in, the qualified providers that were interested. We walked through that with them. We had another step, once we identified those that were qualified to go forward, where they came to us with additional information about their programs, their business. We spent lots of time, as providers can attest to, talking through what this looks like and how to get there. We ultimately set up implementation contracts in July and started doing some training, and then we went to actual transition starting November 1. And we didn't hit full implementation, obviously we (inaudible) until April 1. So it's very new. We literally statewide didn't hit full implementation until April 1. These are kind of the steps there. I won't go through these. They're in your handout if you have any particular questions later on, but this is the actual process we used to go through what I just described, to get us through announcing the framework, getting feedback, making adjustments. We not only adjusted based on feedback we got from the public. With the program and framework we also adjusted our time frames. The one thing we learned from the safety and

in-home contracts that we heard over and over was that we move too quickly with those safety and in-home, so we pushed out the time frames on the reform so we weren't fully implemented until April 1 so we could have more of a planned, thoughtful transition period. Kerry mentioned that, you know, you'll hear more about and may have already heard efforts like Kansas and Florida and some comparisons to Nebraska, another Kansas, are we another Florida, but we're not. This is not full privatization. Kansas and Florida literally said, here, private sector, you do all the services, you do all the case management. And we didn't. We have what we're calling our caseworkers, and I'll show this to you, are still doing case management and service coordinators are doing service coordination and I'll walk you through some of those differences here in just a second. But it's built on safety and in-home. As we're moving forward, it requires those day-to-day functions through planning, acquisition, coordination of services to be under the private sector, and it's also the private sector really helping (inaudible) using their expertise to navigate between nontreatment and treatment services for both the kids and their families. Again, DHHS staff maintained case management so those critical decisions we're ultimately responsible. We are still the custodian of that child through the court effort. As I talked before, I wanted to complete this continuum of care all the way from nontreatment to helping move in the direction of getting more services. Those services are out there that we know lead to better outcomes, so we've been looking at, and the providers looked at, and we're trying to move the system more holistically into evidence-based and promising practices so we can get to those services and supports that we know, through research, provide better outcomes for kids and families. Again, it's a lengthy process, not going to get there overnight, but that's the direction we're wanting to head. I mentioned earlier a little bit about performance-based contracting. That's a hot topic. In the private sector, it's been out there for years but child welfare hadn't really embraced doing incentives and disincentives around getting kids and families toward the outcomes that were achievable. Some of the other states that you'll hear about, Kansas again, Florida, Illinois, New York had gone to performance-based contracting early on to really try to push the system in the direction where they needed to go through incentivizing good, solid work and outcome achievement. Can't say it

enough, you know, the federal outcomes of safety, permanency, and well-being are where we're headed; shared ownership in solving this problem; and we certainly want to go more toward what I mentioned earlier--best performance-based practice and evidence-based. One thing that I'll point out that's different in these contracts that we've not had before is aftercare. This is the first time we've set up a system with the providers where we've said, you know, there's incentive here to do it well while the kid is in the system, because if they could not be in the system after their court case is closed or we're done working with them, there's still responsibility under the provider and under this contract for ongoing services, what we're calling aftercare, for up to 12 months. And so it's a great opportunity for all of us to recognize, how do we do things right the first time so we have less reentries. We are doing better with our reentries, but certainly states in whole, not just Nebraska, struggle with those kids that we provide services to, you think everything is going okay and, lo and behold, three months, six months later you recognize that it wasn't true rehabilitation or efforts that really solved the family's problems, and they come right back into the system. So we ended up contracting with five lead contractors and, just as a reminder of where those contractors are at, we had, again, a total of five contractors where we had multiple contracts with those leads in different service areas. So in the eastern service area, which is Omaha, Sarpy, we serve about 40 percent of our kids and families. So we would divided it up in thirds, so you have Nebraska Family Collaborative, KVC, and Visinet serving kids and families in that area; the southeast service, which is Lancaster and 16 surrounding, we do about 30 percent of service to kids and families, so we have again three providers--KVC, CEDARS, Visinet; and in the northern, central and western of our service area regions, basically everything west, us under Boys and Girls Home contract. As Kerry mentioned, our contract with Visinet was terminated on April 4 and they stopped their services on April 15, and also CEDARS is continuing with us until June 30. This is a pretty messy slide as far as transition plans but I think what I wanted to point out was that we took our time. If you look down the columns you can see across the service areas, and if you look across you can see per month how we went about working between the state and the contractor. We spent many meetings, lots of time between the contractors and the

state workers to say what are our kids and families, how do we best transition them. We want to have a smooth transition. How do we make this happen? How do we incrementalize this and how do we get it done over the next few months? And this is how they broke it off, under mutual agreement, what kind of percentage we were trying to accomplish each month, and you can see that the service areas came up a little bit differently. We were...came up first in the southeast service area and then the eastern service area, and then less out west. We were up and running as of April 1, so by April 1 everybody statewide was going forward. Little bit I can tell you from my perspective, I don't know many of you know this but I was a caseworker, I started with Child Protective Services in 1992, and I say that really to give you a sense of what I think this means to me as far as reform. I was a caseworker and I supervised and I had different administrative roles, but probably the most confusing thing for me as a caseworker and as I think about this reform and what we hear across the states as they try to reform the system is this whole continuum of, like, Kansas doing everything through the private sector, which is true privatization, case management, everything, they said, here, here's what we want to achieve; go out and do it and, you guys, however you do it is up to you, per se, under the contract, but state workers don't do any of the decision making; versus the other end of it where states keep case management, keep a lot of the service coordination. And so this continuum, the states kind of slide back and forth on how much of the work, how much of the responsibilities, how much of the duties are we going to keep in-house and how much are we going to go out to the public sector? And for a caseworker, when I think about this, it gets confusing on what is it that I should be doing, what is it I would expect the service coordinator do be doing. So we continue to look at those roles and responsibilities and redefine those. But as far as the CFS specialists, that is...they're doing the critical decision making, like does this child need to be removed from the home, are we ready to do a termination of parental rights, those functional core things that keep the family moving in the right direction, making sure that their needs are met. It's the safety determination. We do not give away or privatize out the safety assessments that I talked about earlier. We are still doing those. I don't know of any state that has privatized the investigatory aspect of it. We tend to hold on to that

and that's what I know the other states are doing. We're working...again, our staff, we're still making and working with the courts. We expect them to go to court. The providers are...and you'll hear lots of back and forth or continued discussions around what should those recommendations for court look like, how do we work together to make those recommendations, who's drafting the report, who's going to the court and sitting. You can imagine we have lots of questions about...from the judges about who's going to be in my courtroom, who do I point to when I want to know what's happened, and who do I call upon to testify when I need to know what's going on with the family. Well, (inaudible) said was it's our state workers but it's also the...if you want the service coordinator there, they can also help answer questions because they're in the family...in with the family on a more timely and more day-to-day basis. As far as the service coordinator, there really are, again, lots of important roles. (Inaudible) work together as a team and it's a partnership, and we continue to build it, but the service coordinators help work and navigate around those nontreatment services, the interconnection with the actual treatment services that need to be developed, the coordination of services. So if we need to look at maybe finding a different foster home or setting up different services, they help coordinate all of that. It takes a lot of effort but they help, so they're responsible for knowing who to go in maintaining that continuity of...between different providers if they subcontract out some of their work. They also help facilitate and convene the family team meetings. Certainly our workers can go there but they help get those set up and help (inaudible) meet with the families and kids. They also work with us around placements, the day-to-day placement changes that need to be occurring. Also, as far as mental health and substance abuse for both kids and families, they have a lot of expertise that they bring to the table to help coordinate those services and supports for the kids and families. What we did is we started transitioning (inaudible) after we defined the roles, started moving forward. We knew that we needed to again have a planned transition time so we worked with our staff and coordinators to have lots of meetings together. They set up deliberate opportunities to have a planned transition with the family, so they went out, introduced the service coordinator to the family so people knew who the new service coordinator would be that was working with them.

Again, our case manager is still working with our family, so the continuity was there with our case managers. We also introduced them then to their new service coordinators. And we've had lots of ongoing meetings that have been important as we get through this. As we move forward over the last few months, we know some things that are working better than others, some things that have worked well or that we've set up multiple work groups as needed, whether that's around Q/A or contracts or ways to do the work differently. We've had different conversations and meetings to try to refine and hone in on what that means and who's doing what and how to do it best. We've also had a lot of opportunity to try to figure out how can we look at the kids that are in out-of-state care. This has been a challenge for Nebraska, where we sent kids out of state for service delivery, and we are holistically again trying to figure out how do we serve more kids in the state of Nebraska through this new opportunity for us to have an innovative and creative service array rather than just set services. Also, we're hearing good things about the timeliness of service delivery; heard some things from the courts and also from the families that service coordinators have played a critical role with getting timely services set up for the families. We have a pretty massive operations manual that is subject to change all the time but it's a guiding force, and because of those conversations that occurred, we did have a contingency plan and were able to, in part, rely on that as we move forward with the matter that we've been going through with any of the changes as they've come now to us. And the one thing that I think is really important is that we all know those federal outcomes are where we want to be. We all are talking collectively about flipping the pyramid so that unified voice and vision I think is absolutely necessary to make this reform happen. Some of the challenges then of what we're seeing so far, certainly what I described earlier, the adjustments to the in-home...or, excuse me, the roles and responsibilities is huge. We know that we need to do further clarification around that and we will continue to do that. It's also kind of self-monitoring. Anything that's new, people kind of react differently, whether that's as a system or as an individual, as a team or as a group. So we're trying to do some self-monitoring, both on our side and their side, of kind of what does this reform mean and how is it shaping up. Challenges I think you can appreciate with hiring, this, as we

set up service coordination, the lead providers have to go and hire staff, so they undertook massive hiring practices over the last many months during implementation to try to get a work force set in place, and certainly believe, on both their part and our part, that as we get into this a year or two we will see the turnover decrease. But right now, as we have new opportunities, we lost a few of our staff in the state system, not a whole lot but a few, where they said, you know, I really like that day-to-day interaction with the family; I don't want to do just case management services, I want to be out there on the front line every day interacting with those families. If that's what they wanted to do then some of them left to go to the private sector. Vice versa, we also had people come in that said, you know, I really want to do this critical decision making but I don't want to do some of that day-to-day stuff. And so it's been a big adjustment both for our system and their system, and especially in the private sector as they've tried to tap into the work force to work with their agency as they're going forward with the new contracts. Then just staff mentoring, again both on their part and our part again with new staff, new work force, in part how do we continue to shape and mentor those folks as we go forward. N-FOCUS is our computer system. We had a few initial delays with getting everybody up to speed on what N-FOCUS was, access to it, how to work it, navigate it, and we're all still learning. I remember 1998, as again a fledgling caseworker, when the system came out and you had to start documenting everything. It was a lot more cumbersome (inaudible). We make adjustments, we'll continue to make adjustments. The providers are also now responsible for entering their information on the N-FOCUS system so a new computer data system from their perspective that they're having to operate and navigate. (Inaudible) we've had some, as I said before, challenges and part of that is documentation. We're new into this but we know we have issues around documentation. Both state workers and the service coordinators need to make sure that they're documenting information, their contacts with the family, what they've been doing for service delivery, and timely documentation is also critical. Also, just getting used to our policies, and we've had a few issues where we've had some late case planning court reports. You can imagine it took us not very long at all to react when a judge didn't have his case planning court report when he needed it, and so part of it is just understanding

how critical some of those up-front decisions are as far as getting things turned in on time, making sure that we have what we need, and where it needs to go so the courts and other legal parties can have the information that they need. And just right on placements: what are the placements that are available; how do we get our kids back from out of state? So we're continuing to look at, as we build this different service array, how do we continue to look at placements as those hopefully decreasing out-of-home to wraparound services in-home. As you've heard and we'll continue to talk, just finance, you know, there are issues that we want to continue to work together toward, both on the state side as well as the provider side, to make sure that the payments all the way around, whether it's to the state, to a contractor, or it's from the lead contractor to the subcontractor. We want to make sure that people are getting their payments on time and in a timely fashion. And then this whole question about whether or not...is there enough money, we set out on this venture to say we would spend the amount of money that we were currently spending on child welfare as part of this reform, and that's what we are continuing to say, is that we started with this, there are different factors, we will look at those efficiencies and so forth of what we need to do differently but the money is the money. We built the model around that design and that's what we've been operating from the premise of. This will...we'll use the money, we'll (inaudible) spending towards these contracts (inaudible). So with all the transition that's going on, what really are the changes most current that happened with the transition as CEDARS is winding down through June and Visinet went out on April 15? If you've been following the papers, there have been some conversations and other just conversations outside related to placement disruptions for kids. Obviously, our primary goal was not to have placement disruptions or service disruptions. We did have a few, but it's certainly not this mass change in placements. We did have a situation with the Visinet shelter in Lincoln. We had nine kids there and when we found out that Visinet that shutting its doors and closing business on April 15, we did have to move nine kids from the Visinet facility. I immediately had questions around, well, I heard that you had to handcuff kids and move them out of there. We didn't use any handcuffs. They were in a shelter, Visinet shelter, who were shutting down business as of midnight that night. We were faced with a

situation where we needed to find a safe place for those kids to go. Our staff immediately went out there and worked with the Visinet staff and we got those kids into temporary placements until we could find longer term placements for them, nine kids. We also then had one foster family child that I'm aware of that we had already been given notice by the foster parent that they wanted a change in placement. And when this Visinet situation happened, they expedited that on us, so I would say also then, if you want to count that as a placement change. But that's of, you know, about over 1,100 families that were impacted through our work with Visinet, and put that in perspective (inaudible) family, about 2,000 kids. So we had minimum placement disruption, but that was our primary focus and I owe that a lot to the ability of the lead contractors to continue to work with us, to the other subcontractors that stepped up and said, you bet, how can we help, and to our staff who all worked together across the system to say, we don't want kids moving, we don't want breaks in services and gaps for the kids and families, what can we do to minimize those. We do know that there was a challenge related to the service continuity. Again, it was minimal but it did happen and I want to acknowledge it. Out of all the services that you can imagine that Visinet had been providing to these many families and kids, we needed to change basically everything, recontract with other subcontractors, and the leads helped take on some of those cases and they're all working together. That happened very quickly. But our biggest issues are, again, were related to therapy services and supervised visitation. But again, over all, it was a very, very small percentage of kids and families that were impacted and that was the way we wanted to go about it and continue. And as Kerry mentioned, we wanted to stabilize the child welfare system as quickly as possible. We were trying to communicate with others. I know there's been ongoing questions, there will be more questions, we will provide those as we can, but we want to stabilize the system so we don't lose foster parents, we don't lose subcontractors, and people know how to move forward collectively. So as far as state workers, with the cases that were previously under Visinet's care, so the kids and families, we as a state are working with other subcontractors directly and paying for those service delivery costs, and then working with the lead providers to help us look at, on an ongoing basis, what do we do

looking into this new contract period starting July 1. But for right now the department is directly, temporarily, during this transition phase, directly paying for those service delivery costs of those kids that were previously served under Visinet. As Kerry mentioned, we're also continuing to try to work with Visinet to figure out how we can move forward with getting those not only former employees, foster parents, but also the subcontractors and those that are owed, through Visinet, payments. Also spending a lot of time over the last many weeks analyzing communication. The state is doing that, providers are doing that, trying to figure out what's working well, what are the things that may or may not need to be changed as we move forward. We're all committed to this. We want it to be successful. How do we make it viable and sustainable as we do move forward. And again, we're having those discussions and more to occur. Also, as we're doing today, trying to communicate with others, certainly when we start adding disruptions people get nervous with any type of change or reform, I think communication goes a long way and that's why I appreciate the opportunity today to try to answer your questions and dispel any type of myths I can or confirm where things have been. And we're also interested in knowing what others have for idea. You know, when we started the design around this we said we don't have all the answers, but we got great public input and I think that's part of our continuing request, is that if you have ideas, solutions, we're happy to hear those. Some of the particular issues I keep getting asked: well, what is...you tell me you're talking together but what is it you're really talking about? And we don't know for sure right now if these are really factors or to what extent these factors may or not be playing into it, but I just wanted to throw them out. These are the discussions that we're having right now and some of the issues that have cropped up. One is, is there an increase in the volume of kids being served? I mean all these plans months prior around what the system looked like at that time, what we were predicting it may look like, but with the downturn in the economy, with whatever else may be going on, are we serving more kids now than we had originally predicted? So that's one of the things we're trying to walk through. Is it state wards? Maybe it's an increase in the voluntary cases. Are we doing more services during the investigation assessment phase? One of the fundamental things we really need to answer is, is there an

increased volume and, if so, what does that mean for us? Also, service delivery, is there something about actual services, as we're trying to do background services and more in-home services or a different service array than we normally had been providing before? Is there something different about those services that are adding to services or changing the services that may be increasing expenditures? Also starting to hear a little bit about are there changes in what Magellan is doing with treatment authorizations or approvals or interpretations? Again, very happy to have had the opportunity, the providers that met with Magellan on at least one occasion, I've got some information from them myself most recently, and we will continue to have additional conversations with both Magellan and behavioral health regions. Any time a system changes, it has impact on all the other systems, so we want to figure out how the systems are collectively working together. The national trend is certainly toward community-based services and that's where we, through the adult sector and LB1083, have been moving, toward community-based services. That's where this is also headed. Have these systems changes also impacted other systems. We also want to take a look at a raise. Are the rates changing? Could there be a possibility that there's changes in the financial issues based on rate changes? And then just general newness of this, are we doing things maybe a little bit differently that are impacting more kids coming into the system, whether that's through us, the courts? Is there something different going on? Be happy to get to questions and answers, but let me, before we do that, I wanted to talk a little bit about kind of where we're headed, and again this is a reiteration of what you've heard before, but really want you to know this is the road map or the plan of where we're headed. Those federal outcomes are the guiding light where we're going. We've got to change the service array. We can't have services A, B, C, and D. We've got to have whatever works for that family after we've assessed their needs. How can we be innovative and creative? We're actually starting to hear stories, and this is very encouraging and this is what we want to replicate, but we had a situation where typically we went in, removed the child from the home, set up services in the family's home while the kid was in out-of-home care; court said, yep, that's the plan, I approve your recommendations; and we were able to work, between the state and the service

