

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee February 12, 2025

HARDIN: Welcome to the Health and Human Services Committee. I am Senator Brian Hardin, representing Legislative District 48 and I serve as chair of the committee. The committee will take up the bills in the order posted. This public hearing today is your opportunity to be a part of the legislative process and to express your position on the proposed legislation before us. If you're planning to testify today, please fill out one of the green testifiers sheets that are on the table in the back of the room. Be sure to print clearly and fill it out completely. Please move to the front row, and that's really helpful for us. If you're going to testify, kind of keep filtering forward. As someone goes out, please come up. When it's your turn to come forward, give the testifier sheet to the page. If you do not wish to testify but would like to indicate your position on a bill, there are also yellow sign-in sheets back on the table for each bill. These sheets will be included as an exhibit in the official hearing record. When you come up to testify, please speak clearly into the microphone. Tell us your name and don't be like those rookies before you. Spell your first and last name. They forget that. You'll remember it. I know you will. You have that veteran look about you, so spell your first name-- and just to ensure that we get an accurate record, we will begin each bill today with the introducer's opening statement, followed by proponents of the bill, then opponents, and finally, by anyone speaking in the neutral capacity. We will finish with a closing statement by the introducer if they wish to give one. We will be using a 3-minute light system for all testifiers. When you begin your testimony, the light on the table will be green. When the yellow light comes up, you have a minute remaining. And when the red light happens, you'll need to wrap up your final thoughts and stop. Questions from the committee may follow, which do not count against your time. Also, committee members may come and go during the hearing. This has nothing to do with the importance of the bills being heard. It's just part of the process, as senators may have bills to introduce in other committees. A few final items to facilitate today's hearing. If you have handouts or copies of your testimony, please bring up at least 12 copies and give those to the page. Props, charts, or other visual aids cannot be used, simply because they cannot be transcribed. Please silence or turn off your cell phones. Verbal outbursts or applause are not permitted in the hearing room. Such behavior may be a cause for you to be asked to leave the hearing. Finally, committee procedures for all committees state that written position comments on a bill to be included in the record must be submitted by 8 a.m. the day of the hearing. The only acceptable method of submission is via the Legislature's website at nebraskalegislature.gov. Written position

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letters will be included in the official hearing record, but only those testifying in person before the committee will be included on the committee statement. I'll now have the committee members with us today introduce themselves, starting with Senator Riepe.

RIEPE: Thank you, Chairman. I'm Merv Riepe. I represent Omaha and the fine city of Ralston.

FREDRICKSON: I'm John Fredrickson. I represent District 20, which is in central west Omaha.

MEYER: I'm Glen Meyer. I represent District 17, northeast Nebraska, Dakota, Thurston, Wayne, and the southern part of Dixon County.

QUICK: Dan Quick. I represent District 35, Grand Island.

BALLARD: Beau Ballard, District 21, in northwest Lincoln, northern Lancaster County.

HARDIN: Also assisting me today to my left is our legal counsel, John Duggar. And our-- to my far left is our committee clerk, Barb Dorn, also Sydney and Tate, who is with you today?

DEMET GEDIK: I'm Demet.

HARDIN: And are all of you students at UNL? And are they treating you well over there? OK. If they're not, you let us know, OK? Today's agenda is posted outside the hearing room. And with that, we're going to begin today's hearings with LB481, Senator Ballard.

BALLARD: Good afternoon, Chairman Hardin and members of the Health and Human Services Committee. My name is Beau Ballard. For the record, that is B-e-a-u B-a-l-l-a-r-d, and I represent District 21 in northwest Lincoln, northern Lancaster County. I'm here today to introduce LB481, which established the Foster Child Scholarship Act, creating the HOPE Scholarship Act Program to provide scholarships for Nebraska's foster care students and their biological siblings. These scholarships enable students to attend approved nonprofit private schools in Nebraska. The Department of Health and Human Services, DHHS, will oversee these scholarships and their distribution to ensure compliance with eligibility requirements. Eligible students include foster children currently in the Nebraska foster care system and their biological siblings, if they were eligible to attend public school in the prior semester or even starting school for the first time. Students must attend an approved nonprofit private school that meets the state accreditation-- accreditation's health and safety standards.