coordinator, together to come up with a new, innovative plan to say here's what we can do, Judge and the other parties to the case, here's what we can do for this child and family by thinking outside the box, thinking about doing our business differently, doing in-home services because we knew we could keep the child safe if we had these services in place. Went back to the court and said, you know what, we think, if you give us a chance, we can do this. Well, guess what, we were given that chance. It's just one example of whether or not we can actually make those changes and create what is outside the box (inaudible). You saw the state ward numbers going down. Just to put this in perspective a little bit, if Nebraska was at the national trend, not significantly better but at the national trend...and I don't know if that's right or wrong. Is the national trend where we want to be? I don't know. But if we were just at the national trend for having kids come into the system, being removed from their home, in out-of-home care, we'd probably only have about 5,000 kids in the system. Can you imagine the difference the system would have in its ability to operate and to front-load the system if we had 5,000 state wards versus 6,300 or 7,800? It's not that we don't want to serve kids. That's not what I'm saying. How do we serve them differently (inaudible) before they have to actually be in the juvenile court system and state wards? And that's where we want to continue to flip that pyramid. If the child has to come into the system, then how do we serve them in the home? Are there things we can do differently so they don't even have to come into the system in the first place through voluntary service cases. Customer service is a big one. It's huge for any of our regions. It's huge for us as a division. We take it very seriously and we want to get to the point where we're doing better customer service delivery. Bottom line is, regardless of what we do on a day-to-day basis, we're here to serve the public and that's the attitude we need. Got to improve our accountability, transparency. One I'll show you in just a second is how do we get this information out to the public so we can also monitor how we're doing? And we know we can't do this alone. How are we going to do this through partnerships. We've also got to use technology. We've been piloting now for a little while and actually having staff use laptop computers. You can imagine some of the downtime we were experiencing as our workers were sitting outside a courtroom and couldn't get to their

computer until they return, in our rural areas, to their home office to document their stuff on the N-FOCUS system. And we're trying to collaborate more with our system partners. Change, we know we've got to continue to work together, stay committed to the cause. This isn't going to happen overnight; probably in five years, as we go forward. And what we do know from the other states that have gone through this, first couple years just are really tough, but if you stick it out the system will change and improve. Here's our COMPASS that's on our Web site. You can see that. It's out there for us, as we're doing as a state in our different regions, the providers. See little water marks are actually...we're now hitting two of the federal six measures. And I'll show you this other side. If you look on the far right...you can see on the far left what the national standard is, where we've been over the last couple years, and where we are as of February 2010. For the most part, we're moving in the right direction on those measures. If you look at placement stability down at the bottom, it's still a struggle for us around placement stability, but the system, as a new reform effort, could really help that in the future. Real quick slide on adoptions, we hit an all-time high in 2008. We're very proud of that and we're (inaudible) adoption incentive bonus monies. Talked about changing state wards and (inaudible) so you'll hear later this afternoon about LB603. Division of Children and Family Services had a person in LB603 to help with those situations that we were hearing about through safe haven where those families were having (inaudible) adoption and guardianships. And you'll hear later through Right Turn, the new program that's invested in postadoption/postguardianship, go up and running around January 1 on. So with that, I will close with that part of it and we'd be happy to answer any questions that we can as we've gone through (inaudible) myself or others. []

SENATOR GAY: Thank you, Todd. I'm sure there's quite a few questions with what you covered, very comprehensive. So we'll start out with questions from any members and kind of bounce around and go from there. Did you have one? Senator Dubas, go ahead. []

SENATOR DUBAS: Thank you, Senator Gay. And thank you, Director Reckling. You

very frequently talked about this 70 percent goal and I totally agree, the more children we can keep within their family unit the better, but what...why 70 percent? Is that a magic number? Is that something that was pulled out of the sky or is there some real evidence behind that 70 percent number? []

TODD RECKLING: You know, I appreciate the question. That was based on conversations. It's not a magic number. What we said is, in looking at some of the efforts that other states have done, what would we want to have for Nebraska? And we believe that, again, just looking at the system as a whole, that if we had those type of comprehensive wraparound services, that that's about the right number. Again, I don't know, you know if we get to 60-40, it was goal and I think any time you set a direction you need a goal to shoot for and that's what we collectively came up with that we thought we could actually achieve in the future, that it was a doable, manageable, and that would be about, you know, one-third of the kids coming to the system for out-of-home care just seemed kind of like about the right target to go after. []

SENATOR DUBAS: I understand the importance of setting a goal. You have to know where you're going. But sometimes, I know in things that I've been involved with, when you set a number, it seems like that's where the focus becomes. And so wouldn't we be better served to just decide what are the most effective services for these children and these families rather than shooting for that particular goal? And I guess my concern is, if we get so wrapped up with we've got to hit that 70 percent, that maybe we aren't going to be as focused as we need to be on the most appropriate services for these children and families. []

TODD RECKLING: Yeah, I appreciate your point, and again on the flip side I think it's important to shoot for something. Through our conversations, I think you know I absolutely believe that you have to adjust, as you're suggesting, along the way, but I think without something to really continue to guide you, I do think that that will, in and of itself, trying to go in that direction, help constantly monitor how we're doing in setting up

those other services. And you're right. It's just like when people started hearing us talk about reducing state wards, you know, that wasn't the message and we weren't focusing on the numbers. What we said was...and I don't want people to focus on the 5,000 either. The focus is how do we not have kids linger in the foster system? It is not appropriate to have kids stay a year, two, five years in the system. And so what we said was how do we get kids to permanency and if, based on the number of kids that we're looking at now, how many should be moved to permanency. And that's how we started to get some of those numbers. So again, it's an arbitrary number, you're absolutely correct. Will it adjust along the way? Yes, but I think it's an important number to stay focused on. []

SENATOR DUBAS: I have a lot more questions and I know other senators do, too, so I'm going to ask just one more and then...so that everybody gets a chance. (Laughter) I don't want to completely... []

SENATOR GAY: Let's see, two questions a person? []

SENATOR DUBAS: ...take it over. Our time is going to be limited but these are important things for us to be able to get out. You talked about the oversight of HHS and making sure that foster families are receiving their parents and a lot of the focus was on Visinet but in my area it's Boys and Girls, and my foster families and providers had not received payment since February. And I know now some, if not all of them, have receive payments that will take them through March but we still have April and now May. Were you aware of the fact that these families hadn't been receiving payments, and how are we addressing to get them current and keep them current? []

TODD RECKLING: I appreciate the questions. Yes, I became aware of it. I also had the opportunity to have conversations with Boys and Girls Home. As a matter of fact, myself and several of my top administrators had the opportunity to meet just recently with Boys and Girls Home and their top leadership around that particular issue. We all agree that

we absolutely want to refine the processes that are in place to make sure that cash is flowing. I know that, as you and I briefly visited, especially in the smaller agencies cash flow is critical. And so they are continuing now, with my staff and their staff having some meetings, to really look at the processes that are going on through the state, through the lead contractors and the subcontractors, how do we all do business differently so we can keep the cash flowing. Based on those conversations, you know, as you mentioned, payments were made up through March and we continue to work together to try to expedite and finish up those payments and so we have some, again, already set meetings that are happening and will happen so we can continue to address that issue. []

SENATOR DUBAS: Thank you. []

SENATOR GAY: Senator Dubas, that was a very good question. It also brings to me, if we can keep our questions...this reform is taking place so let's don't...you did a good overview of that. I'd like to keep questions on where we're at and specifically that's the kind of question I think we need, being we only got about 45 minutes. But like I said, the decision has been made and we are going down that path. Now I think we're concerned, the implementation of this strategy, not so much to argue on questions of the strategy, it's how is it working now. So if we can kind of focus on that, I think it would be a better use of our time. And then we can always come back and argue the policy decisions or whatever that case may be later at another time. So if we can keep that going. But I think, Senator Stuthman, did you have a question? []

SENATOR STUTHMAN: Yes. []

SENATOR GAY: I saw your hand. Senator Campbell. About everyone has a question. I'm just going to kind of bounce around. Go ahead, Senator Stuthman. []

SENATOR STUTHMAN: Thank you, Senator Gay. Thank you, Director. The question

that I have is the fact of going from 115 contracts down to 5 contracts and now we're really at 3. Is that really where we're at for the care? And now that, you know, some of them declared bankruptcy already and they're not being able to fulfill their duty, their payments to the foster parents, and the foster parents are the ones that are on the bottom of the list. Do you feel that are we going in the right direction as far as elimination of amount of contractors that are doing the services for the state, for the HHS, is getting that number down? But there is something wrong that I feel that we're not being able to give the amount of money to those contractors to provide the services that is needed for these children. Does it come down to just money, is the fact, or why are we down to 3 contractors at the present time from a list of 115? []

TODD RECKLING: Well, initially, when we started moving in July of '08 toward those safety and in-home contracts, we had multiple contracts out there with all kinds of different agencies. So setting up those agencies, the five, helped our ability. Frequently, and you've heard this before, we were criticized a lot for our lack of diligent oversight on contracts and so when we did the safety and in-home services, those contracts didn't have...we didn't have financial problems with those. Going to those lead agencies actually helped us get to our ability to look at those contracts differently and then they could subcontract out, if they wanted to, other providers. So there wasn't a money issue. I think what you're referring to now with this latest part of the reform with the three lead agencies, even though we have three lead agencies, they are....like KVC will be both in the eastern service area and the southeast service area. Typically, other states that have gone through this reform, and whether it's total case management reform or not, states are typically going to the lead agency concept overall because that helps with accountability. You can pay closer attention to a few agencies and then those agencies, in return, have the opportunity to either do things in-house and/or subcontract out. So some of the...in other states, some of the agencies, the lead age agency concept, they do a lot of in-house work. Some of them do more subcontracting with other contractors so it's then the responsibility of the lead agency to do the accountability on their subcontractors. As a state, that narrows who I have to work with and interact with, and

then it helps with our accountability and move that accountability from...with those subcontractors to the lead agency. []

SENATOR STUTHMAN: How long do you think it will be before an agreement can be worked out so that these providers, the foster parents, can get reimbursed for their services? []

TODD RECKLING: I wish I had an absolute answer for you, Senator. I don't today. We are, as Kerry mentioned, working very closely and trying to work with Visinet to reach an agreement. We recognize that every day that goes by is a critical day for the many that are owed money. I think you can also appreciate we...the money that's owed from the department to Visinet, we want to make sure that it gets to the people that it's owed to, and so that's part of the ongoing discussion. Certainly, we would like that to have happened already, it hasn't, but we're working closely and having communications with them very regularly these last couple of weeks to try to say, what is it and what can we do to potentially get this resolved. We're working, as Kerry mentioned also, April 16 forward we took over those services and are making payments. But I know it's a significant issue going from April 15 retro of what that means and we're trying to get there. []

SENATOR STUTHMAN: Okay. Thank you. []

SENATOR GAY: All right. In order, I saw Senator Campbell, Senator Nordquist, Senator Howard, Senator Hansen, and Senator Gloor, and then Senator Wallman now. It's like that's how I kind of saw it. []

SENATOR COASH: I'll go last. []

SENATOR McGILL: You can put me on the list. []

SENATOR GAY: And then Senator Coash and McGill. []

SENATOR McGILL: Yeah, put me on the list. []

SENATOR GAY: We'll get to you. That's kind of...Senator Campbell. []

SENATOR CAMPBELL: Thank you. And I feel that I need to, for my colleagues and for the people in the room, many of my colleagues and the people know that I work for CEDARS, although I work on the foundation side of this and not the program side, so it gives me a little different view but in some cases probably not as in depth as many in this room. Todd, I've been able to spend some meetings with other child welfare providers and some behavioral health providers and actually on page 13 of your handout today and on 31 you allude to the continuum of care and also the mental health services. My question has to do with some of the behavioral health providers are beginning to question whether we are blurring the system between behavioral health and child welfare, in the sense that some of the children and youth are being moved out of residential care out of behavioral health and got into the child welfare system, which means that then the child welfare provider's responsibility is to provide that care. How do we respond to that? How does the department look at that? Are we...are we beginning to see those two coming together? Should we continue to expect that or really where are the kids that have gone from behavioral health? Are they in the child welfare system do you think? []

TODD RECKLING: No. Based on our actual...the kids that come into, as state wards, to child welfare specifically have a juvenile court case. So if what you're describing is a child with just behavioral health needs, I certainly hope that those aren't going through the court system and coming in to...as a state ward. Certainly my numbers for the last, you know, part of what I talked to earlier was the volume, are we seeing an increase in volume of kids. And we will continue to have those discussions, but overall just state ward numbers, I'm not...we fluctuate on any given month but overall I haven't see a

huge increase in state wards. So as you're talking about the systems, I mean one of the things we want to do make sure we're doing is not operating in silos. We want to make sure we're working across systems. But as far as kids jumping the system, I don't know that that's necessarily true. I haven't had those conversations. What we have talked about most recently is whether is whether or not the behavioral health regions, if there's some practice change around how they are serving and working with lead agencies related to serving the state wards and the families in the child welfare contract. We've got one of the managers from the Division of Behavioral Health that's also having a conversation with us related to that, but I can't say that I've seen any kids actually jumping the system. Part of when we talk about the pyramid changing, I do think that it causes, for myself, as the director of Children and Family Services, to say how do I interact and work with Behavioral Health, with Director Scot Adams, and how do those systems kind of complement and work together, and also with Medicaid and Long-Term Care. And that's why collectively, as a department, we need to be working together and looking at how those systems...when one system changes, it has an impact on the other systems, and that's why we're all communicating and talking. If you have specific examples, I'd be more than happy to look at that. We certainly want to engage with the behavioral health regions as well, as the treatment providers, but I haven't seen those kids being made state wards through the juvenile court system. []

SENATOR CAMPBELL: Access is just going to be a big question for the LB603 Oversight Committee and we're going to be spending more and more time on that issue. And so I would be glad to invite some of the behavioral health providers who are watching this system maybe at the next meeting of our LB603 committee and bring them together and really address that because I do think there are kids who are drifting from one to the other. []

TODD RECKLING: And part of what that will do, too--and we look forward to that--you'll later today from the folks that are talking about the LB603 services, as they go along and we're evaluating those services, we're also looking at some of those areas of need

and gaps and barriers. And what this fundamentally does is, as the whole system in Nebraska tries to move more toward community-based services, you're going to see those shifts in services and then my question would be how do those populations, as you described the access, follow those system changes. []

SENATOR CAMPBELL: Thank you, Todd. []

SENATOR GAY: Okay. Senator Nordquist. []

SENATOR NORDQUIST: Thank you, Director. I want to ask a couple questions related to the budget. When you say we're doing this on the same amount of money, specifically are...I mean the same appropriation for the program for the...for Child and Family Services or...? []

TODD RECKLING: Yeah, I appreciate that. Basically what we've...we've designed this model on saying this is how much money we've historically had to spend for child welfare, OJS services; how much money then can we put in this reform. We didn't go after or add in additional dollars. We said this is basically the pot of money that we had to spend. []

SENATOR NORDQUIST: Okay. So with that pot of money, I guess my next question is, really how is it divided? Because before you would have a case manager contracting out directly. Now we have a case manager contracting with lead agencies who have a coordinator who are then finding services, correct? So are we still sending the same amount of money to services in this program? []

TODD RECKLING: Yeah, I appreciate that. Part of this...there are different ways to set the reforms up as far as financial methodologies. And so Florida is kind of what our financial structure probably most closely resembles and it's called a global budget. Basically, we've said this is the amount of money we know we have. How do you divide

it up the best you can with the contractors that are involved? And so your question about how we divvied that up was based on, like, the number of kids and families served in a particular area, so that's how we divided the budget. Again, it was a set pot. And the methodologies, what we want to go toward, we believe in the future and we're having conversations with the lead providers and working with a consultant, is we, as other systems have done, typically will operate on what you're probably more familiar with, like a family case rate or a child case rate, and that's ultimately where we think we want to head. We didn't think at this beginning stage of the financial structure that we were in a situation to fully understand and appreciate what that case rate would need to be composed of. What we wanted to do was make sure we collected information, data, financial expenditures, and really looked at this first year, maybe 18 months, to say what would a best case rate look like and then how do you reimburse based on that. I talked earlier about incentives. If you look at Illinois, they had over 50,000 kids in out-of-home care, and over a period of years they went to a different financial structure where they actually incentivized kids moving from out-of-home to in-home care through their performance-based contract, and they changed their methodology so they actually went to, like in Illinois and a few other states, to a case rate. But then there was like a tiered rate. So they got 100 percent perhaps of a case rate for a while. If they didn't meet timeliness of reunifications or adoptions, then it kicked down to the next tier. And so there are different tiered structures as well as case rates, and those are what we're exploring, which we think will help us better posture ourselves around that whole methodology that we didn't think we had enough information at this time to do that. So we basically said here's our budget; we divided it up based on where the families and kids were historically served. []

SENATOR NORDQUIST: How much of a reduction has there been on both work force and, therefore, expenditures in-house or... []

TODD RECKLING: On work force? []

SENATOR NORDQUIST: Yeah, for case managers. You said that you've seen some reduction because of attrition of... []

TODD RECKLING: Yeah, let me clarify that. We've seen a change in our work force because some of our staff have said they may want to go to the private sector. We did not enter into this saying that there was going to be cost savings as far as a reduction in work force. You know, I've come out and as part of our modification of services under ACCESSNebraska for our economic assistance, part of that was based on a change in our work force, but we did not enter this reform under child welfare with that. And I think what you're getting to is did we carve off some of our administrative dollars and put into this contract. []

SENATOR NORDQUIST: Yeah. Sure. []

TODD RECKLING: We did not. []

SENATOR NORDQUIST: Okay. So where did...okay, so the amount of dollars that were going to services before is what has went into these contracts. []

TODD RECKLING: Correct. []

SENATOR NORDQUIST: Okay. []

TODD RECKLING: And part of what you're going to hear us talk about and continue to talk about is when we talk about that shared risk, the providers knew that they were going to have to come up with some money, in addition to the state money, to make this whole. And part of what we're all working toward is can we make that shift--we all believe we can--from in home to out of home and gain efficiencies and effectiveness in the system. I think the question that we're all asking more now is how quickly can that shift be made. Because ultimately, if we can get through these first few years--I think

you'll also hear the providers say we believe financially we can get there--the question is, can we get there quick enough and shifting those things under the first year or two? []