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Scholarship recipients will remain eligible until they're graduate high school and reach the age of 21, regardless of changes in the foster care placement. DHHS will submit an annual report to the governor and the Legislature with-- detailing program participation, scholarship awards, and demographics. The bill annually appropriates \$200,000 for the fiscal year of 2025, 2026, 2026-2027 to fund the program. My intent for LB481 is fairly simple: It's to protect the social and educational development of foster care childrens and their siblings. Many of these childrens move-- many of these children move from family to family, house to house, community to community. Along with significant changes, foster children experience significant educational disruptions due to their frequent moving between schools. I ask you to think back when you were in school how difficult it would be to be abruptly transitioned in the middle of a school year, from one lesson plan to another, an environment that you knew no one. Unfortunately, being constantly uprooted is what many foster kids experience all too often, which greatly contributes to 65% of foster children graduating high school by the age of 21, compared to the 84% of their peers. There's no denying that \$200,000 from the General Fund is a-- to go to scholarships is a considerable amount of money, especially in times of budget shortfalls. This act may seemed to direct effort-- that said, I do not see this as reckless, reckless spending, rather, as a prudent investment in our state's future. We can choose to spend money now to help these foster kids be contributors to our business and communities. With that, I would be happy to answer any questions, and I thank you for your time and consideration of LB481.

HARDIN: Thank you. Questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Senator Ballard, for being here and for introducing this bill. So as I understand it-- so this, this bill seems to have a, a bit of a-- kind of a targeted approach of what kind of educational opportunities that are being provided specifically for foster care students. Is that correct?

BALLARD: Correct.

FREDRICKSON: OK. Can you walk me through how is this-- how does this differ other than that targeted approach from, for example, like the opportunity scholarships that we've discussed in here before?

BALLARD: Yeah. So I listened to some of the opposition of the opportunity scholarships, and we're trying to narrow focus. This committee has done a lot of work and continue to do work for the

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foster care program. And I think this is just a step in a-- it's not going to be the silver bullet, but it's going to be something that we can help foster care children in the state.

FREDRICKSON: OK. And do you have any response to-- I mean, I'm just kind of thinking about the recent obviously, ballot initiative--

BALLARD: Yeah.

FREDRICKSON: --which was, was a significant, you know, speaking out--

BALLARD: Yeah.

FREDRICKSON: --of Nebraskans--

BALLARD: Of course.

FREDRICKSON: --to repeal, you know, this type of a program. Do you have any thoughts on that in bringing this?

BALLARD: Yeah. No, I, I think, like yourself, I go door to door and I talk to my constituents. And they had concerns about this opportunity scholarship would be for, for wealthy families and for, for other opportunities. A, a scheme, I guess it was some of the, the language that was used. I, I don't think foster care children fall into that category. This is just in a, a targeted approach to say, hey, we have vulnerable-- we had children that are experiencing different circumstances in their life, and this-- Health and Human Services in the state are trying to, to help them out with that.

FREDRICKSON: Thank you.

BALLARD: Thank you.

HARDIN: Senator Riepe.

RIEPE: Thank you, Chairman. Thank you again, Senator, for being here. My question would be is on the-- those that would qualify, because I think in foster care, they are eligible for benefits up until 21 years of age, but is this simply for elementary, junior high, high school, college?

BALLARD: Correct. Yes. It's for--

RIEPE: All of those?

BALLARD: It's for-- it's just for, for K-12.

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RIEPE: K-12?

BALLARD: Yes.

RIEPE: OK. Then the question I would have, too, is it a, a pilot or intended to be a sunset?

BALLARD: This, this would be-- I don't-- I-- it's not intended to be a pilot. It's not intended to sunset, sunset. It would just be a-- an appropriation.

RIEPE: How many students do you anticipate at \$200,000 per year? Do you have a--

BALLARD: Current-- currently, we have 15 that, that were enrolled in the previous scholarship opportunities program. And this would just-- my, my intent would be instead of taking them out of the school of their choice, it would just fulfill that, that obligation from the state.

RIEPE: OK.

BALLARD: So right now, we have 15. And \$200,000 may be a little high, but we're, we're trying to fulfill those, those obligations.

RIEPE: And there's no program at this time?

BALLARD: Not at this time.

RIEPE: OK. The other one that I have, if I may, Mr. Chairman, it said in there-- I think I heard you say, too-- so if the child-- if each child gets accepted, gets a scholarship, I heard you say something-- and their biological siblings?