SENATOR NORDQUIST: So with roughly the same amount of staff then before they were actually doing the contracting for direct services, now you have somebody else doing that coordination. I guess, is the staff...are they just being able to spend more time on cases or...? []

TODD RECKLING: You know, it is. I mean, we're trying to make sure that they're approaching things from a team perspective. []

SENATOR NORDQUIST: Good. []

TODD RECKLING: What we've had in the past was issues where we had high caseloads. So in part, this is helping to say as we're saying some of those responsibilities, again we're doing case management versus service coordination. But as we're working together how does that help us continue to stay focused on the big outcomes of permanency and so forth. But, I believe, you're right... []

SENATOR NORDQUIST: Okay. []

TODD RECKLING: ...in the sense of we didn't reduce our work force. []

SENATOR NORDQUIST: Yeah, sure, okay. Thank you. []

SENATOR GAY: Senator Howard. []

SENATOR HOWARD: Thank you, Senator Gay. Todd, always good to see you. Do you remember in 2005 we passed LB264 which put an emphasis on early intervention and home visitation? []

TODD RECKLING: Absolutely, Senator. []

SENATOR HOWARD: Good. I'm understanding now that there's kind of a lag in contracting again for this service. We designated $600,000 for that service in 2008. My concern is that these providers haven't heard whether that's going to continue when the current contracts run out in June. You know, one of the best ways to keep kids from being hurt and coming into our system is to provide those early services. So I'd like to know where you're at with that. []

TODD RECKLING: You know, I don't have the exact answer where we are with contracts. You know, I can tell you globally where we're at. Absolutely that money is continuing, that's in our budget. We continue to provide those services. I had the opportunity not too long ago to actually hear from CEDARS and Lancaster Health Department how things were going with their home visitation program. You and I have visited. Certainly, that's one of those promising practices around home visitation. And so we have every intention of keeping that. I can certainly find out, we're in the process, we are with contracting bid. From my perspective and knowledge we have absolutely no intention of making any changes. That's fundamental to the pyramid and that early intervention. And there should not be any problems with that. So if you're hearing that, I'll be happy to follow up. []

SENATOR HOWARD: I would really appreciate that. So what you're telling me is that when I get these contacts from the providers and they're concerned about what's going to happen because they haven't... []

TODD RECKLING: Feel free to give them my cell phone number. []

SENATOR HOWARD: ...haven't received an answer from you yet, I can tell them that this is going to continue. They do not have to lay off staff. And they can continue to do

business. []

TODD RECKLING: Absolutely. []

SENATOR HOWARD: All right, I have your assurance. Thank you. []

SENATOR GAY: Thank you, Senator. Do you have a question, Tom? []

SENATOR HANSEN: Yes, yes. []

SENATOR GAY: Senator Hansen. []

SENATOR HANSEN: Thank you, Senator Gay. Todd, good to see you again. []

TODD RECKLING: Thank you. []

SENATOR HANSEN: I've a question, partially what Senator Stuthman started, that on page, I think it was page 10 of your handout, you went from 115 contracts down to 5, originally. And then so if you turn the corner from the five, how many subcontractors are there at this point? I mean, you have oversight for them, so I assume that number is out there somewhere. []

TODD RECKLING: Senator, I don't have that with me. I can easily get that. Just to clarify, I...this has changed our relationship, so I'm not directly working with all of those agencies that I had previously worked with. So just to make sure I'm understanding your question clearly, I now have a direct relationship with the three lead agencies. They, in turn, subcontract with a multitude of other agencies that they work with. Certainly we can get their list and we have information of who they're subcontracting with. I just don't have that with me today. But my pass through as far as holding the lead contractors responsible for the outcomes in this contract around safety, permanency and well-being,

and the other accountability factors are what those lead agencies in turn then hold their subcontractors to. []

SENATOR HANSEN: Can you go over again in the dates, and I don't remember the dates exactly, but when CEDARS and Visinet both went out of the system who took up the slack for both of those companies? []

TODD RECKLING: Sure, I appreciate that. Let me start with CEDARS. CEDARS, I believe, it was on April 1 gave us notification that they weren't going to be able to continue forward. And so that was their official notification to us. And they are actually continuing through the 90-day out clause in the contract. So they will continue services through June 30 of this year. As far as Visinet, they actually stopped providing services on April 15. So what we've done, Visinet was in the eastern service area and the southeast service area. And so what our staff had done at the state in the interim time is I've gone on now and during this period from now until, hopefully, June 30 we will and are directly subcontracting again from the state to those other contractors that have helped fill the gaps while we're continuing to discuss with the lead contractors what do we do going forward, starting July 1 under this new fiscal year related to those situations of those families that would have otherwise gone through Visinet. So, for example, in the eastern service area, instead of having three contractors: NFC, KVC and Visinet, we now are continuing to have conversation with NFC and Visinet or, excuse me, NFC and KVC about how best to move forward. With CEDARS and Visinet no longer with us in the eastern service area, KVC will be the sole provider. And so it will be like in the eastern or the southeast service area KVC will then work with other subcontractors as the sole lead agency for the state, but they will work with other subcontractors. []

SENATOR HANSEN: Are you actively looking for another lead agency? []

TODD RECKLING: I'm not at this time. What we designed in the original contract that we signed in November was that we had a contingency plan outlined in there of how

this would look. And the way it's based now is that, if the way it happened like in the southeast service area with Visinet and CEDARS, KVC will be the sole contractor going forward. []

SENATOR HANSEN: Okay, thank you. []

SENATOR GAY: Senator Gloor. []

SENATOR GLOOR: Chairman Gay, is it acceptable to give Director Reckling a little relief and ask CEO Winterer a question or two? []

SENATOR GAY: Absolutely, he'd probably appreciate that. (Laughter) Yeah, we've only got one hot seat, so is that what you want to do? I don't think that would be a problem. []

KERRY WINTERER: I thought you'd probably have two hot seats today. (Laughter) []

SENATOR GLOOR: Thank you for being here and for your time. I want to talk a little bit about risk and go down the path that Senator Nordquist started down and make sure that we're talking about definitions similarly, risk as defined of moving from a fee-for-service as a provider to a set dollar amount for a provider. You had the experience as a volunteer at Heartland to be on the receiving end of the risk. And now you're in charge of risk. What are your feelings about risk having been on both side of the spectrum? []

KERRY WINTERER: That's an excellent question. I think the...it seems to me that fundamentally and in business you face this all the time. But risk, I think, is something that's inherent, I think, with how...with moving forward and conducting some kind of change. In this particular case, there was risk inherent in this because there was a model we were trying to move from and a model to move to. And there were a lot of issues and questions and simply a lot of moving parts here that nobody can control. We

can't control the moving parts here, the lead contractors can't control it, the courts can't control it. There's just a lot of moving parts here that nobody an control that you just have to ultimately say, well, we're going to have to deal with this when the time comes to believe that we can address this. Part of the process, I think, we're going through right now is reexamining this and see if the mix services and see if the contract provisions, as they're currently laid out, really work. And say, should we be doing this in some other way? Should we be looking at the mix of services, if you will, that the department is doing relative to the contractors? That's going to take some time to work through that. I will give...I'll give the private sector and the lead contractors and in turn even the providers who contract with them a lot of credit for this. Because, frankly, they probably didn't have to do this. But I think my experience with Heartland, and as I said I assume with other contractors is that they believed in the idea that we weren't...it was not good where we were. And I think everybody understands it's not good where we were. So the question is, what are we going to do to help this process move forward and make the fundamental changes ultimately so we can come out and be in a better place in the future. And the contractor stepped up to that and said, well, we understand there's some risk involved; we're moving now from a fee-for-service to a set rate and we're only going to get X number of dollars for the period of this contract, and we're going to have to make do with that the best way we can to provide those services either ourselves or by contract. I don't know if that answers your question, but that's...I mean, risk, I think, is kind of inherent in any kind of moving forward and doing something different. There's just...you unleash a bunch of variables that you can't necessarily control. And you're just going to have to have a certain amount of faith, if you will, that when we approach these things and when we identify those variables we're going to be able to address them and fix them in a way that we can move forward, whatever they may be. []

SENATOR GLOOR: And you know, being aware of the chairman's admonishment not to second guess what we've agreed to, but I am asking this question looking forward. And I'm an advocate for risk, having been on the providers side and not liking being on

the receiving end of this, I'll still tell you that I think healthcare reform, behavioral health, welfare reform at both the state and national level is going to require a move toward risk. []

KERRY WINTERER: Sure. []

SENATOR GLOOR: But the problem with risk, and it's the problem that the acute care industry ran into with HMOs is people jump into the middle of risk and they have no idea what's happening. []

KERRY WINTERER: Right. []

SENATOR GLOOR: And as a result of that, you end up with providers who go under, have to cancel contracts. And ultimately the people you're trying to take care of are left without anybody to provide the services. So my concern really has to do with what kind of due diligence can we put in place to make sure that if we're going to move to risk that we've got people that know what the heck they're doing when they sign those contracts. It's a scary thing for me to hear some of the stories and think I don't think...and I worry that perhaps some of the people who currently are under contract still don't know anything more than what perhaps an actuary told them they can handle. []

KERRY WINTERER: Right, right. I think that's an excellent point. And we do have the ability to call for audits among these contractors, which we will certainly do relative to the couple that we've lost so that we can understand, all right, let's audit and figure out what is the issue here. And were these decisions made properly? Were they based on some assumptions that just were not right? And move forward because we have to understand what has occurred here. We have to be able to understand that in the greatest detail that we can so we understand how does that affect how we go forward on this, and what can we learn from that, and what can we do differently that's going to avoid that. Is there a problem with the contractor themselves in terms of making some

assumptions that were erroneous? Is it a question of not having adequate resources and underestimating what it was going to take to get through this period of time? Those are all the kinds of questions. Is it an issue of...I've mentioned some of those. Is it an issue of contractor rates and the idea that the lead contractor ended up paying more for services than we were? I mean, you asked about services. And we're...essentially the dollars that are available are the dollars that should be available or should be adequate to provide services. Now a lot of contractors are saying that's not, that's not adequate. I don't know. But if that's the case, there's something different, there is something different going on here that I don't think we really understand at this point in time. But I have to tell you, we have to get to the point where we understand it. So we can get to the point where we can figure out, okay, what do we have to do differently? I think you're exactly right. We're not going back in terms of we're not going to go back and say, okay, the state is going to do everything it used to do and forget about this. I mean, that ship has sailed. But at the same time, we can't afford to do this wrong. We can't afford to not learn from this and get to the bottom of whatever the problems are and say, okay, now we know and it's going to require us to do this in a different way. It's going to require us to have a different mix of services. It's going to require us to do more in terms of the service coordination that we're doing. I don't know, I don't have any answers. I mean, in a couple months I think we'll be better equipped to do that. But we can't afford not to have these answers and do everything we can from the contractor's point of view, from the contractors who are not with us any longer and get to the point, bottom of, why did it happen? I don't know. Why did it happen? []

SENATOR GLOOR: I have one last question. He can answer yes or no. (Laughter) []

KERRY WINTERER: Easier said than done. []

SENATOR GLOOR: But it's an important one. Is Magellan being asked to look at this reform as an opportunity to tighten reviews, to reduce reimbursement? []

KERRY WINTERER: No. []

SENATOR GLOOR: Okay. Thank you. []

SENATOR GAY: Okay, we'll leave it at that. And then right now I saw...I was going to go to Senator Wallman, McGill and Coash, do you have a question as well? And I have a question too. Are you comfortable...I'd like to direct these to the director now and then...but we can get Todd back up. But you're going...you'll have plenty of time to ask questions. But if I could just real quick, while Kerry is here, he hit on a subject that I think had kind of...we could dovetail into this. My question is this, when I heard about you've got the...we want to outsource this or whatever the term you want to use. But we have our caseworker who is still calling the shots. But when I visited with providers, and your main providers, whatever you're calling them, they have different methods of operation. So how does that caseworker, and I know you did training and all that. But if they're working with a client with KVC, they're different than a client with Boys Town or boys home... []

KERRY WINTERER: Right. []

SENATOR GAY: ...or whatever it is. []

KERRY WINTERER: Right. []

SENATOR GAY: But, I guess, how does that work then? We want to say, you take care of our situation, but then I heard earlier Todd Reckling said Kansas and Florida said, here, just take care of it. Are we kind of halfway into this thing and not allowing them to do their job? I kind of...I just don't get that. Where are we at? []

KERRY WINTERER: Well, part of...it seems to me part of the theory here to do what we're trying to do is you're going to bring the resources in to different approaches these

contractors to bear on the problem. State of Nebraska, DHHS doesn't have all the answers, doesn't always do everything in the best way that compared to what other people can do. So part of this process, it seems to me, is you need to get to the point you can identify what are those best practices out there. And then when you start measuring outcomes and you start providing some incentives into the contracts to the extent that certain providers out there are using better methods, certain contractors are using better methods and having better outcomes, that's essentially where the payoff is ultimately going to be from them. And at the same time the system works in such a way that others will learn from that. And ultimately you get best practices that goes through the whole system. But part of the benefit of this, it seems to me, is you're going to bring those other approaches and those other resources, if you will, that one contractor may have and another contractor not into the system so you can say, well,...and evaluate that and say, okay, that works better. And you learn from that. And there are going to be some incentives built into that. Obviously, you got to monitor it. Obviously, you can't have a contractor that's taking advantage of it and not ultimately providing the kinds of services. But if you get the kinds of measures in place that measure the outcomes and the performance then I think that's where you need to be. []

SENATOR GAY: But what I've heard, and I'm not going to name any names, but I visit with these people, too, is are we all looking at the same play book? Because there's a certain point here where they can't perform their functions because the caseworker and the judges and everyone else is saying, you need to provide this, you need to provide this. They put them in this slot, when maybe they should be downgraded to this slot. I don't know if we're communicating... []

KERRY WINTERER: Yeah, that, I think, is a good point. And I think...and Todd may have more specific comments about that from his perspective. But it seems to me that you raise a good point. And it does seem to me that you've got a situation where you've got the case manager, the case manager may be trying to work in the same way with each of these contractors if that's the case. Or maybe putting the contractors, what I

heard you say, may be putting the contractors in some kind of a box that doesn't allow the contractor to do what they necessarily might otherwise do. I mean, if that's the case...we are really so early into this that I think it's the other problem here. We are just so early into this. We haven't been fully implemented. We were really fully implemented April 1. So we're so early into this. We don't even know what we know (laugh) at this point. []

SENATOR GAY: Well, and I understand and it's a work in progress. But as we've seen with losing a couple contractors it's concerning... []

KERRY WINTERER: Right, and that's unfortunate. []

SENATOR GAY: ...for you, too, I know. []

KERRY WINTERER: I don't want the message from the department ever to be that, you know, we expected this and tough. That's not the message here. And we are concerned about those employees in Visinet, we are concerned about those foster care parents out there. And we're doing right now what we can do to ensure that those...that they will have as much payment coming from and through Visinet as they can. And that's a primary objective. And so I don't want... []

SENATOR GAY: Yeah, and maybe in a couple months... []

KERRY WINTERER: ...I don't want to paint the picture that it's, you know, just tough but it's...because it's not. []

SENATOR GAY: Yeah, I agree. And I don't want to put you...yeah, it's a work in progress. Senator Wallman, did you have a question? []

SENATOR WALLMAN: Yeah, thank you, Chairman Gay. Maybe this is for you, maybe

it's for...but you can maybe...I've sat through hearings where children became wards of the state, you know, taken away from the mother. And so when they become a ward of the state do you have one, two, three before you take it away from the mother or one child abuse thing or parents? Do you... []

KERRY WINTERER: Well, I think Todd can... []

SENATOR WALLMAN: Okay. []

KERRY WINTERER: ...if you're interested in the particular process,... []

SENATOR WALLMAN: Sure. []

KERRY WINTERER: ...Todd's much better to talk about the specific process than I am. I know what I would respond, but... []

SENATOR GAY: Is that something you could do on another time or...Senator Wallman, could he just get you that information? []

SENATOR WALLMAN: Yeah, that's okay []

KERRY WINTERER: Okay. []

SENATOR GAY: All right, sounds good. Senator McGill. []

SENATOR McGILL: Thank you. I just want to continue with what Senator Gloor was talking about in terms of, you know, identifying where the problems are. Do you have a time line or plan of action in terms of some of the questions you've laid out in the PowerPoint? You know, my concern is, you know, we have Boys Town who has already invested $2 million in. And who knows? They may have to pull out. So obviously, time is

of the essence in trying to figure out what's going and not working. Do you have some sort of plan there? []

KERRY WINTERER: Well, I don't necessarily want to commit to a specific date and say by that date certain we're going to do it. []

SENATOR McGILL: Yeah, yeah. []

KERRY WINTERER: I will tell you that the date that I've been operating under to try to resolve the various questions we have is July 1. []

SENATOR McGILL: Okay. []

KERRY WINTERER: That's my personal objective. I hesitate in saying that because somebody is going to call me on July 2 and say, well,...but that's kind of been our objective. Contracts renew at that point in time. It just seems like a reasonable objective because we need to figure out for sure what's happening with the various elements here. So that's my operating date. []

SENATOR McGILL: Okay, thank you. []

SENATOR GAY: Senator Coash, did you have a question? []

SENATOR COASH: Well, I had the...thank you, Kerry. And I had the same question Senator McGill had. I mean, it sounds like you're digging into it. You talked about you had the ability to audit, you're working on it, you're trying to decide is it...do we need to talk about the rate? Do we need to talk about the contract provisions? So my question was when? I'll give you a call on July 2 and (laughter) and see how you're coming with that. But I think it's good. I mean, I wanted to have that out there because I think the community is watching this and saying, okay,... []

KERRY WINTERER: Well, it doesn't do us any good to string this out. Because everybody is looking at this. I mean, we need to have the answers and we need to do this as quickly as we can. Having said that, however, I don't want to rush to judgment in any case because I don't want to do something now that ultimately is not going to be right or is based on bad information. We don't want to do that. So we do want to take our time through this. It's important that we need to understand exactly what's going on. []

SENATOR COASH: Fair enough. I think that, you know, the providers and the families would be good people to engage in those things. So I'll leave it at that. I had a pretty easy question for Todd, maybe...but you might know. Okay. I'm referring to the feds. They came, in your slides it said, you know, they showed up in '02 and then the next, you know, round two was '08. And we improved a little bit but not real well in that six years. When do we expect to see the feds coming in again or are they here or do we know? I mean, what's...seems like they'll come back and they'll see how we're doing again. What's the time line that we expect to see that? []