BALLARD: That are also in the foster care program.

RIEPE: OK. So if they had like 6 children, if you give one, you're, you're going to eat up a chunk of that \$200,000 for all 6 children.

BALLARD: That-- correct.

RIEPE: Is that correct?

BALLARD: Correct.

RIEPE: OK. I wanted to make sure my hearing was OK.

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BALLARD: That's OK.

RIEPE: OK. Thank you. Thank you, Chairman.

HARDIN: Senator Quick.

QUICK: Thank you, Chairman. And thank you for being here. Now, I, I know, like Central Catholic-- my kids went to Central Catholic in Grand Island, a private school and parochial school. And they, they did provide scholarships for, for kids in the school system. So, you know, you could donate to the foundation and those kids would get scholarships. And then I all-- also know I had some grandchildren that went to St. Cecilia grade school in Omaha. And they were-- they had-- they could apply for the scholarships, as well, and receive them. So is this something above that or-- that takes--

BALLARD: Correct. This would be above and beyond that. Yes.

QUICK: OK. All right. Thank you.

HARDIN: Yes, Senator Meyer.

MEYER: Thank you, Mr. Chair. Just for clarification purposes, it looks like we would have an ask of \$200,000 on the fiscal note, and the [INAUDIBLE] were projecting about \$240,000 between the biennium years. So just reading through the fiscal note, it would appear that Nebraska Department of Education will eat the difference between the \$200,000 and the 239, \$241,000. That was, that was what I-- the inference I took in reading this. They realized that there would be some additional costs, but they would eat that. Is that correct?

BALLARD: That would be my understanding. Yes.

MEYER: OK. Thank you.

HARDIN: Is this being done in some other states?

BALLARD: Yes. There, there are some states that-- it's not quite a foster care program, scholarship program. It's more-- fits in the broad school choice initiative in-- that other states have that, Nebraska, unfortunately, does not.

HARDIN: OK. Thanks.

BALLARD: Thank you.

HARDIN: Will you stick around?

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BALLARD: I will.

HARDIN: Wonderful. Can we have the first proponent for LB481? Welcome.

ANGELA PILLOW: Thank you. Thank you. My name is Angela Pillow. That's spelled A-n-g-e-l-a, last name Pillow, P-i-l-l-o-w. Thank you, Chairman Hardin and members of the Health and Human Services Committee for holding and hearing the LB481. And thank you, Senator Ballard, for introducing this important legislation. I've raised 5 children. My youngest is 19, just moved out to pursue being a doctor at UNO in Omaha, and we became empty nesters. That didn't last long. I've been a foster parent for 14 years, and I now have 2 new children in our lives, and they are 12 and 13. I was a foster kid myself growing up and I felt compelled to be a foster parent. And it was very clear to me that I needed to provide a loving home and be a good parent to kids who needed it. Unless you've been there, I feel like no one really knows what it's like to be in foster care. You literally lose everything. You lose things you don't even think about. You lose your favorite friends, your favorite smells, things that make you feel stable, your parents. And for those 2 children in our home right now, I just felt like switching schools was hard enough. If I could just provide an educational setting that made them feel welcome, I would do that. So when we visited Parkview Christian School, I knew that this school would be the best place for them. And they love it. They are challenged academically. They're making new friends every day. And it's important to me that the school teaches them the worldview that-- and it's basically important to me and my family. But I have to be honest, it's hard to write a check every month for school because my other kids went to public school. It's a sacrifice that we're willing to make, but I am worried about a sustainable future for them at that school. We're very grateful for any help that we get. But this new scholarship fund would be a great blessing to our family and to many others like us. Enrolling them in Parkview Christian lets them know that they are loved, and it tells them that we care about them and love them so much and we would sacrifice anything to get them a good education. And it definitely speaks volumes to a child that a parent would do anything to make their education a special one. I just know if we pass this scholarship program, it would pour into a child's life forever. It would make their life better, and to help them know that they are genuinely and authentically loved, having them feel cherished or important enough. So I know they feel valued in the fact that they get to go to this school. So I ask you to please support LB481 and give hope to foster kids across the state. Thank you for your time.

HARDIN: Thank you. Questions? Senator Riepe.

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RIEPE: Thank you, Chairman. Thank you for being here. Thanks for taking your-- telling your story. I, I think I heard that you had some biological children before the--

ANGELA PILLOW: We do.

RIEPE: And did they attend public school or--

ANGELA PILLOW: Public.

RIEPE: So you kind of discovered this Christian school with the foster 2-- I think you said 2 foster children. Is that right?

ANGELA PILLOW: Correct. I have 4, but 2 in school.

RIEPE: OK. And so you have a position, although there's a difference in time and difference in personality that we all have. But because you're being here, I, I assume that you feel that the Christian academy was much better than your public education for your kids?

ANGELA PILLOW: Yes. I worked in the public schools with my last job and then worked in schools for years, and this was a really good choice for us.

RIEPE: OK. Thank you. Thank you again for being here. Thank you, Chairman.

HARDIN: Other questions? Seeing none, thank you.

ANGELA PILLOW: Thank you.

HARDIN: Other proponents, LB481? Welcome.

CLARA KNIPP: Thank you. My name is Clara Knipp, C-l-a-r-a K-n-i-p-p. Thank you to Chairman Hardin and members of the Health and Human Services Committee, and thank you to Senator Ballard for introducing LB481. I'm a school guidance counselor at Roncalli Catholic High School in Omaha. We know that LB481 and the scholarships it would provide could make a pos-- positive impact on students across the state and students that we serve. Roncalli Catholic High School serves a dynamic, diverse population in Omaha. We have a dedicated staff of 24 teachers and an enrollment of 300 students. Our student/teacher ratio is 13-1. 25% of our students come from a minority background. And currently, 8 students were either adopted or are in foster care. 85% of our students receive financial aid from the school. The academic level of our students range from those performing below grade

level to those exceeding grade level expectations. There are many levels of support to help students who are struggling, including an after-school homework room and grade checks. Home rooms also support relationship building across these varying demographics. Students of different academic levels and socioeconomic status are seen eating at the same lunch table and competing on the same athletic teams. This community, between teachers, coaches, administrators, parents, and students, is a village that supports and challenges students to reach their full potential. Being a smaller community also enables faculty to hold students accountable and be in regular communication with guardians. One foster parent who found Roncalli to be the best fit for their foster child is Peggy Bey. I understand she submitted her story for public comment as she could not be here today. Peggy's foster child came to Roncalli Catholic his freshman year. Previously, he had attended public school, and in seventh grade was at a private school. His behavior records showed multiple suspensions, and his academic records from eighth grade show multiple F's and D's. When looking at high school options, Peggy explored Roncalli because of its small class sizes, and ultimately decided this would be the best fit for her foster child. We review all student records when accepting students. Given his successful year in seventh grade, despite low grades in eighth, Peggy's foster child was accepted into Roncalli under academic probation. We knew we had faculty that would know his name starting the first day of school and be able to communicate with his family if there were any concerns arising. After coming to RCHS, this student has excelled. He has a cumulative GPA of 2.81, which is close to a B average. This semester in particular, he currently has 1 C and 6 A's. This is remarkable, given where he was just 2 years ago. Peggy credits this change to the smaller class sizes, his involvement in athletics, and being able to learn important life lessons.

HARDIN: Would you mind wrapping it up somewhat quickly? But I have a question for you, as soon as you're able.

CLARA KNIPP: Yeah. So last year I also worked with another student in the foster care system. She was in the same class as Peggy's student. Her foster mom was paying the tuition for the school. And on the last-- on the student's last day at Roncalli, I completed a suicide risk assessment for this student. And at that point in time, she was changing foster care placements, placements and had to switch schools that day. So I don't know what ever happened to this student, but I do know that if staying at Roncalli had been an option, it would have been a much more compassionate and, and thoughtful opportunity for her to have that consistency through a really difficult time in her life.

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HARDIN: You painted a very different story outcome for that particular student. How much do you see that?

CLARA KNIPP: At our school, I would say-- we, we had another situation this year, where there was a foster child in the school and she was not able to continue attending. I would say, once every 2 years.

HARDIN: One of the things and this is my own sermon, one of the things I get frustrated by sometimes is with bills. And believe me, sometimes I've brought these kind of bills so it's not just a criticism of others, but everybody gets a nickel. This sounds like it's pretty heavily focused, and I think that's helpful. Do you think it's helpful? It's-- not everybody gets to have this, right? But you still feel that despite the fact that it's got a pretty sharp target, it's going to be very meaningful for a few?