TODD RECKLING: They haven't set the schedule yet. But as you saw, there was about a six year window. We anticipate about another probably about every five years. To be quite frank, they're a little bit behind. I don't even have my program improvement plan finalized yet from '08. And so we just met with them the end of April. We have some changes to make based on our conversations with them at the end of April. We're hoping to have our program approval plan which will be a two-year plan start, probably around July 1 or so. I think we can probably anticipate a...our next review will probably be around, you know, 2013, 2014. []

SENATOR COASH: Okay, well, thank you. []

SENATOR GAY: All right. I saw Senator Campbell, Senator Nordquist, Senator Gloor

had a question, if we get time. I don't want to go too far past here. We'll get to Senator Dubas. My idea would be though before we get too far is in later July or early August come back and you'll have a lot more answers. But I think this is one of those things you need to stay on top of it. We do too. Because if you let too much time go by, you know, things...a lot of things can change quickly. But probably that would be a better idea to come back in a couple months. Do you have a meeting scheduled at that point where you could create... []

SENATOR CAMPBELL: We will set some meetings this afternoon. []

SENATOR GAY: We could do something like this later. But so maybe that could be a time, when you pick your date, we can probably just adjust to that as well. []

SENATOR CAMPBELL: Sure. []

SENATOR GAY: So let's plan...Senator Campbell. []

SENATOR CAMPBELL: Mr. Winterer, I think that one of the things that we all need to recognize as I look out in the audience and see the providers who subcontracted, many of them, there's been a lot of philanthropic dollars that have gone into supplementing this system and not just this past year but for a number of years where the private sector has contracted and put in additional dollars. And they certainly have done that this year. I know that from talking to almost all the lead agencies that they've been very clear that Todd is saying there's no new dollars. And given the fact, and I'm assuming that's still accurate that there's no new dollars that's going to go on the tables for the remaining subcontractors, as a Legislature we will be looking at a significant gap where all of our committees are going to be called upon to say what do we need to do. How do you propose that we sustain the existing program given the gap that we have to look at? []

KERRY WINTERER: Are you talking about sustaining existing dollars... []

SENATOR CAMPBELL: Yes. []

KERRY WINTERER: ...or are you talking about new dollars? []

SENATOR CAMPBELL: Sustaining the program that we've all heard about this morning from Mr. Reckling's presentation that we anticipate going forward with no new dollars there and knowing that dollars are a question. []

KERRY WINTERER: Right. []

SENATOR CAMPBELL: How do you go forward? What are you hearing from those contractors and saying, okay, we need to hear how things are going to change, now do we deal with that given the gap that we're going to face? []

KERRY WINTERER: Well, I don't know that I have a good answer for that, Senator. I do...I mean, we do have our budgeted dollars through the next year, through 2011. But then we're going to begin, as you know, later this year to look at the budget for the next biennium and such I don't know that I have...I don't know exactly what to say relative to that because it becomes...if, in fact, we're looking at significant budget reductions then it's a question of priorities among a whole bunch of things out there. And how does this fit relative to some other things? And what can we tell these contractors out there that provides them some assurance that the money is going to be there and money is going to continue. Having said that, at the same time, we are looking at some time in the future here, and we are...and I'm optimistic that this may look very different in two years from now in terms of the cost, in terms of the services and so on. I don't know. But I hesitate in making a big prediction today that says, well, this is...these are the dollars that we're going to need in 2012 and 2013 necessarily. []

SENATOR CAMPBELL: Okay, thank you. []

SENATOR GAY: Senator Nordquist. []

SENATOR NORDQUIST: Thank you, Chairman Gay. Thank you, Director. I guess, for either of you, we don't...we can't put our finger on what's squeezing right now or what squeezed Visinet and CEDARS out. But in the past when you negotiated the contracts and as you're looking now was there much consideration or discussion, questions asked about the financial stability and how much these agencies, lead agencies could absorb going forward? And how much consideration was given to that? []

KERRY WINTERER: I'll defer to Todd since he was involved in the original negotiation with the departments, if that's okay. []

SENATOR NORDQUIST: Yeah, absolutely. []

KERRY WINTERER: He'd have some insight into that. []

SENATOR GAY: And I think what we're going to do, Todd, come on up. And then we're going to go to Senator Gloor and Senator Dubas had a question. And then we're going to call it a break for lunch. []

TODD RECKLING: Just real quickly, Senator, we did try as part of the program descriptions, as we were going through the process, really look at the viability of those organizations or past history. We had our financial folks also help us look at that. The agencies also based on what data and information we shared what they knew about the system also made their own projections about what they would receive from the contract that what they would have to kick in. So all of them knew approximately how much they felt that they would have to supplement. And then as part of our ongoing negotiation before they signed contracts, that's what they ultimately had to decide was,

if there enough in the contract plus what I am willing to put in there enough to make this a go. And then that's what part of this ongoing issue about flipping the pyramid is ultimately making those shifts for viability. For example, The Alliance, out in central Nebraska, started through those negotiations with us. And ultimately, prior to signing, decided that they didn't believe they could make it viable. So... []

SENATOR NORDQUIST: Sure. When we signed the contract with Visinet we were comfortable at point in time with their viability? []

TODD RECKLING: They saw the information we had, what they were telling us, what we had known from their approximately 15 years of service in the state of Nebraska, we felt comfortable going forward at that time, you bet. []

SENATOR NORDQUIST: And then real quickly, on the contingency, on the nine kids that were in detention. That was our contingency that was in place or what...that we didn't have any other options available or... []

TODD RECKLING: I guess, I don't fully understand your question. We had nine kids in shelter care in Visinet. Based on that day, them saying they were going to close their doors as of business close at midnight, we had to make temporary situation placement changes for those youth. We were able to send, I believe, one or two kids to a foster kids, and a couple of them...one of them, I believe, went home, and then I believe five actually ended up going to the Lancaster...not the detention side of the facility but the shelter side. []

SENATOR NORDQUIST: Oh. []

TODD RECKLING: And so again, that was just temporary. And then our efforts were from there to try to get them into a longer term stable placement. []

SENATOR NORDQUIST: Okay, thank you. []

SENATOR GAY: Senator Gloor had a question. []

SENATOR GLOOR: Thank you, Chairman Gay. By the way, it's nice to be at one of your well-run meetings again. I realize I've kind of missed it. So let's do it more often this summer, what do you say. (Laughter) []

SENATOR GAY: I think we might have a few things going on. []

SENATOR GLOOR: There's a comment that you made, Todd, and I think you were talking about Florida. And I'm not going to do a great job recapture it. But the essence of it, I think I heard you say, is that the contract agencies could also use their other sources of income when it comes to the provision of services. And that we haven't given them time to be able to solidify those other sources of income. Again, I'm not capturing this well. But it certainly caught my attention because I'm think when we talk about these risk contracts expecting that some of these not-for-profits will be also turning to more private pay to come up with the revenue or fundraising to come up with the...where does a not-for-profit come up with the additional money to make up for the shortfalls that it has in paying its bills? And maybe I misunderstood you. []

TODD RECKLING: Yeah, I'm not sure what my comment was. What...my comment, what I thought I said around Florida was that they're really fully privatized. And so the state agency gave them the money to do any and all services, case management, full management. What all states have tried to figure out is, and it goes back to Senator Campbell's question is as you make a change within the child welfare system are there different opportunities with different funding streams. So one of the differences has been in how the money has flowed into these contracts. For example, Kansas was under a consent decree. And so that in and of itself forced the state, the legislature, the executive branch, everybody to put more money into these specified improvements that

had to occur. Florida was able to get like a...and I sometimes get Kansas and Florida mixed up. But one of them got like a IV-E state waiver. So from the federal government each state gets dollars, what we call IV-E dollars, for kids that are in out-of-home care and foster care. And what the federal government has offered a few states is demonstration sites as a waiver. So they can use that IV-E money that would have been flowing normally to out-of-home care kids to use that temporarily to front load the system and use that for family preservation services. They're not offering that to other states now. But as part of the shift, they were able to capitalize on the dollars differently. It also worked with their other systems in place. So, I mean, the bottom line is for the private sector, yes, if they're not-for-profit they would do what they've done, and that's what Senator Nordquist was alluding to and talked about was they would have to do fundraising measures to come up with whatever they felt was the necessary gap between what they were getting from the state, what they thought their services expenditures were going to be and how much money they were willing to put in as part of their risk going forward. []

SENATOR GLOOR: But if this cost shift a philosophy of the department? And will we see it pop up in other areas? []

TODD RECKLING: I don't know that it's a...I wouldn't...I don't know if it's a cost shift. I guess, I'd describe it as a shared cost around improvement in the system. Typically, what we see between that state, private sector, public sector partnership is the opportunity to do business differently. And those dollars coming together to leverage or do things differently in new ways. And that's why I think we still have some potential opportunity in the future, not necessarily cost shifts. I think there's also some, through innovation, some opportunities to be more effective with their dollars the way we're doing things under the old realm and do things differently under the new realm, not necessarily with more money but shifting how we're spending that money and how we're utilizing those services. []

SENATOR GLOOR: Okay, thank you. []

SENATOR GAY: Senator Dubas. []

SENATOR DUBAS: Thank you, Senator Gay. Thank you, Director Reckling. And you brought up the Alliance for Children and Family. And I know that last fall they were moving forward, anticipating signing a contract and then realized they just weren't going to be able to fulfill the contract, they weren't going to be able to provide those services with the dollars that were going to be available. Did you look at their comments or have further conversations with them as to what problems they felt they weren't going to be able to overcome to put your contingency plan in place? Have you continued to talk with them about, you know, why it was that they didn't feel they could enter into a contract with HHS? You know, you've talked about your contingency plan. And I'm happy to hear that you'll be able to audits of the others, because I think the problems that the Alliance recognized early on they weren't going to be able to meet, plus what we actually experienced with the other two contracts. Hindsight is 20/20, but I think it will also be very beneficial as we move forward. []

TODD RECKLING: I guess, just two quick responses to that. First and foremost, yes, we tried to best understand when we were negotiating with them how they were feeling. And as those conversations went back and forth we tried to get a better understanding of what it was or why it was that they were feeling that they were not able to go forward. Since that time, I have not had much contact with them. Obviously, our attention has been to working with the other five lead agencies. But most recently we've had some conversations a little bit related to the payment. But as Kerry said, part of what we want to do at this time is try to go back and comprehensively talk with whomever we can to get information to try to understand what it is that happened, what may be happening or what could happen so we can be more proactive going program. We want this to be successful, sustainable and viable. And in order to do that we really need to get to some of those either root causes of things or things that could be impacts that we need to pay

attention to. []

SENATOR DUBAS: Thank you. []

SENATOR GAY: All right, thank you. I have...thank you, Todd, just a few announcements and then we're going to break for lunch. But first of all, I'd like to thank you. It was a very good presentation and you put a lot of work into it. Thank you. And thank you, Director Winterer, for coming and sharing with us and everyone else who came for this. Just for the committee members, when you're on the Health Committee you get a lot of nice snacks. And Kathleen Dolezal, from the Governor's Policy Research, provides those for us. So if that's your lunch that's fine too. But anyway. (Laughter) So but thank you, Kathleen, for that. I talked to Senator Campbell. And I think since we went over a little bit, she's going to come back at 1:15 actually for the second half of this. I, personally, won't be here for that part of it. I've got other commitments I've going to do. And whoever does come back at 1:15, she will then be taking care of that. I heard good things about the Right Turn, I'm sorry I have to miss that. I'm familiar with the Navigator system and all that. But...so I won't be here for that. So we will come...reconvene at 1:15 and go from there. Thank you. []

RECESS []

SENATOR CAMPBELL: We will convene the afternoon session. There is Senator Howard, good. We kind of rearranged the chairs. So you might want to look where your name, you're probably in a different place. I think, Senator Howard, you're here. But in any case, I want to welcome all of you. How many people are here this afternoon that were not here this morning? Okay, a few people. All right, good. Well, we welcome you back. This afternoon should probably be a little less jam-packed because we were really trying to get a lot in this morning on the child welfare section. Again, I'm Senator Kathy Campbell and this is a meeting of the LB603 oversight committee with some special guests who are staying with us this afternoon from the Health and Human Services

Committee. So I think, just to make sure everybody in the room knows who is in the front, we'll start with introductions. So, Senator McGill, would you start us off. []

SENATOR McGill: I'm State Senator Amanda McGill from LD 26 which is northeast Lincoln. []

SENATOR NORDQUIST: Jeremy Nordquist, District 7, downtown and south Omaha. []

SENATOR HANSEN: Tom Hansen from North Platte, District 42. []

SENATOR DUBAS: Annette Dubas, District 34, Fullerton, Central City, Aurora, Grand Island. []

SENATOR HOWARD: Senator Gwen Howard, midtown Omaha. []

SENATOR GLOOR: Senator Mike Gloor, District 35, Grand Island. []

SENATOR WALLMAN: Senator Wallman, District 30, south of here, which is BSDC, Mosaic. []

SENATOR CAMPBELL: Thank you very much. I'd also like to introduce a couple of other people who really helped to make this meeting happening and particularly Claudia Lindley, who is back in her own alcove back here, who is my legislative aide, who made the arrangements for today, and then Michelle Chaffee Smith (sic), who is legal counsel to the Health and Human Services Committee, who, believe me, saves us a lot of time because she reads the fine print, all whatever pages it is. So anyway, I appreciate that. I am delighted this afternoon to start off with the Family Navigator Program and Dr. Davis and Mr. Juliano from Boys Town. Because we have just been hearing such really good things about this program. I was not able to make it to the advisory committee. But word has already leaked out that you have a lot of good things to share with us. So with that,

we'll just turn it over to you for a report on how we're doing. []

JERRY DAVIS: (Exhibit 2) Good, thank you, thank you, Senator, and to all of you for letting us come and report back to you. This has been kind of a interesting and rather exciting endeavor and continues to be. We do think it's going well and we'll kind of outline that just a little bit. Nick Juliano, who is director of initiatives for our Nebraska-Iowa program, and Shellie Gomes, who is our program manager for this part of the operation, are joining me because they really know what's going on. I just get to talk about the big stuff. I'm Jerry Davis, vice president for our National Advocacy Public Policy and have worked with most of you one way or the other on trying to get some of these done. Just as a...I don't need to remind you how it came into being, but I'll do it just for context of what you're going to hear. Obviously, a couple of years ago we had safe haven as the backdrop for many of the things that our state was dealing with. And many of you were very instrumental in trying to help those families that were struggling with behavioral health crisis to access some services one way or the other. But we, as we do now, had very short resources. So we had to kind of figure out where are some priorities that were in there. Now part of Boys Town, in looking at that whole safe haven effort, really tried to understand what's happening with these families and are some of the needs that these types of families are telling us about that we ought to be responding to. And we discovered that some of the families really needed help determining what they needed. They really knew they had a problem, it was painful, they didn't know exactly what they needed. Others needed help accessing what was there. They had identified what they needed, they just couldn't get it. And then others were needing things that didn't exist. So you all really didn't just change the law when you came back in town, you essentially said we have to address as best we can the things that are starting to show up out of the safe haven issue. So in working with the HHS subcommittee, as you remember, you combined a number of different initiatives that started out, many, as single bills and did the best you could at that point to begin to address, by using some new money to regions, using expanded SCHIP, using some of the other programs you'll hear about, also looking at creating this committee. Because I

think this committee was one of the more important things because it allows for you to hear progress of attempts and then use that data to make new investments in a much more targeted way. That's kind of where we come in, in many ways, of not just having a program called a help line and Family Navigators but also being able to add to the wisdom bank of what is and is not available for the kinds of families that we're talking about. The primary goal when you set up the help line and Family Navigator program was finding a way to give families cleaner, better access to services. But there was a secondary goal that we said, you know, we'd like to partner with you on and to accomplish that we believe is going to, in the long run, help more families than even this initial effort. And that was to create a database of what programs do and do not exist. So at the end of this initial period of time, we'll have a fairly good map across the state of Nebraska for what programs exist, where the majority of need is coming from in terms of where people are calling from and accessing services. And then the follow-up to that is who's actually getting what they ask for or need and who's not. So that at the end of the day with the combination of this program, the Right Turn Program, the evaluation that you funded both of these services, etcetera, you should be able at the end of this contract to say, here are our hottest spots, and therefore we may be able to target resources in a different way. But that's kind of a secondary purpose which for me as an old researcher and a public policy guy is probably as or even more exciting than even the things that we get to do with families every day as we try to help them figure out how to meet the needs that they're having at the moment. We saw the possibility of a help line, Family Navigator partnership as something unique, at least the agency, Boys Town, did. For the longest period of time we've worked with families, we have served kids out of home, we've done a lot of things. But this gave us a chance to take individuals and agencies who really have been there themselves, many of the folks who work directly with these families are recipients of services themselves, they understand the system and to partner with people of that caliber in all parts of the state to provide that extra assist, that extra boost when it's necessary. Now we were fortunate, I think, to have about 20 years of history. Boys Town has run a hot line nationally for about 20 years. We've fielded well over 8 million calls. And every year we interrupt at least 400 to

600, 700 suicides in progress, for example. So we are talking to the kinds of families that we know we saw in safe haven and we know we're going to be looking at here. Some of the things that over the 20 years we were able to do was to develop a data system that tells us who the callers are, what they need, etcetera. But also a technology that when a caller calls, if they've called before, we can press a button and pull up the records of what they talked to the counselors about the last time. We can also seamlessly pull the supervisor, if it's a really high risk call, seamlessly the supervisor can listen in and, with instant messaging, coach that counselor, if need be, or in rare cases help take over that call if need be when we've got those really high risk crisis calls. As needed, we can link a third party. So if there is somebody who's in active suicidal or is in crisis we can contact the local police department near where they're calling from or the first responders or the ambulance service. And we literally have had the police show up at the front door, the ambulance at the back door, cut the young lady down and get her to the hospital in time to save her. That's not been an unusual occurrence of networking people wherever they happen to be in the country. And we also have that warm transfer possibility that if a caller calls and we need to make a referral we don't necessarily, if the caller will allow it, simply say, why don't you go talk to Senator Hansen, we can literally get him on the phone and make that warm transfer by helping out that part of the process. So we have that technology in place. And it seemed logical that we could build a help line for Nebraska that would capitalize on that and take it a step farther. The real step farther for Nebraska was getting even deeper in enrolling services that are available. So our staff have worked with the regional staff, they've worked with people all over the state to try to get as comprehensive a list as possible enrolled in that push button technology. So that when a caller calls from whatever region in the state we've got access to a menu of options that might be there. So that was kind of the primary way of saying this will be the foundation. And then from there we'll begin to put in some new things. The 603 contract with behavioral health allowed us to now dedicate 24/7, 365 days a year a telephone number. And all of you need to make sure you've got it, so if somebody asks you what the telephone number is, 888-866-8660, it's in your materials. So we'd like to...you'll see that posted as many

places as we can find people let us post because the real issue with getting people to use this service is knowledge about it, it's education about it. You know, we are finding that a lot of times callers are waiting much longer than they should just because they don't know what's available to help them. We also have added, of course, additional counselors who are specifically dedicated to calls for Nebraska. Now sometimes we still get calls over on our 800 hot line side. And if they're from Nebraska and it looks like they're help line type they just get sequentially transferred right into this particular part of it because our Nebraska help line counselors have a much better menu of Nebraska services than...but there's also a very easy backup in case an overflow should happen with that. And what happens when a call comes in is in the very initial stage that call is screened for immediate safety. So is the caller upset enough, in crisis enough, experiencing the kind of things that safety would be an issue? And then from there begin to work with the caller to identify what level of potential behavioral health services are going to be required to help them address the crisis they're facing. A quick screen for eligibility, one of the things that we're finding that our families appreciate is that with adequate releases of information we can share the information that we already have about them with as many of the referring agencies as we need to, so they're not having to tell their story over and over and over again and we make that process a little bit more seamless for them. So we do a quick screen for eligibility because there's nothing that irritates families more than getting a referral and finding out once they get there they're not eligible for them. So, you know, we can't always prevent that, but that's...we've been able to hit that a great deal. And then we make the referral and essentially figure out whether or not this family or this caller has the wherewithal on their own to follow through with that referral. Or it may be that they got their needs met by just talking to the counselor, a good number of them do. They say, I think I know what to do, I'll just take it from here and I'll call you back. And they do call us back sometimes. But sometimes the counselor on the phone can help, sometimes a referral and the family says, I think I can do that. And then when there seems to be a need beyond that, and there are for many of these families, more and more by the way as we're going forward, that's where the referral to our Family Navigator partners come in. And we

have partners, as I said, that serve every region. And I think one of us will talk about it, who they are and where they come from, some of them are here. But...and then that triggers a process where the Family Navigator immediately, within 24 to 72 hours, makes sure that they've joined with that family and begun to figure out what it is that they actually need to get them through to where services are available or to determine that the services necessary is not available in their community and look for what other options that may exist. Has it solved everything? Absolutely not. You know, all of us were afraid, and I've talked to many of you about this, that this was going to be the help line to nowhere. And it's not turning out to be that. There are a lot of services that these families can access. There...are all the services that we need in place? Absolutely not. There's still going to be some real interesting data that's showing up at the end of the day. But the initial efforts really exceeded our expectations about what families really could get out of that whole endeavor of calling. Nick, you've got to tell me when I've gotten over where you need to be taking up. I don't pay much attention to the notes that we write down. But... []

NICK JULIANO: Nor does he pay attention to anything I tell him, so (laughter) it's probably going to work too well. (Laughter) []

JERRY DAVIS: Okay. Let me just talk brief about our partners. As we set up...began to setup the help line application, actually this was a partnership from the very beginning. When the RFP from the state came out, we gathered these partners and they helped us actually generate a response and all the way through operational wise how this whole thing would work. And the partners are in Nebraska who serve Regions I, II, III, and IV, Health Families Project out of Region V, and Nebraska Family Support Network out of Region VI. Many of these agencies have been working with these kind of families for quite some time. So that part of it wasn't new to them. The help line side of it wasn't new to us. So it was a great marriage to put that together quickly and be able to...even though there were some kind of wrinkles that didn't give us all the assurance until December 23 that this was a go. We were able to turn the key on January 1 with the

first calls coming in shortly after the thing went live. And, Nick, you want to talk a little bit about Leadership Team and who (inaudible). []

NICK JULIANO: Sure. Just to hit on a couple of points of the structure of the operation, as Jerry mentioned, our three partner agencies and introduced Shellie Gomes as our program manager. Shellie's role is the...she oversees the day-to-day operation of the help line and Family Navigator Service. We have a clinical help line supervisor also, and you'll notice both Shellie and our help line supervisors are licensed mental health practitioners. One of the features of this program was to have clinical oversight by a duly trained and licensed certified individual. And so Shellie and Katie Bohn play that role, in addition to their role for program management. So there is clinical oversight provided to both the help line staff on a regular basis and the Family Navigators who are doing the direct work with the family. Our partner, NAMI, also employs a Family Navigator project coordinator, Jean Wojtkiewicz. Many people in this room know Jean, got a lot of experience in this state. And she really oversees the day-to-day of the Family Navigation services across those regions to make sure there's consistency and to make sure that those operations are working smoothly. And then, of course, the executive directors from each of the agencies that Dr. Davis mentioned in Trish Blakely, Healthy Families Project, Jonah Deppe with NAMI, and David Gaines with Nebraska Family Support Network. The org. chart that you see on slide seven really shows you an overview of the operation. And just to kind of hone in, we frequently get questions about the Family Navigators, where are they and how many are there? And so as mentioned, the Family Navigators in Regions I, II, III and IV are employed by NAMI Nebraska. NAMI has three full-time Family Navigators and then an additional four staff who are trained and ready to go as needed. As many of you know, in the rural areas the volume and flow (inaudible) is not as strong as it is in the more urban areas. However, the geographical spread and some of the needs of the families, you need to have a unique work force. You got to have regular full-time employees. You need to have some people that are ready to go. So we have that in place. In Region IV, in Lincoln, Health Family Projects has 3.5 FTEs of Family Navigators. And in Region VI we have 4 FTEs. And so

those folks bring with them not only professional experience in doing family support work and doing work...direct work with families but also experience themselves. The Family Navigators, one of the requirements is these individuals have had to...have navigated the system themselves for a child in need of services. So they bring a personal background understanding, a professional approach, in addition to the specialized training that all of those Family Navigators receive prior to serving cases. In two of those agencies, in Healthy Families Project and Nebraska Family Support Network, they do some other work occasionally through other family support or family mentoring contracts. So those folks really have a wide variety of skills, but it's all linked to working with families and with their own personal experience. Another part that we're real thrilled about is our advisor panel, as Senator Campbell mentioned. And our membership of our advisory panel we've got 15 members. And we really wanted diverse representation both in role and geographic location and I believe we have that both with representation with two regional administrators from the behavioral health side with Beth Baxter and Patti Jurjevich, a number of parents, Senator Campbell, Senator Gay, another provider, Tom McBride, and others. And so we...but if you notice, there's a number of parents on there. Our goal is actually to include a youth in there whose family has received these services. So the families voice is very prevalent, has been prevalent in the development of this program. The families on the panel bring that unique perspective. And so our advisory panels are a real important part of our operation. And what we've asked our advisory panel members to do is, you know, one, assist us in making sure that we're operating this program effectively; give us suggestions so we can continually improve; look at all the operational aspects, and particularly help hold us accountable for the families voice and not just the family members but other people on the panel, make sure that we truly are taking into account the families need and their perspective; assist us in educating others about the program; and also down the road assist us in drafting any recommendations to LB603 committee. As Jerry talked about the potential for some future investments and other data that we can provide to the state for future development. And so we're thankful for our advisory panel. And on the...we also have a steering committee. []

SENATOR CAMPBELL: Could we stop you for just a minute. []

NICK JULIANO: Yes, Senator. []

SENATOR CAMPBELL: Senator Hansen has a question. We're going to try to intersperse. []

SENATOR HANSEN: If I don't ask this question I might forget it. It's long after lunch. On your graph number 7 you have the Family Navigator Project coordinator and then under them the three different groups. Are they all located in Omaha, the Family Navigators? []

NICK JULIANO: No. []

SENATOR HANSEN: So the first answer...the first question you ask a caller is, where are you calling from? []

NICK JULIANO: Yes. []

SENATOR HANSEN: And then they connect to another operator. []

NICK JULIANO: Well,... []

SENATOR HANSEN: It's not a voice-activated thing is it? []

NICK JULIANO: It's not, they will talk to a live person. (Laughter) No, that's a very good question. They talk to a live person 24 hours a day. []

SENATOR HANSEN: Good. []

NICK JULIANO: That live operator will go through a screening process that Shellie will talk about. And when we make a referral to the Family Navigators, those navigators live in or very close to the community from the caller. So, for instance, our NAMI Family Navigators reside within Regions I, II, III, and IV, out in the western part of the state, in the Panhandle. They're not in every community but they're within a distance they can get to and also have an understanding of at least the regional availability of services and local available services. Healthy Family Project, those folks live in and around Lincoln, those Family Navigators. And then in Region VI they're all in the Omaha area. So they're within the communities of the families that we'll eventually serve. []

SENATOR HANSEN: Okay, thank you. []

NICK JULIANO: Sorry I missed your question. Thank you, Senator. Really, the last structural piece is our steering committee. And that's really comprised of the Boys Town leadership, our partner agency leadership, and the folks that run the program, and that's the link to our advisory panel to make sure that the direction and guidance and recommendations that come from our advisory panel and from other stakeholders, we make sure it gets back into the operation. We've got a functional way of doing that so that it's not a lot of talking about changing, it's actually flowing back to the program. Okay. Unless there's other questions, I'm going to turn it over to Shellie Gomes, our program manager, to talk a little bit more about the program and some of our data. []

SHELLIE GOMES: All right, thank you. Jerry gave kind of an overview of the help line, when a call comes in to the help line, kind of a variety of different services we can provide. We can identify high risk calls, we can screen for availability or eligibility for other services. And family navigation falls into that. So essentially, a Family Navigator referral is going to come out of a help line phone call where the help line operator has identified that maybe this family just kind of is presenting as though they're at their wits end, they've made that phone call, they've gotten those phone numbers before, and just don't know what to do next. And that's when we make those Family Navigator referrals.

As you mentioned, we have Family Navigators located across the state to serve all regions. And our goal when making a referral with the Family Navigation services is any information that's collected on that help line call is going to be provided in kind of a secure e-mail document to the Family Navigator who receives that case. So again, we're trying to streamline the information a little so the family is not meeting with the Family Navigator for the very first time and repeating their entire story again. They get some initial background information, they're aware of what prompted the phone call to the help line in the first place and now they can move forward in working with that family to kind of identify some solutions. So the Family Navigator role, as Nick mentioned, these are family members who have navigated the system for their own children before. So they have that experience and they have that ability to relate to families kind of on that peer to peer level of I've walked in your shoes, I've been there, let me see what we can do to maybe make your road easier than it was for me kind of a thing. Once a Family Navigator referral is made from the help line the Family Navigators are going to contact that family by phone and make that initial contact within 24 hours. And the goal is to make a face-to-face meetings with that family within 24 or 72 hours. So we want it to be a quick turnaround. But we don't need a family to hear, well, we'll get to you next week or we have a waiting list and we'll get to you as soon as we can. We'd like it to be within 72 hours whenever possible. Obviously, there are times that that doesn't work out for the family. But we want to get to that family and be able to have that initial face-to-face meeting as soon as possible. So that kind of gives an overview of Family Navigation. As far as the eligibility for services, obviously, Nebraska Family Helpline, Nebraska residents or children or families who are calling on their children who are under 19 years of age. The child is typically presenting an emotional, behavioral or substance abuse issue. We find with the majority of our help line calls there's a precipitating event that led to that phone call. We talked a lot in marketing about does it get to that family at the right time. Maybe they've seen the ad on TV, maybe someone's mentioned the Nebraska Family Helpline to them but did it fall in their lap at the right time that they're willing to make that initial phone call. And then in addition to that, those children who are current state wards or who are former wards within the 12-month

aftercare period, like we talked about this morning, if that family would call into the help line we would make a warm transfer to that lead agency who's providing service for that family. So we will link them back up to really who their services should be being provided by at that point. Any questions on that? All right. The next information I was going to go through was initially from our quarter one report, so we went live January 1. So I have just some basic information, data that we've collected through March 31 and then I'll sprinkle within there some more current data up until May 15. So if you look on the next page, within the first quarter we received or we made a total of 1,085 calls, these include both inbound calls coming into the help line and outbound follow-up calls that we've been able to do as well. The outbound follow-up calls have been a very neat and unique feature to this program. That when a family calls in and we provide them some referrals we also ask, can we call you back within the next day or two to see if you've had any luck making contact with these referrals? And so it's a really nice follow through. We kind of stay connected with that family. And we're going to know within two or three days, when we call them back, if they had any luck and if they're moving in the right direction with the services they're looking for. We have had a lot of Family Navigator referrals come out of that follow-up phone call. So the idea that the family initially says, no, I think I can make this phone call on my own, I'm going to see what I can get hooked up with. Within two or three days they're like, gosh, we didn't really get the answers we're looking for, tell me again about that Family Navigator piece because I think that might be of value. So our follow-up calls have been a great addition to the program. Based on some of the contract requirements within the program we've answered 96 percent of inbound calls, so there's always going to be those occasional times where someone calls and the phone rings twice and they hang up. But 96 percent of the calls coming in we're answering. Average wait time is 16 seconds, and the average length of a call is 21 minutes. []

SENATOR CAMPBELL: Wow. So you're spending quite a bit of time on that, I mean, if the average is 21 minutes... []

SHELLIE GOMES: Yes, yes. []

SENATOR CAMPBELL: How long does the initial screening take? []

SHELLIE GOMES: You know, we don't have necessarily an initial screening process. It all kind of flows through whatever we get during that phone call... []

SENATOR CAMPBELL: Okay. []

SHELLIE GOMES: ...our screens and we're going to fill in that information just as the phone call occurs. So we try not to jump right into name, date of birth, address, you know, trying to get all the demographic information. We try to collect that throughout the phone call. So the family can really start with what it is that prompted their call to the help line. So...and I think Nick mentioned or Jerry mentioned we also...we have the ability to make those phone calls with people. So if we have a family who's looking for a therapist in, you know, the Panhandle area, we're going to say, do you want us to make that phone call with you? And we will do some of those conference calls. And if we hit a road block, we still have that family on the phone and we say, you know what, let's try the next one. So some of those phone calls are a little bit longer because they are making two or three conference calls to providers trying to link up that family with the services they're looking for. []

SENATOR HANSEN: Shellie, are the phone calls taped? []

SHELLIE GOMES: The phone calls are all recorded, yes. []

SENATOR HANSEN: Okay, for further referral. []

SHELLIE GOMES: Yep, yep. []

SENATOR HANSEN: Okay, thank you. []

SHELLIE GOMES: The next slide documents some call types, and we usually...we break up the phone calls that we receive into some basic call types so we have an understanding of where the majority of the numbers are coming from. That standard inbound call is going to be the phone call which is typically made following an event, so something happened that really prompted this family to make contact with the help line, maybe a bigger incident, child not coming home on time, something like that has occurred and the family is making that phone call. So during a standard help line call we are not only providing some intervention, doing that screening, maybe providing some parenting strategies or some ideas of what that parent should do when our phone call ends. And then we're also providing some referrals to that family if that's what they're looking for. The information call is more of just kind of an information and referral. They called and said, I'm looking for a therapist in Holdrege, can you tell me the phone number. So those are going to be some shorter calls. It's really kind of a give me the phone number and let me make those phone calls on my own. Inbound follow up calls would be any time a parent called us back. So in addition to us doing outbound follow up calls, we are also going to have some parents who are calling back and reporting information or asking for some additional resources. The high risk calls are identified any time that it is necessary for us to conference CPS or first responders. Those would be the events, maybe an incident of aggression, unsafe situation in the home, potential suicide situation where we actually have a crisis...another counselor on the phone making a phone call to first responders to get some one else out to that phone while the original counselor who answered the phone is still talking to that family. So that explains that one. The positive consumer is kind of...it looks kind of sad with its number 2 on there and it's not a very high percentage of calls. But that is simply a phone call where an individual called in just to report thank you. It is a positive phrase, they've taken their time to call back, they don't need anything else, but they just wanted to call and say thank you. So that's kind of a nice category to have on there. Inappropriate use of services would be if it was someone calling asking maybe...calling for outside Nebraska,

check out the phone number or just completely maybe sexually explicit phone call, some of those kinds of things we happen to get on regular hot line calls, you get the prank call type of thing. And then hang ups and wrong numbers, and then you see on the bottom there our number of the outbound follow up calls were 352. So we're able to call back a high percentage of those families. The next slide just breaks out the documented calls for quarter one by region. I don't know if everybody can see the colors very well. But obviously, the Region VI area, Omaha, that's where the highest number of our documented phone calls have come in. And then if you look at the state map below that, it just kind of gives a different idea of where those phone calls are coming from. Obviously, the gray would be where we have not received calls from. The counties that are colored and have the county name listed on there, kind of range from the lighter ones, maybe we've received one or two phone calls from that county, upwards to the Douglas County area where that's 350 phone calls plus. So gives you an idea of that. I mentioned...or quarter one total documented calls to date, through May 15, we've had 1,101 total documented phone calls which represents 884 unique families. So that gives you a little bit better idea of where we're at through...halfway through May 884 families would have contacted the help line. The next two charts reflect the quarter one data of kind of issues that parents are calling for. We don't go through a standard check box of is this happening, yes/no, and ask them throughout. We're really kind of interpreting this information throughout the phone call. So you're going to see most often parents are calling with a child who's maybe not following household rules, not meeting expectations in the home as far as responsibilities, curfew, whatever it might be and aggression, arguing, and then you see a couple of referral type behaviors on there related to school, the concerns with grades, disrespect to authority at school that might be the result of a child being expelled from school or suspended, something of that sort. So it gives you an idea of some of the ideas that initially we've seen come through in the help line calls. And then the next slide identifies the top ten referrals that we've provided. And going forward, when we're looking at breaking up the referrals that we've provided, we'd like to be able to more specifically identify what referrals families have asked us for. So in that phone call we often will have a parent specifically telling us, this is what I want from my

child, this is what I think they need. So identifying the times when we've given them specifically the referral they've asked for or what we have screened and maybe identified as a potential need for services and those referrals. So that is something we like to do going forward. Help line demographics, you see that at this point most of our phone calls we're receiving from single parents. We have several who would fall into that. It doesn't appear as several on here but the other relative, we are getting a lot of the grandparents who are calling who are raising their children and that's been an interesting category that we'd like to continue to track over time. So that gives you some basic ideas of demographics of the callers. Looking at the Family Navigator statistics within the first quarter of the phone calls that we received they represented 563 unique families. Of those 16 percent, or 88 families were offered Family Navigator services on the phone; 58 or 10 percent of those families roughly accepted the Family Navigator service. So as far as looking at within the contract we can identify that approximately 20 percent of calls to the help line would be referred to Family Navigation Services. And for the first quarter that was a little bit lower than projected. As we've moved forward, as of May 15 and the 884 unique families that have contacted the help line, a total of 195 families have been offered Family Navigator service, which is 23 percent offered, 130 families have accepted, and that's up to about a 15 percent acceptance rate of Family Navigator services from help line calls. And looking at the 58 families within the first quarter that were referred to Family Navigator services, you can see again by region the breakdown. The breakdown of Family Navigator referrals is pretty consistent with that...of the documented calls that we received within the first quarter with the Omaha, Sarpy County, Douglas County area in Region VI fielding the majority of the Family Navigator referrals and Region V, the Lincoln area, being just below that. There's an additional slide about demographics. Of the children who were being served within the Family Navigator program at this point the majority of the children are Caucasian. And that will be an interesting trend to kind of track over time if that's consistent or what impacts that might play in the marketing that we make available, that type of thing. And then client satisfaction is the final slide. This is really a perceived level of satisfaction within the help line calls. So actually, during that help line phone call the crisis

counselors are going to identify where they kind of view that family at. Is that family really in crisis, highly stressed, kind of panicky during the initial part of that phone call. And where does the crisis counselor perceive that family is towards the end of that call? So are they presenting as a little bit more calm or more confident, are they feeling more hopeful that there are some options in place. So that's just some initial client satisfaction data. We've also implemented an automated phone survey which occurs after a lot of those follow up phone calls. We'll provide families an additional phone number that they can call in and answer four or five satisfaction questions and give some comments on the help line. And to date we've had about 55 families complete that. So that will be interesting information to add into our second quarter report. []