CLARA KNIPP: Yes, definitely, especially those students who have adverse childhood experiences. Moving schools is just another risk factor. And so, if they-- their current foster placement has decided and they have chosen a school, and then if their foster care placement changes and their, their previous placement was paying for that school, then that is then requiring them to change. And that is another risk factor that's being added to their lives.

HARDIN: OK. Other questions? Senator Meyer.

MEYER: Thank you, Chairman Hardin. Senator Quick had mentioned that, having had experience with private schools with his kids growing up, I'm just curious where-- it seems that there are other scholarships available. How, how many students would you say, at Roncalli, that you have that are part of a scholarship program? And I'm, I'm not, I'm not trying to dismiss this scholarship program. I'm just curious, just how many students come into your school under a, a scholarship program like this from-- sponsored from anywhere, actually.

CLARA KNIPP: So 85% of our students receive financial aid. However, that financial aid is sometimes covered by donors and sometimes the cost is absorbed by the school.

MEYER: About 85%. You have--

ANGELA PILLOW: 85%.

MEYER: And you have about 300-350--

CLARA KNIPP: 300.

MEYER: --350 students or so?

HARDIN: Senator Fredrickson.

FREDRICKSON: I have a question, just for-- first of all, thank you for being here and for taking the time to testify. The-- so I'm thinking in general, one of the, one of the goals with obviously, foster programs is ultimately assuming it's safe for the child, reunification with family. And my understanding from this bill, and maybe I could be misinterpreting this, but the idea being that you have to be in the foster system in order to be eligible for the scholarship. And so if reunification is the ultimate goal and then that child eventually does get reunified, would they then lose the scholarship?

CLARA KNIPP: So my understanding of the bill was if-- even if there are foster care placement changes or their status in the foster care system changes, they would receive the scholarship still. That was my understanding.

FREDRICKSON: OK. So, so once a student is a recipient of this bill, they can maintain that. So let's say they got the scholarship in kindergarten. They could have that through 12th grade, even if they're reunified in first grade?

CLARA KNIPP: That is my understanding.

FREDRICKSON: OK. Thank you.

HARDIN: Other questions? Senator Riepe.

RIEPE: Thank you, Chairman. I see that you said that you're a school guidance counselor at Roncalli.

CLARA KNIPP: Yes.

RIEPE: Does that make you a junior nun?

CLARA KNIPP: No.

RIEPE: OK. Well, I just wanted to clarify that point. I think one of the concerns that I have as an elected official, is this seems to be in some way, a roundabout way of avoiding what the voters said they didn't want to do, and that is to provide that school choice. And so we're kind of coming in here, a couple hundred thousand here and maybe a couple of hundred thousand-- yeah. So we have to be careful or concerned, because we get messages from the voters, and we're not here

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to just push it back to them. I mean, we have to listen to them, but we also recognize the need. You know, I, I really I think one of our senators here described school choice as almost being an opportunity for bullies to get out of this given situation. And I think that has a whole lot of merit. I wish it was almost called the bully bill instead of the school choice bill. But anyway, you do good work. I'm familiar with you, being from Omaha. And I guess I didn't get a question in there, did I? I just took the opportunity to gab a little bit. But thank you very much for being here. Thank you, Chairman.

HARDIN: Thank you. Any other questions? Thank you.

CLARA KNIPP: Thank you.

HARDIN: Other proponents, LB481? Welcome.

ALEASHA STRANGE: Thank you. Good afternoon. Hello, my name is Aleasha Strange, A-l-e-a-s-h-a, Strange, S-t-r-a-n-g-e. Thank you to the Chairman Hardin and members of the Health and Human Services Committee. Thank you, Senator Ballard, for introducing LB481. I have been a foster parent for 3 years. A year ago, Stella came into my care. Just a disclosure, I did change her name just confidentially-- for confidentiality. At the time, she was attending a public school in Omaha, Nebraska, where she faced significant academic struggles and behavioral issues. She exhibited inappropriate behavior and was frequently disruptive in class, showed disrespect towards teachers, and was on the verge of failing several subjects. At home, she often displayed the same defiance towards me and the other children. Despite exhausting all available resources to support her, I saw little improvement. The turning point came with Stella received an in-school suspension. Realizing that something had to change, with the support of her educational guardian, we made the difficult decision to transfer her to a private school in January of this year. At that moment, I had no idea how I would afford the tuition, but I knew it was necessary for her wellbeing and future. Since transitioning to her new school, Stella has undergone a remarka-- remarkable transformation. She is now excelling academically, staying engaged in class, and even requesting my help with assignments-- something she's never did before. Her behavior at home has also improved. She completes her chores without resistance and interacts more positively with everyone around her. While she initially resisted the change, she now looks forward to school and eagerly shares her experiences each day. This scholarship program is more than just a financial assistance, it is a life-changing opportunity for Stella. It has given her not only the quality education, but also a sense of security,