NICK JULIANO: Probably the last piece is the...give you an update on our marketing activities. We've really, starting January 1, kind of ramped up the marketing as we were ramping up the program and really started with, in the last week of December, print ads in 173 newspapers across the state and two weeks of radio ads to kind of get the initial message out there. In, I believe it was March, we put out a significant number of ads on TV, cable TV, network TV, satellite dish programming for the rural areas to make sure we had that covered. And we tried to coincide that with the larger public schools when kids were going to be home for spring break, because the feeling was as those kids are coming home, that could be a time that families needs spike. So we tried to align that as best we could. And also having an on-line presence. Our marketing people, I had to ask them what an on-line ad impression is. So I'm going to tell you what they told me. (Laughter) That we have on-line ads positioned on different Web site, on parenting Web sites and family Web sites and other things. And they're purchased and positioned in way that we know when someone goes to that Web site they can see the ad. So they count the hits on the site, they know it's present by where we purchased the little spot where it is. And we've had 625,000 viewers of those on-line ad impressions. And so we've tried to have through all the different media channels, get this information out. Some of you, I know, have seen our TV commercials. Those are still running. And as the year goes on we'll continue to market and, as Shellie identified, looking at kind of

tweaking that message so that we are getting to the neediest families. For the March strategy we did see a spike in calls when we hit the TV ads, when we hit them hard across the state. So it did result in an increase in volume of calls and actually probably was corresponding with some of our increase in Family Navigator referrals, which we believe that that helped probably get to the needier families, whereas the initial push out with the newspaper and radio, many of the families calling were families that kind of had the wherewithal already to kind of find their own services. So our referral for Family Navigator was lower. That's really our goal is to get to those most needy families that need some assistance from those Family Navigators. []

SHELLIE GOMES: And the very last thing on there is the nebraskafamilyhelpline.ne.gov Web site. And that provides a couple of different links to resources for families. It also provides an opportunity for families to e-mail questions into the help line. So if they're not quite ready to make that initial phone call or just want to kind of test the waters by sending in an e-mail, and those are responded to by help line counselors within 24 to 48 hours of the e-mail being received. So another way for families to make contact with the help line, get some questions answered or give referrals that way. []

SENATOR CAMPBELL: Questions. Senator Nordquist. []

SENATOR NORDQUIST: I didn't see any data. Do you guys track, maybe what, I guess, the greatest unmet need is, what people are requesting that isn't available? []

SHELLIE GOMES: We have found very initially families are most often requesting some sort of respite service or some of sort of I just need a break, I need a...you know, we need a couple days, this and that just happened. That would be the one most frequently that families are requesting and that we're finding help line counselors are making conference calls to those agencies that provide respite services. And we're finding that those programs are at capacity or there's not availability. That would be the one that probably sticks out earliest on in the process. But, again, that's three months worth of

information. []

SENATOR NORDQUIST: Do you see any variation geographically either on unmet services or just response, utilization to the help line? Have you seen any of that? []

SHELLIE GOMES: As far as making initial contact to the help line or... []

SENATOR NORDQUIST: I guess, just across the board satisfaction with the help line, services that aren't available, things like that. []

SHELLIE GOMES: You know, I would say that I guess the answer the services available. We're finding there's a big difference between whether services are or are not available or where the family perceives there are services available or not. So we've been able to help, I think, identify early on by at least giving those families some resources. And we always say, we're never going to hang up the phone saying, gosh, there's nothing available to you. We're always going to provide some referrals. Then we may encounter some additional barriers related to transportation or cost. But as far as initially, services completely not being available we haven't maybe gotten to the bottom of that quite yet in the event that we're always trying to make something available for the family. []

SENATOR NORDQUIST: How are your...the callers trained? What kind of training process do they go through? []

SHELLIE GOMES: Our callers go through like a week long actually kind of pencil/paper type training process. We talk about, you know, listening and engaging the families, kind of doing those initial screens as to what questions to ask based on frequency of the even that maybe they're calling for the intensity of those events. And then they also do a lot of shadowing where they're listening to other calls, they're sitting next to a counselor who's taking another phone call and getting to listen through that process. And then we

also do some obviously quality assurance on the back end in that we are listening to those phone calls that are recorded and giving some feedback and being able to talk through that initial phone call with them. Nick mentioned or Jerry mentioned the technology that we have is that we can have a senior counselor or Katie or myself on the phone listening to that phone call, instant messaging that counselor who's on the phone with that family. So we can really talk them through and give them some suggestions for maybe questions to ask for clarifying information, live action as it's happening, which is helpful. []

SENATOR NORDQUIST: And then are there bilingual services available? []

SHELLIE GOMES: Yes. []

SENATOR NORDQUIST: Okay. []

SHELLIE GOMES: Yep. []

SENATOR NORDQUIST: Okay. Have you guys done any marketing, bilingual marketing as well? []

SHELLIE GOMES: We do have kind of the help line and Family Navigator brochures and the wallet cards available in Spanish. []

SENATOR NORDQUIST: Okay. And last, real quick. Is there any collaboration between the Boys Town national hot line and, I mean, as far as either training or as far as calls being back and forth? []

SHELLIE GOMES: Yep, as far as training, the training format overall is very similar. The help line calls are a little bit different in that we want...they're going to be a longer phone call. We want the counselors to do a little bit more work other than just providing the

information or maybe de-escalating that initial event. But we also will have calls that come into the Boys Town national hot line that when we identify they are a Nebraska family, we'll transfer them over to the help line because that's where Family Navigator referrals can come from, that's where some of those additional, more specific services are available. []

SENATOR NORDQUIST: Okay, thank you. []

SHELLIE GOMES: Yes. []

SENATOR CAMPBELL: Senator Dubas and then Senator Gloor and then Senator Howard, Senator Hansen. We'll get them all here. []

SENATOR DUBAS: Thank you, Senator Campbell. This was an incredible presentation. I'm just thrilled to hear the great start that you've had. Now you refer to your people as counselors. Do they have actual counseling degrees? What is required of them to get this job? []

SHELLIE GOMES: Right. They do not actually have like...they are not licensed mental health practitioners. That would be the role that Katie and I play in the clinic oversight. We refer to them as counselors, help line operators. It's just initially the training that I just explained is what makes them qualified to be on those phone calls. []

SENATOR DUBAS: So you have no real educational requirements when you hire this person other than they go through your training, but they have no actual background per se? []

SHELLIE GOMES: Right. The majority of our staff at this point have worked in child care in another avenue at some point. They, you know, typically have bachelors degree level and they are working, a lot of our staff are working towards their master's degrees

in counseling, which is kind of nice. It's a job where you can work any hour, any time. []

___________: It's flexible. []

SHELLIE GOMES: Very flexible. So... []

JERRY DAVIS: And many of them come from our family teacher core. I mean, they've been around and had Boys Town training and things like that. So it's a great way to take the spouse and a full-time job and the other spouse goes over and does, you know, as they're pursuing their degree, they...I mean it bring us good technology. []

SENATOR DUBAS: That's great to hear. Have you found especially for those areas that are more rural, you know, you talked about the services are available, but are they easily available? You mentioned travel. Are we running into some logistical problems there as far as making sure that these people are able to get to the help that they need? []

SHELLIE GOMES: I think we're running into that initially. The Navigators in those areas have done a great job of at least connecting families to maybe some lower level services if they're waiting for something in addition. We have heard, we've been to all the behavioral health regions and we've talked with those folks, and they've been able to kind of enlighten us on what they see as some gaps or barriers to services being accessible to families. So we're kind of working in collaboration to really come down and identify those more specifically. []

SENATOR DUBAS: Great, that's good to know. Thank you very much. []

SENATOR CAMPBELL: Senator Gloor. []

SENATOR GLOOR: Thank you, Chairman Campbell. Shellie, there's a 211 number

available, I think, in most cases it's connected with United Way or other community agencies or things like that. How does this overlap? In what ways do you collaborate with the 211 number in the state? []

SHELLIE GOMES: (Inaudible) 211 number, we have some overlap in our referral sources, obviously. We're making contact with them and making sure that any referral information that they may have we are also collecting in our referral database. One of the things that Nick, I don't know if he mentioned along kind of the org. chart in there is we have one individual who is really assigned as our referral database person. So we have a full-time staff who is making sure that the referrals across the state are up to date or as up to date as they can be as they're kind of ever-changing. But the 211 program kind of falls more into that information and referral phone call that I talked about. We're going to get some of those phone calls and we're certainly going to provide that information to families []

SENATOR GLOOR: Okay. Thank you. []

SENATOR CAMPBELL: Senator Howard. []

SENATOR HOWARD: Thank you, Senator Campbell. As someone that's had the opportunity to see the hot line in action, thank you, Jerry. I will assure my fellow members that it's as good as the presentation. And I really appreciate that. I appreciate that you've taken this responsibility on and really done a good job with it. So thank you. []

JERRY DAVIS: Thank you, Senator, thank you. []

NICK JULIANO: Thank you. []

SENATOR CAMPBELL: Thanks, Senator Howard. Senator McGill. []

SENATOR McGILL: Two quick things. First, I'm wondering if in the future I'd be interested in seeing what time of day many of these calls are coming in. []

SHELLIE GOMES: Um-hum. []

SENATOR McGILL: So I'm assuming you have that information. []

SHELLIE GOMES: Absolutely. []

SENATOR McGILL: I'm just...that's just a curiosity. []

SHELLIE GOMES: Yep. []

SENATOR McGILL: And number two is just, can you send me more of these? Because I would like to put them up. []

SHELLIE GOMES: I have a whole stack in my bag. []

SENATOR McGILL: I would like some before you leave. []

JERRY DAVIS: We'll leave them with you today. []

SENATOR McGILL: Fabulous. []

SENATOR CAMPBELL: In fact, if you could just leave what you brought in our office, we'll make sure everybody gets... []

JERRY DAVIS: And we'll send you more. []

SENATOR CAMPBELL: Because, I'm sure, we would like to hand them out. Senator McGill, did you have any other questions? []

SENATOR McGILL: No, that was it. []

SENATOR CAMPBELL: Senator Hansen. Oh, sorry, go ahead. []

JERRY DAVIS: That was one of the things the advisory panel helped us with, too, is, you know, just creating ways to fund where these families might show up. And they were mentioning things we really hadn't thought about, like county fairs. You know, the 4-H has a booth there, Future Farmers have a booth there and so we can use a lot of the existing infrastructure just by making sure materials were available. []

SENATOR CAMPBELL: That's excellent. Senator Hansen. []

SENATOR HANSEN: In that line of thought, on page 13 where you have your Family Navigator statistics, and it looks like the western sections aren't quite as active in calling. And I made a short list of places that you might be interested in, in sending these to. []

JERRY DAVIS: You bet. []

SENATOR HANSEN: The first one would be the health districts. The whole western state is made up of pretty big areas of health districts, chambers of commerce, almost every little town has a chamber of commerce, schools, of course, community centers, that's where the small towns gather. And then another one is United Way because in our...in my town we don't have that 211, even though it's advertised in the paper, it's advertised on billboards. We don't have a 211 number. So this needs to replace all those things. So our United Way is another one that is several counties together. And then, you know, if we could get this number of them and some of these larger it would

be helpful too. But it's just...it's a little different how we communicate. Believe it or not, there's a place out there where cell phones don't work. (Laughter) []

JERRY DAVIS: Senator, my cell phone doesn't work at my house. (Laughter) []

SENATOR CAMPBELL: We need to work on that one for you. Senator Gloor. []

SENATOR GLOOR: Thank you. Dr. Davis, I'm trying to understand how all this fits from what...this morning's presentation. Boys Towns elite agency is part of a collaborative approach towards provision. But the service that you're talking about here with the hot line is offered throughout the entire state of Nebraska. So explain to me how that works with organization structure that we were talking about this morning. []

JERRY DAVIS: You know they are probably more parallel than they are connected. You know, a lot of these families, one of the things that Shellie said, we look for eligibility. So if a family calls and they are eligible for certain kind of services or if they have certain presenting problems then the state should be taking care of them. Shellie, you may be even more than I able to know what is the cross conversation rate between (inaudible) and you all. []

SHELLIE GOMES: You know, I would say when a call would come into the help line some of the questions that we're asking along the way are, what services have you maybe utilized in the past, you and your family accessed in the past. What services are you currently accessing. And through those couple of questions... []

SENATOR GLOOR: Services, that would be services offered by the state or services offered by another not-for-profit? []

SHELLIE GOMES: Either or is what we're initially assessing, but usually we get to just what you're asking is, you know, we might hear, well, our child was in foster care for the

last six months, he has been home for two months and now we're experiencing concerns. Well, then we can make that connection of, okay, there's a potential that this family is connected with a lead agency and we can start asking those questions: do you happen to have a service coordinator, do you know who that is? And we can help the family identify who that individual might be, if in fact they are connected with a lead agency, and connect them back to those individuals. []

SENATOR GLOOR: Then let me ask, and this...I know you were around this morning, sort of a continuation of my discussion on risk and payment and what not. So how then would the dollars flow that help underwrite the help line? []

JERRY DAVIS: I'm not sure if, you know, I don't think that there is a connection with this morning's conversation where those dollars came from. These were appropriated dollars, you know, that you all put into LB603. So we try not to duplicate a service. That's what Shellie is talking about because these are...as a lead agency, our collaborative has a year after they dismiss a child to be responsible for what they need. And that...so we're sometimes getting the calls during that period of time. But the budget dollars are not coming from the same places. Actually, this is a good prompt for me. This particular initiative has been a great partnership between us and behavioral health. Mia and her folks, everybody else, we could not have gotten it up and going that way. The morning discussion, of course, was child welfare. And while we, as you asked the question, are we sometimes blending? Yes, I think sometimes we are blending children that are probably in need of one system's care into the care that they are getting from child welfare, etcetera, etcetera. []

SENATOR CAMPBELL: And in actuality, as I mentioned this morning, at the next meeting, and we're going to talk a little bit about that at the end, a number of providers have come together to try to do a survey. And they are ready to talk to us. So most likely the whole access issue will be on the next meeting's agenda. And we would certainly invite you to be a part of that. Any other questions from the senators? Senator

Nordquist. []

SENATOR NORDQUIST: The numbers that we're seeing, I guess, are those along the lines of what were projecting. Did you have any initial projections for... []

JERRY DAVIS: Actually, the numbers are lower. And...yeah quite a bit. []

SHELLIE GOMES: (Inaudible) considerably lower than projected. []

JERRY DAVIS: And we're not sure, I mean, we really challenged our marketing people because we said, are they just not calling or are we not doing the right things to get the message at the right time to the right people? So we've gone back to the drawing board with that. But, you know, in general we were thinking call volume would be 40 percent higher than where it is. And we did spike it with the most recent blitz in advertising, we've got another one coming. So we're going to try as many different ways as we can to see what the real, true call volume, you know, will baseline be. We're also exploring a number of different things with the department and with the advisory panel that, you know, may or may not have any influence. We've got our marketing discussion going about are these families seeing this too much identified as a state service or is there, you know. So we're just looking at as many different kind of questions as we can that might impact a families willingness to make that call. []

SENATOR CAMPBELL: To kind of wrap this up, one of the things I'd be interested in is when you call back and check with the families, if some how we could have some idea of the, yes, this all went fine, or we're on a waiting list. Because part of the thing that this committee...and access question isn't just that the service is available, but how readily can they get into it. Because in some cases, I'm sure, that those worked on safe haven would say the service was there but they just couldn't get in. So if you could...and I don't know how you might want to do that. But I join my colleagues in saying this is very refreshing. And I much appreciate the efforts. And we will just continue to have you

come back. One of the suggestions has been made that one of the summer meetings that we would have a meeting in Omaha and stop at Boys Town in order to see the service and visit with you about that. []

SHELLIE GOMES: Please do, that would be great. []

JERRY DAVIS: That would be perfect. []

SENATOR CAMPBELL: And, Senator Howard, you wanted to add? []

SENATOR HOWARD: Well, I just have one final thing. And when you were talking about the frequencies and you know this is new. So you haven't had the chance to really graph it out yet. But when I worked in CPS, there were time periods where there would be an increase in cases coming in--after holidays, at the end of the school year, at the beginning of the school year. And so I'll be real interested in seeing if you kind of see that same thing and with times of the day, be evening and dinner time calls would come in. And so that will be interesting to see how that pans out. []

JERRY DAVIS: Yes. Yeah, right. It will be very interesting. And I think that the other question you were asking, Senator, is we will probably know next quarter or beyond a little bit more of the outcomes, are they really getting waiting list, are they really getting service, the same things you're interested in. Because they're going to start, you know, their level of concern will raise if they're not able to get what it is that we think they need. []

SENATOR CAMPBELL: Exactly. []

SHELLIE GOMES: And to pair with that, our next marketing big push is next week. And we know all the schools are approaching getting out, so we're kind of looking at that exact thing. And as an early trend we've seen that Monday's have consistently been our

highest call days. So you kind of wonder if maybe something happened over the weekend, a parent has some time to themselves on Monday and we do see the majority of phone calls on Monday's thus far. []

SENATOR CAMPBELL: What we'll try to do is put a brief memo on the top and we'll get enough folders from you for the rest of our colleagues in the Legislature. And we'll make sure that every office gets a copy of it with an explanation and saying, if you have places in your district that you would like to see these available, please let us know and we'll get back to you. []

JERRY DAVIS: Yeah, our Family Navigators will be more than happy to go personally to place them, if necessary. []

SENATOR CAMPBELL: Great. We'll have Claudia work with you, with that. []

JERRY DAVIS: Yeah, that will be great. []

SENATOR CAMPBELL: Thank you so much. []

JERRY DAVIS: Thank you all very much. []

SENATOR CAMPBELL: Moving on, we're going to hear from Right Turn and I know they're here. Come on up. Jessyca. []

JESSYCA VANDERCOY: That's me. []

SENATOR CAMPBELL: That's you. Vandercoy, am I saying that right? []

JESSYCA VANDERCOY: Uh-huh. []

SENATOR CAMPBELL: And I'm going to let introduce your colleagues. []

JESSYCA VANDERCOY: Okay, great. My name is Jessyca Vandercoy. I'm program director for Right Turn. And this Kim Anderson, she's one of the Right Turn board members. She works with Nebraska Children's Home. And this is Denise Pecha. She is with Lutheran Family Services and also is one of the Right Turn board members. []

SENATOR CAMPBELL: Excellent. So you go right ahead. []

JESSYCA VANDERCOY: (Exhibit 3 and 4) Well, I'm...good afternoon. I promise by the end of this you'll be awake and, hopefully, really excited because the program is really exciting. And I'm really pleased to be able to share with you what's going on in Right Turn in response to the appropriations your made last year. I think each of you should be really satisfied as well as really across the state of Nebraska having Nebraskans have the sense of satisfaction that we have a safe haven alternative that is responsive and effective and family-driven. And I can tell you with some assurance that in our first quarter numbers that we have had a really great response and a program that's meeting the needs of the families that are calling. I apologize. I don't know the system, but I do have some handouts. So I don't... []

SENATOR CAMPBELL: Okay, that would be great. And if one of your colleagues just wants to start them out with Senator Wallman, why we'll pass them on down for you. []

JESSYCA VANDERCOY: Okay, great. []

SENATOR CAMPBELL: We're fairly informal in these kinds of meetings. So you feel comfortable. []

JESSYCA VANDERCOY: Okay, great. A couple of things that you're getting the palm card that's coming around kind of explains the eligibility for Right Turn and that it is a

partnership between Nebraska Children's Home and Lutheran Family Services of Nebraska, which I think is important to mention because it is part of the programs success. We are...as the program director, I'm supervised by a Right Turn board, which has three representatives from Nebraska Children's Home and three representatives from Lutheran Family Services. So it really is a partnership in decision making as well as how we're going to drive and develop services. So I think that is...should be noted as part of the success in this first quarter that there's lots of experienced people at the table from two different agencies who may have different cultures within the agency but have one common goal at the end, which is to support families and make sure that adoptions and guardianships of former state wards is health and for a lifetime. So the other handout I will go over in a second. I do want to begin at the beginning of what happens when a family calls. On the palm cards you'll see an 888 number which is a 24-access line that is run by one of our partners, KVC Behavioral Health. Families call that number, they can call at any time of the day, weekend or holiday. And that's really just an eligibility call. Different than what happens at the help line which you're actually receiving really a service through the help line. This is just a call that says, my name is, this is my situation. There's a series of questions that are asked to determine whether or not that family is eligible for Right Turn services. At that point, at the end of that call the family is asked whether or not they need to speak with somebody right away. If they do, they are actually transferred directly to me which is at any point. And their needs are responded to at that level. If they don't need to speak to somebody right away, that initial intake is developed. Three things will happen. Either the family is eligible, meaning that the child that they're calling about is under the age of 18, was in foster care prior to adoption finalization or guardianship and they receive a valid subsidy. The other side note to that is to be eligible the adoption or guardianship would have to have happened through Health and Human Services as opposed to one of the lead agencies. In the conversation we're having this morning, the lead agencies are responsible for providing 12 months of aftercare, which includes post adoption. So those families are not eligible for Right Turn in that year if they finalized the adoption or guardianship. So at the end of that call three things will happen. Either you'll be eligible and you'll move

on to an actual referral to Right Turn. Number two, you won't be eligible and that point we have a great partnership and are working very closely with Boys Town and their help line in that that person or that caller will be warm transferred to the help line. So there's a connection there. And the programs are really working well together. Or, number three, you are not eligible but there are issues regarding adoption going on in your family. So perhaps you've done an international adoption, maybe you adopted a child who wasn't a state ward. We feel very strongly at Right Turn it's one of the driving principles that we have is that Right Turn or that adoption itself is an area, a specialty that not any provider across the state could attend to the issues that these families are dealing with. So at that point, the family is offered to be transferred to the help line, given the help line number, but then they're also...their referral is also sent on to us and we are responding to those families as well outside of our contract because they're not eligible, so it's not a matter of fee or anything that has to do with HHS. But we want to make sure that those families are connected to adoption competent services so that they're helped in a way that we believe is really, honestly very important. So once they reach the Right Turn and they're eligible or they have adoption issues all of our supervisors are licensed or clinical social workers. So they have mental health degrees. Our Omaha supervisor and myself respond to all of intakes that come through the access line. So on the...when we get into the numbers, so the 125 families that we've spoken to in that first quarter have either spoken to me or the Omaha supervisor. And at that point it's almost a clinical triage where we talk about what's going on. It's a license for that family to talk as long as they want. We have had conversations with families for two hours and we've had conversations with families for 20 minutes. And it's their time and in their own words to have someone listening who is nonjudgmental, who is willing to provide some hope in that there are going to be some solutions. Because ultimately on the other line you have a parent who is...who loves their child, has made a great commitment but is at either wits end or does not know where to turn. I think one of our parents put it best. She said, I've never been disabled or immobile in indecision of not knowing what to do every in my life; I always know what to do and in parenting this child I'm lost. And she's a very resourceful, educated, successful woman who did not know

where to go and was relieved that she had turned to our service. So at that point there is an initial intake that's done, that family runs that conversation. One of the things that is asked in that conversation is, in 90 days what's going to be different in your home to make things better? And we're going to start figuring out how to do that. That's one of the things that I'm most proud about the program is because it is so family-driven. That family decides what they need and we support them in doing that. We have permanency support specialists spread throughout the state. We have nine staff, there are three permanency support specialist in Omaha, one in Lincoln, one in Grand Island, one in Norfolk, one or a halftime person in Lexington, and a halftime person in North Platte and in Alliance. So we have staff spread throughout the state that are able to respond when those families call throughout the state. We're also serving families that do not live in Nebraska but adopted Nebraska state wards. The permanency support specialists provide what we're calling a case management service for up to 90 days. I can tell you probably about 90 percent of the families that we are serving are choosing to use that full 90 days. And in some cases it's enough, in other cases it hasn't been enough time to work with those families. That case management component is really where that family gets to shine in guiding the service. So service plans are created at that point, crisis intervention, what we call our family wrap plan, which an opportunity to mediate maybe some discussions between a teenager and a parent. And later I can give you some examples of how that's been really effective with parents. So families are utilizing that full 90 days. The other core components of the services that we provide are assisting families in locating respite providers. We are very focused on being able to locate informal respite options for families. We want them to have an option after we're not there. So we've been effective in that. It's been difficult to make sure that every family has an informal network, because we're finding that one of the common denominators with Right Turn families is that they are often isolated, they've often burned bridges with families and friends because it's hard to be around them with children who are out of control or whatever it is, or they've asked a lot from their families because it's been difficult parenting some of these children. We also have connections with more formal respite options which we're always developing because we want to

have that service in place. We know it's important and respect a parent's need to have a break. The peer mentoring support service that we're providing, we do partner with Nebraska Foster and Adoptive Parent Association. And about 65 percent of the families that we work in a case management component, in that first quarter it was 95 families. About 65 percent of those families do have a peer mentor through Nebraska Foster and Adoptive Parent Association which is a person who's been paired up who is an adoptive parent themselves or has adopted or done a guardianship with a state ward and is able to support that family on that peer level. Families are enjoying that service. It's also part of our discharge planning where at the end of that 90 days the hope is that the relationship that the family has built with that peer mentor continues. Helping families to locate mental health providers and adequate referrals, like I had said earlier, we believe that adoption is an area of specialty and it takes some expertise in being able to be an effective therapist or an effective mental health practitioner with these families if you've had adoption training, if you've had experience with adoption. So we are in the process of creating a list. And we do have a preliminary list of providers throughout the state that have had experience in adoption both professionally and personally and have been around a while and been able to show that they are effective in these areas. We're hopeful that in the end of this that we will be able to create some type of, I don't know if certification process is the right word, but on a system level being able to have some levels of training that people who are mental health providers who are really interested in this area go through and then are going to be able to better attend to these families needs. The training and education opportunities that we're offering, we have a Web site and I'd encourage all of you to visit it. There's a calendar no that Web site that is turning into really a great tool for families because we're collecting trainings, conferences, "Webinars", anything around the state that might benefit the families we are working for is put on that general calendar, any opportunity for respite. Whatever comes our way that we learn about gets put on that calendar for families to use. We are in the process of developing a training which, for lack of a better word, call it a Right Turn post adoption training, which is, in my opinion, the training and opportunity for families to get the information that they may have needed prior to adoption. As we get the barriers in

services we'll learn more about that. But we do...there is a need for understanding the ages and stages of adoption with your child that maybe that education was provided. So we're in the process of developing that and hopefully be able to put that out through the state. And our support groups, we have...we've developed sort of a Right Turn model support group which is parents in an education and support group component. The same evening at the same time there's an adoptee support component and then we're providing child care. And we have our first meeting of that on June 14 in Omaha. And the hope is that we'll be able to replicate this model and the content of this support group throughout the state. So that's sort of pending and moving forward. Our program outcomes: families formed by adoption or guardianship remain intact. What that means is it's also in one of our values that we have as a program is that we understand that there may be times when a parent needs to use out of home care services and not foster care but for behavioral health reasons. We understand that that may happen. So intact to us means that a parent is still committed, that even if that child has to be in a residential treatment facility that parent visiting and learning how to better manage their child's needs means that that family is still intact. And that's how we've defined that. Identifying community resources, in just April alone we made over 265 referrals for services and referrals for families across the state which we collect on a monthly basis. So one of the big things that we do is we're always connecting people to services that are available in their area. I like to tell the staff, and I think I've given them the leash to do this, is that if a family can come up with it or think of it or a staff can do that, we're going to try to create it. And that's the beauty of this program is because we have had the flexibility to wrap around that family. And instead of putting a family into our box of rules and limitations and services, we've asked that family what type of box do you want? What color and shape does it need to be? And we're going to try to get there for you. And I think that's been part of our success, it's been part of the staff satisfaction that there's some level of creativity that they're able to have as well as really working with that family. So it's something to really be proud of for all of us that we're able to provide that for families. Increased understanding of child's needs, better understanding of adoption issues are something that we're always working on through our training and

education that we're providing as well as anything that we've put on our Web site are always going to be opportunities, whether it's a seminar on fetal alcohol syndrome or it's, you know, drug exposed or prenatally...kids who are prenatally exposed to drugs, that type of thing. And then the last one, identifying barriers in service gaps in the system and establishing responsible solutions. And I think this was a really great program outcome to come because, although the beginning of this program and the start of it is really exciting and we can cheer at this point that Nebraska has post adoption services, which I don't know that they've had adequately yet. And so that's very exciting. The second part of this in identifying gaps in services is to come, but will be a really, really important piece of this program. Because together with our partners and with all of you as well as, hopefully, the community we are able to look at what is not working, and not in a blaming sense but in a way of saying we want more for Nebraska children, we want more to support these parents that have taken on this really voluntary commitment to parent children who have experienced trauma, loss, abuse and neglect. So it is an important program outcome. The last two pages of the report we'll go through that. And I'm hoping that we'll have time to have lots of questions and answers about that because it will be necessary for a solution to make sure that families have services. So the next you're going go through and look at numbers. These are our first quarter numbers. We've had another 75 calls to our access line in April and the beginning part of May. We are serving...the first quarter in a case management component there were 95 families that we served. So that's 95 families who have signed on for a 90-day relationship with Right Turn. We are now service 130 families in a case management component. And in that first quarter we had over 3,000 contacts with families, which I think is really impressive and shows that the staff that we've hired, that have experience and interest in adoption, are making lots and lots of contact with families because that support piece is absolutely essential. Eighty-six percent of the families that we are serving are adoptive families as opposed to legal guardians. On the next page you'll look at where our calls are coming from. I think one of the things that we've been most surprised about is the 22 percent coming from out-of-state. I can tell you that that's slowed down over the last month. But the first quarter we were serving 21

families outside of the state of Nebraska in 15 different states. So it provides for unique challenges that we are providing really a case management service over the phone, which is challenging. One of the program goals that I have and things that we're working on is to really connect with other post adoption programs throughout the program. So serving parents who are raising Nebraska or former wards of the state of Nebraska in other states that we're going to be serving through Right Turn, that we've got connections all over the country with competent post adoption programs. So that's one of the things that we're always working on is building those connections. []

SENATOR CAMPBELL: Jessyca, are most of those in a kinship situation? []

JESSYCA VANDERCOY: No. []

SENATOR CAMPBELL: Where they were an aunt, an uncle and...no? []

JESSYCA VANDERCOY: No, they're former foster parents of Nebraska who have left the state, quite a few of them. []

SENATOR CAMPBELL: That's very interesting. I don't think any of us had anticipated that one. I'm sorry, Jessyca. You go right ahead. []

JESSYCA VANDERCOY: And it's definitely slowed down. So I'm...you know, in the last six weeks, so April through mid-May, we've had probably five out-of-state cases. So it's definitely slowed down. But I know we were all very surprised at the beginning of all of this that there was such a need out-of-state. I should tell you, too, that all of the families that are eligible for our program do receive on a quarterly basis a flier, such as what you've received, or a postcard in the mail reminding them that we're still here. And if that's the month that things are going array then we're still here and they're reminded of that. So that's how families outside of the state of Nebraska would learn about our problem. So the next family served in a case management component you can look at

the breakdown between adoption and guardianship, how many children that that...or the next page is children, but how many families that we've served and the breakdown of that, how quickly they closed, that type of thing. So on the next I think this was another area where we found there to be quite a great amount of interest and surprise of where the age groups of the children were coming from. When we get a call and a referral is sent to us, the parent on the phone identifies their eligible child. So this chart actually looks at the gender and age of the child that makes the family eligible. In Right Turn the entire family is the client. So we don't look at...once we get this information in eligibility that entire family becomes the people that we're working with. So this, I think, is just important to know that these are the ages, genders of the adopted or guardian child that make the family eligible. On the next page you'll see reasons for referrals. And I don't know that any of this is too surprising. I think school referral, it being the least reason identified, these are the reasons that are identified by parents and why they are calling. They are able to mark more than one, so they may say, you know, I think...you know, I just want some support and my child has a mental health diagnosis that I don't know how to handle, so those two things would be marked on that intake. []

SENATOR McGILL: What would be the difference between out of control behaviors and aggressive behavior? Do you know? []

JESSYCA VANDERCOY: Well, in aggressive behavior the parent has identified...and again these are the parent's words. []

SENATOR McGILL: Okay. []

JESSYCA VANDERCOY: So the parents are given...it's what they have identified. In aggressive behavior we have families that we're working with that have children in the home at that very moment that they are fearful of or that they are fearful of for their other children. So that would be the aggressive behavior piece. We more often see the out of control behavior, someone is unwilling to come home, someone is not answering

the phone and we haven't seen them in a day, they haven't been to school, we can't, you know, those kinds of things. []

SENATOR McGILL: Okay, I understand. []

JESSYCA VANDERCOY: The next is just a couple of things that I found to be interesting that I thought I'd share with you on some of the trends that we've seen. So approximately 15 percent of Right Turn families that we're serving have children that they're parenting that fall within that autism spectrum. And we'll go over that in gaps in barriers of why that's particularly useful but also interesting information when it comes to serving children that have been diagnosed with autism or Asperger's. The next is that over 50 percent of families have children who have identified that their children have been exposed to prenatal drugs or been diagnosed with fetal alcohol syndrome or effects, which would explain some of the out of control behaviors, academic concerns, aggressive behaviors, because all of those things we know that when kids are exposed to drugs and alcohol prior to them being born that when they get older they're going to have academic problems and they're going to be out of control. So it really should fit well in what we're seeing as far as the reasons why people are calling. []

SENATOR HOWARD: Jessyca, on the same, I'm not at all surprised to see this because when I worked for Health and Human Services and did adoption, big problem. []

JESSYCA VANDERCOY: Right. []

SENATOR HOWARD: This is a really serious problem. What I'd like to know is, have these children had an evaluation prior to the finalization of the adoption? Do you know that? []