stability, and emotional well-being. As a foster parent, I find peace of mind knowing that she is in a safe learning environment, free from concerns about school violence and disciplinary disruptions. This new educational option is working for her, and after exhausting all other options, it's wonderful to see her improvements. I'm writing to advocate for Stella, but this is also-- this also-- a great way to help me, as well. Balancing the responsibilities of fostering 3 children, working part time at the school, and pursuing a full-time bachelor's degree is not easy, but I do it for the children in my care. Receiving scholarships for Stella and for Elijeah provides stability in my home and allows me to focus on what truly matters-- spending quality time with them and helping them grow into successful, well-rounded individuals. I urge you to consider the kind of environment you would want for your own children and the opportunities that could shape their futures. As parents and caregivers, we all want the best for our children and need to trust the intu-- institutions that educate and influence them. That is why I sit before you today, asking for your support in adopting LB481, the Foster Child Scholarship Act. This legislation is not just about financial aid. It is about providing hope and stability for the children who desperately need it and supporting the people who help them. Thank you for your time.

HARDIN: Thank you. Questions? Senator Riepe.

RIEPE: Thank you, Chairman. I'm very impressed, because you could have had the opportunity to reject her and send her back into the system.

ALEASHA STRANGE: It was close.

RIEPE: So you took a big, big leap of faith. My question would be this. Was it the new school or was it the fact that you showed such love and support and commitment to her personally that turned her around?

ALEASHA STRANGE: I think it's both.

RIEPE: Or both-- a combination of both?

ALEASHA STRANGE: I do believe it was both. To show-- for me to continue to be in her life and not give up on her showed--

RIEPE: And to pay some bills.

ALEASHA STRANGE: --unconditional love. And then for moving her schools, removing her from the environment that she was in with the

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inappropriate behavior, the violence at the school, fighting, and just the disrespect. Being in a new school, new surroundings that have smaller classrooms and is more focused on the learning and the behaviors of the child, I do believe it was a compound of things. But I do feel that having the scholarships in place for foster children does give them a leg up so they can have that stability, regardless of what home they're in.

RIEPE: Did you have any problems getting accepted, given her behavior? And if-- you, you mentioned fights in schools, that's pretty, that's pretty serious. That's a pretty big step on the school to accept her.

ALEASHA STRANGE: She had one incident of the, of the fighting in the school. So it was-- it wasn't an actual fight. It was more of a horseplay. But-- and the event-- it was in the hallway and the disrespect to the teachers. So when I seen her behaviors progressing in school, I knew it was the time for a change before it got to the out-of-school suspensions and the expulsions-- being expelled.

RIEPE: OK. Thank you for your story. Thank you, Chairman.

HARDIN: Other questions? Seeing none, thank you.

ALEASHA STRANGE: Thank you. I would like to introduce the next proponent. He decided to share a little bit of his story on the way here. His name is Elijah Strange.

HARDIN: Welcome.

ELIJEAH STRANGE: Hello. My name is Elijah Strange. E-- how you spell it is E-l-i-j-e-a-h, last name S-t-r-a-n-g-e. At my old school, I got bullied by a fourth grader when I was in first grade. And I had the opportunity to switch schools, so I changed schools and I made new friends. And I would like to say that other foster kids will probably have a nice time there if they went, but they can't probably go because the money's expensive, so that's why the scholarships want to be approved.

HARDIN: Wow.

ELIJEAH STRANGE: Thank you for my time.

HARDIN: Thank you so much. Thank you for being here. I'm 59. How old are you?

ELIJEAH STRANGE: 9.

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HARDIN: 9. Wow. What's the difference, like about a thousand years? Thanks for being here. I really appreciate it. Sounds like it's made a, a difference for you. Is that how you would describe it?

ELIJEAH STRANGE: Mm-hmm.