JESSYCA VANDERCOY: It is one of the gaps in services that we're finding that in some

cases, as you know, the system can be really responsive and respond really well. Families get lots and lots of information, especially if that family that was adopting or done a guardianship was also fostering prior to that. They're going to have lots of information. Families that are on an adoptive list that may get a call that says, hey, we have six-year-old twins that we'd really like to place with you, let's start a transition. And they may not be in a foster parent...in a role. They're going to have a lot less information. What we're finding is that not consistently are these evaluations done, number one. Number two, that I've had parents say, you know, when I adopted him at age 5 they told me he had fetal alcohol syndrome, but I had absolutely no idea what fetal alcohol syndrome was going to look like at 15, because I did not have an evaluation, I did not have a consultation with Munroe-Meyer fore them to say... []

SENATOR HOWARD: Which is excellent, Munroe-Meyer is an excellent facility. []

JESSYCA VANDERCOY: Right. []

SENATOR HOWARD: And I would say to you right now the department, in my opinion, has an obligation to families that are looking at adopting an child when there's any indication in the record that the parent has used alcohol, especially alcohol, prior to that child being born, that that child should have an evaluation. And when I worked with families, it would be families that would say, oh, you know, it's not that bad or we can work with them or, you know, when they're 4 it's a different matter than when they're 16. []

JESSYCA VANDERCOY: Uh-huh. That's right. []

SENATOR HOWARD: But that evaluation needs to be completed that keeps the door open for services in the future for that child,... []

JESSYCA VANDERCOY: Uh-huh. Absolutely. []

SENATOR HOWARD: ...so just as a matter of reference. []

JESSYCA VANDERCOY: Yeah, they're tied together for sure. The last piece is that families who are contacting us on average are seven years after when they finalized, which is evidence in that adoption is truly a lifelong process, which is what research would tell you as well as best practice would tell you, and that families are not after a year things are always really great, but that somewhere in there...for instance, we have a family that adopted a child at six months from foster care. It's now 17 years later and we're serving that family, so that child is going to be 18 and it's 17 years postadoption. So we have families that are 14, 16...I mean it's really amazing to know that we are able to serve those families that had that finalization so long ago but are really needing that postadoption support that hasn't been there. So I thought that was just something interesting to share with all of you. In the next section, going over some of the gaps and barriers to services...if the best format of this is to read this, I don't know if that's okay. []

SENATOR CAMPBELL: That's fine. Sure. []

JESSYCA VANDERCOY: And I can... []

SENATOR CAMPBELL: Oh, I was saying maybe just hit the highlights because I want to get to your questions,... []

JESSYCA VANDERCOY: Right. []

SENATOR CAMPBELL: ...any other questions... []

JESSYCA VANDERCOY: Okay. []

SENATOR CAMPBELL: ...the senators have, so... []

JESSYCA VANDERCOY: And how are we doing on time? []

SENATOR CAMPBELL: It's about 10 to 3:00 so... []

JESSYCA VANDERCOY: Okay. []

SENATOR CAMPBELL: ...can we kind of hit which ones you think are most important for us to know? []

JESSYCA VANDERCOY: Okay. Well, yeah, (laugh)... []

SENATOR CAMPBELL: All of them. []

JESSYCA VANDERCOY: I'm sorry. Yeah, well, anyway... []

SENATOR CAMPBELL: And it may be the case that we need to just hit a few of them because we'll be having you come back, so... []

JESSYCA VANDERCOY: Uh-huh. Okay. []

SENATOR CAMPBELL: ...it's not that this is the only time you'll ever get to see us, so... []

JESSYCA VANDERCOY: Well, some of the things that I do want to hit on right away as far as, number one, the lack of community-based services necessary to avoid out-of-home care for youth with mental health diagnoses. What we're experiencing is parents who have...are parenting children who have diagnoses of mental health...mental health issues, it's not something that's been made up or on a hunch, two things that are happening. Earlier this morning you asked whether or not behavioral

health and child welfare is merging and, in fact, we have parents that are told the only way you're going to be able to get mental health services for your child is if you make them a state ward. We have parents calling, saying, I don't know what to do because I don't want to give the custody of my child to Health and Human Services but I also want services. So I can tell you that that is happening in our small pot of people, so I guess take it for what it's worth there. []

SENATOR CAMPBELL: Yes. Just again, one of the most heart-wrenching e-mails I've had lately is from someone who foster parented and then adopted and the child, you know, was fine; got into the teenage years and said that having to make that decision to make them a state ward, she just couldn't do it. []

JESSYCA VANDERCOY: Uh-huh. It's very hard for parents. []

SENATOR CAMPBELL: But what does she do? Because she can't get the services. []

JESSYCA VANDERCOY: Uh-huh. Well, and that's... []

SENATOR CAMPBELL: So I truly understand. While you have a small population, you're hitting a population that probably a lot of us have taken phone calls and e-mails on. []

JESSYCA VANDERCOY: Uh-huh. Well, and higher prevalence of mental health issues... []

SENATOR CAMPBELL: Exactly. []

JESSYCA VANDERCOY: ...than the average population, so we are definitely working with parents who are parenting children who have mental health issues. As far as one of the challenges that we've had is there being a...and this is the fifth one down, the

diagnostic criteria used to diagnose mental health disorders by the mental health professionals. So we have a child that, for instance, in Grand Island, a 15-year-old who over the weekend, this was over Mother's Day, threatened to kill his parents and wrote a note that said I...a very threatening note. And the child was put inpatient, was there for a couple of days. At the end of that stay, the doctors there said he needs to be in a residential treatment facility, he's a danger to himself and to others, we're not able to keep him here, this is what he's diagnosed with. And he doesn't qualify for residential treatment care. We have regular contact with Magellan in kind of staffing these very difficult cases and my understanding, from speaking with them, is that they have diagnostic criteria to follow, so one of two things is happening. Either we have different diagnostic criteria that mental health professionals are using, because they are diagnosing children with issues, that's different from what the state criteria is. Or the training between the two, you know, the right arm and the left arm when trying to get services lined up for kids is just not matching up, and that's my, I guess, my personal opinion. But the system has become very difficult for parents to maneuver through, that how to navigate, how to get through to get treatment services for my child. So I don't know if it's because the system is very complicated or there's not enough training. I don't know the answer to that at this point, but give me another quarter and maybe I'll have some answers in my gaps and barriers. So the other thing that seems to be happening is this idea that...I'll use the example I've used in other places, there is...it's like the system being an ABC level. Our families, the child is at home, they're at level A. They may be having counseling or some in-home services or whatever it is. Level C is going to be a residential treatment, out of home, very, very intensive. So we have a child at home, A, where a parent is saying I cannot parent this child anymore and they're ready to end that parenting commitment. And they say, you know what, we need level C because the child can't be here. Level C, maybe through the diagnostic criteria through the state that's gone through Magellan, that child doesn't qualify for that so at that level they say, you know what, B is where you're going to go. And that's fine because I don't know that anybody really wants a whole bunch of kids in residential treatment facilities. That middle level is going to be things like intensive outpatient or

multisystems therapy or things that are really, really intense that wrap themselves around that family and look at all the systems that are coming together for that family. Unfortunately, what our experience is, is that that level B does not adequately exist, so what happens is that by default. the family automatically goes back to level A because they don't qualify for C, B doesn't exist, so now they're back at A. And that's the best visual I can give you on that is that it's not just an accessibility issue where I live in the Panhandle and the program doesn't exist. It's that there's waiting lists, there's...if you're in an intensive outpatient program with your child and your family and the location of it is 60 miles away so you're doing two hours of driving plus two hours of intensive outpatient just by the nature of the name of the service. It's a half-a-day deal for your family and that's not realistic for people that are working. And so that's where we're at on that. And you can...those are, I guess, the biggest things that I wanted to share with you on there. The second page is gaps in services in regarding the training and preparedness of adoptive...of parents. We're finding that parents didn't have training ahead of time in relationship to what that journey of that adopted child was going to be based on their diagnosis, based on being adopted, based on having experiences of trauma and loss just by the nature of being in the foster care system, so they're surprised five years later and seven years later at what they're dealing with. The second is that adoptive parents are sharing that they really didn't have full disclosure from Health and Human Services or from the case manager about what the diagnosis, the exposure, the mental health, the biological history of that child was going to be. So again, five years later they're surprised. There seems to be a lack of support in supporting parents who are transitioning from being a foster parent to an adoptive parent. I had a family tell me, she's a foster parent in Omaha and she's adopted, and she said at six months later she accessed our services, having lots of trouble, and she said, I have felt like I have been in foster care fog for the last year and I didn't...I couldn't figure out how to transition to be Mom; I didn't...I didn't know; I had services involved in my home, I had respite arranged, I had a case manager to call and now I'm alone and I'm Mom and now this child is...we're transitioning together and it's hard. We've heard that on several occasions. The next one and the next two are important in that we are

working with families who are adoptive parents but are also licensed foster parents right now. I have worked in child welfare for the last 10 or 11 years and I will say in the olden days there used to be a rule that at six months after adoption... []

SENATOR HOWARD: That's right. []

JESSYCA VANDERCOY: ...after adoption... []

SENATOR HOWARD: Absolutely. No placements. []

JESSYCA VANDERCOY: ...children...there were no placements, and that was a time for parents to bond with their child, to attend to those needs, to really become secure in coming from foster care to being that adoptive parent, that forever family. And that's not happening on a consistent basis and so that child perhaps with reactive attachment disorder that's not forming healthy relationships has foster children that are running in and out of that home. We had a family in Lincoln who called who wanted to end their guardianship commitment to a 16-year-old girl. They were a licensed foster home. They had four foster daughters in their home and were asking to end their commitment with a child, that they had committed a lifetime to, to continue to be able to do foster care. And that becomes a barrier for us because supporting that family and making sure that that priority is the child that they've committed to for a lifetime, when there's a...there's lots of transition on the side because they're a foster parent, is a challenge. And so it is, take it for what it's worth, it's a gap in barriers and services that we find...have found. The last one on there is that parents have expressed that they have felt rushed into adopting, that perhaps they're not ready or they don't feel well trained, and that there's pressure to because in fear of losing the child that's in their home. And adoption is a process both before and afterwards. One of the things...and there is no evidence of this at this point, but one of the things we've talked about in Right Turn that we've become concerned with is that there isn't incentives attached to finalizing adoptions for these lead agencies. And as one of you had asked earlier about that 70-30 and being really focused on that

70 and 30 and not on the services, we are hopeful that it would never turn into that, that you would rush families to get to that 70, attach an incentive to it, and then a year later having them call us. And hopefully together all the systems can work together to make sure that things like that are not happening, because we know it's not best practice and we're identifying it right now in the second quarter of the program. And then the last being the holes for children with developmental disabilities. It's a real challenge to access services for children with developmental disabilities. The system has a doughnut hole for Asperger's and autism. With kids with Asperger's and autism, they don't qualify for behavioral health services, they don't qualify for developmental disability services. They're stuck in the middle and it's a real challenge to access services. So if any of you are on any committees that are looking at that and you want me to come back, I would be happy to do so. So that...if we have time for questions, I'd appreciate it I think. []

SENATOR CAMPBELL: Sure. Any questions? Senator Wallman. []

SENATOR WALLMAN: Thank you, Chairman Campbell. Yeah, thank you for being here. Thank you for what you do. And do you feel, I know we're going to probably put pressure on more adopt, you know, to get rid of...to adopt children, I mean to get them off of our foster care thing. And my family is in Kansas, has been involved in foster care for a long time, one of my cousins. How do we compare with Kansas? She's quite happy with just foster care. []

JESSYCA VANDERCOY: Uh-huh. []

SENATOR WALLMAN: And I think she adopted one boy. But do you think we're helping? Like with developmental disabilities, why would anybody want to adopt a child? You couldn't afford it, could you? []

JESSYCA VANDERCOY: Well, I think that's one of the gaps in services. One, love isn't always logical when you're balancing a budget, so even people who only have biological

children don't say, can we for sure afford the next one. []

SENATOR WALLMAN: Yeah. Sure. Sure. []

JESSYCA VANDERCOY: So I think that's part of it. I think the other thing is that the education piece prior to of how much it is going to cost a family when that child is 7 and when that child is 11 is not maybe communicated well or well-thought-out. And that should be something, a service, that's provided to families to say, that is wonderful you want to adopt this child, let's walk through the course of this child's life and what kinds of things you're going to need. We have a family in Lincoln that we are serving, a family that adopted a young boy who was at six months. He's now seven years old. He had a seizure when he was young and is completely immobile now. The family is not able to pick him up any longer so their income, which didn't used to go to having a nurse come in their home three days a week to be able to bathe him, is a real challenge for that family. And so being really open, as you were talking about the risk and hitting risk head on and saying this is what our path is going to look like, I'm not encouraging you not to take the risk but let's be really honest about what could happen, so... []

SENATOR CAMPBELL: Thank you. []

SENATOR DUBAS: Thank you, Senator Campbell, and I just...I have to leave. I don't want you to think that it's because I'm not interested in what you're saying because I just am very impressed with the work you're doing and just didn't want to dart out. []

JESSYCA VANDERCOY: We've all perked up a little bit so I did something, so great. (Laughter) []

SENATOR DUBAS: It's just...it's, I mean, you know, we've been dealing with this ever since safe haven, if not before, and sometimes it seems like all we hear is what's not working. []

JESSYCA VANDERCOY: Uh-huh. []

SENATOR DUBAS: So it's really great to hear that there are things that are working and, yeah, our work is still cut out for us and I just am very appreciative of what you are doing for these children and their families and feel like we are on the right track. So thank you. []

JESSYCA VANDERCOY: We absolutely are. []

SENATOR DUBAS: And again, I apologize for having to leave but I just wanted you to know how much I appreciate the work you're doing. []

JESSYCA VANDERCOY: Thank you very much. []

SENATOR CAMPBELL: Thank you very much and we'll have you back again. []

JESSYCA VANDERCOY: Okay. Great. Thank you. []

SENATOR CAMPBELL: And, yes, we did perk up. (Laughter) We're going to have just a quick report from Maya Chilese. Maya, where are you? []

MAYA CHILESE: Right here. []

SENATOR CAMPBELL: Oh good. She has the first copy of the evaluation and we felt that after the first quarter there wasn't as much information so we weren't going to bring the evaluation team here. And so we thought that at least the members of the committee should have copies of it in order to review that. So, Maya, was that a good enough of an intro for you there? []

MAYA CHILESE: (Exhibit 5) Yes. Thank you. Thank you for allowing me to sneak in. Not on your agenda, so I'll just...I'll just speak for a brief minute. What you have that's coming around now is the first quarter report, as Senator Campbell had indicated. And you're right, it's been three months so there's not a lot of meat and potatoes. It's really more like the appetizer of what's to come and so once we've got some good data to talk about, we will really be able to have Hornby Zeller, who is the evaluator from Maine, will be able to fly in and provide some more detailed information about it. I think there's a couple things that I probably would just want to draw your attention to, and towards the end of that report you'll find some examples of what will become a Web-based dashboard that you'll be able to peak at that will be a live Web-based dashboard indicator system that you'll be able to look at for a point in time and some opportunity for trends that you can pull up by graph. It's really well developed. You'll be able to see it per service so you could click on help line, Navigator, or the postadoption/postguardianship services, and then really choose, do I want to see this by age range, by geographical area what's going on. So that will be a really handy resource for visual automatic reporting on what that looks like. The thing that I think is really sort of a neat win is the collaboration that's occurred. Good evaluation is a collaborative effort, where it's not just a neutral third party saying, you know, give me all your stuff and I'll pop out a report later but that it really occurs under a collaborative process between the providers, the evaluator, the funder. And so we're really looking at what should this look like. Are we asking the right questions and capturing it in the right way when we asked that question? Did we roll it up in the right category that we could later on determine what that meant? A perfect example is what Shellie was talking about earlier where somebody will often call the help line, as an example, with a specific issue, you know, such and such happened. And so they might code it as, you know, child aggression or child whatever because that's what the caller reported. That doesn't always translate into the issue behind the issue and some of those questions are things we want to know about. Is what they called for truly mental health versus just adolescent behavior sorts of questions? And so weeding some of that out will be really helpful for us to also look at about what that says about our system as well in terms of

not only the services themselves. So I think that the evaluator has done a really great job in translating what sometimes can be that statistical information that flies over our head sometimes into tangible report that is easy to hear about the help line, about the Navigator Program, and the postadopt. They've also created a collaborative evaluation team so that they would ensure, which we really demanded that there was family presence in thinking through what does that look like, how do we report that, what makes sense for us. So there's representation from the state, from the providers, from families and some other stakeholder groups who are having sort of constant input about what that should look like for us. We anticipate that the dashboard would be live maybe the end of this month, into June. You will receive information about that as soon as it's live so you would know how to access that. There will be a link provided to that on the department's Web site as well. And so I would anticipate, after the end of this fiscal year, a good six months' worth of stuff, we'll have a little bit more to talk about. We would also be able at that time to provide you a little bit more reporting information about some of the other funding that LB603 appropriated to the regions, about some of the great work they've been doing on the programs that they've utilized that funding for as well. So I didn't want to take up too much time but I don't know whether or not there's any questions or, Senator Campbell, if there's something else that you wanted me to specifically... []

SENATOR CAMPBELL: So, actually you've covered it pretty well. I think the whole idea was just to get it introduced today... []

MAYA CHILESE: Yeah. []

SENATOR CAMPBELL: ...and have the committee have a chance to read it and we'll make sure the members that are not here. []

MAYA CHILESE: That's great. []

SENATOR CAMPBELL: So thank you very much. []

MAYA CHILESE: Thank you. []

SENATOR CAMPBELL: I would like to say that I think that when the committee first started looking at that, certainly Senator Howard had spent a lot of time and expertise in postadoption, and Senator McGill and Senator Dubas, obviously, from the safe haven standpoint. It is really neat to see some of the things that we were concerned about that you all are doing to help us paint a very realistic picture of what's needed for children and youth in this area. So thank you very much. []

MAYA CHILESE: Thank you. []

SENATOR CAMPBELL: For the committee members, we will send out a calendar. I would like to have another meeting in early June in order to begin looking at the access issue and would welcome your thoughts in an e-mail about what other topics you would like us to get together for you. But we're getting to the point now of where we need to discuss some things among ourselves in how do we think we're doing. So hopefully the next meeting there will be time for us to interact with each other. Anybody have any other comments or questions they want to make before we close out the day? Thank you all for attending today very much and stay on our e-mail list. []