HARDIN: Wow. Questions for Elijah? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Elijeah, for being here and your willingness to testify. Is this your first time testifying?

ELIJEAH STRANGE: Mm-hmm.

FREDRICKSON: Well, you did a great job. You should keep it up. Thank you for being here.

ELIJEAH STRANGE: Thank you.

HARDIN: Other questions? Seeing none, thank you, Elijeah.

ELIJEAH STRANGE: You're welcome.

HARDIN: Appreciate it. Other proponents, LB481. Proponents. Opponents, LB81. Welcome.

DANIEL RUSSELL: I guess, afternoon. Good afternoon, Chair Hardin and members of the Health and Human Services Committee. My name is Daniel Russell, D-a-n-i-e-l R-u-s-s-e-l-l, and I'm the deputy director of Stand For Schools, a nonprofit dedicated to advancing public education in Nebraska. Stand For Schools is here today in opposition to LB481, which establishes the Foster Care Child Scholarships Act, a school voucher program for youth in foster care. As many of you know, Stand For Schools principally opposes school privatization policies for several reasons. We believe that public funds should remain in public schools, we believe that state tax dollars should not go to schools that are not required to serve all children, and because school voucher programs have not been shown to be effective at increasing academic outcomes for their users. These principles bring us here today in opposition of LB481, but we also recognize that these issues have been debated in and out of the Legislature extensively and recently. To that end, and in recognition of Senator Ballard's work and genuine desire to help some of our state's most vulnerable students, I hope to focus my testimony today on more technical aspects of the bill that we find concerning. So first, as we have seen in other states, private school voucher programs often start small and

then expand over time, sometimes to the detriment of public schools. As such, when establishing programs like LB481, it is sensible that the Legislature require useful reporting and accountability so that future policymakers may evaluate the effectiveness of the program before deciding if expansion or repeal is necessary. While Section 4 of LB481 does require the Department of Health and Human Services to submit reporting on the program to the Legislature, additional information would be helpful in evaluating the program's effectiveness, which private schools are accepting foster students, whether foster students remain in the private school year over year, whether the foster students accepting these scholarships require and are receiving special education services from private schools, whether foster students have been denied enrollment in a private school, and for what reasons educational decision makers wish to enroll their students in private schools would all be important data points for policymakers to consider when evaluating this program. Moreover, although LB481 has an emergency clause, meaning DHHS could implement and distribute voucher dollars immediately upon passage, reporting is not required by the department until December 2026. We would suggest reporting, especially on distribution of state dollars, begin as soon as practicable for the department and hopefully in 2025. Second, because the bill is targeted at some of Nebraska's most vulnerable students, we would urge the committee to ensure that private schools accepting foster students be best positioned to serve those students. While Nebraska's nonpublic accredited schools do not have the same accountability and regulatory requirements as public schools, nonpublic accreditation does ensure important accountability, oversight, and academic standards that approved schools are not subject to. Therefore, we would suggest limiting the vouchers in LB481 only for use by Nebraska's accredited nonpublic schools. Finally, it's unclear to us what expertise DHHS has in implementing and overseeing a voucher program such as this. I'll-- I see I'm running out of time, so I'll skip to the end. But as you all know, there have been multiple repeals of bills similar to this, run by the Department of Revenue and the Treasurer's Office. So we would respectfully request that maybe those agencies would be better suited to run this program if LB481 is advanced. So with that, I'm happy to take any questions.

HARDIN: Questions? Senator Riepe.

RIEPE: Thank you, Chairman. Thank you for being here. I guess my-- I'm looking through your stuff, trying to speed read it here, if you will. And I think it says, not required to serve all children. And yet, I think it would be safe to say, at least in my opinion, that it's at least available to all children. The other one that I have is

another-- line following, it says has not been shown to be effective at increasing academic outcomes. And while I think that's very important, my question gets to be though, is, is it strictly the academic performance or is it the environment? We talked a little bit about-- my, my concern at least, was the bullying aspect and sometimes, just getting a fresh look at a new environment. So it might be as much the environment as it is the academic proportion-- performance . That's where it gets very cloudy for me.

DANIEL RUSSELL: Sure. And I think that what we would expect is that improvements in a school environment would also improve academic outcomes. Certainly, that seems to be the case for public schools, and I believe would also be the case for private schools as well. And so, I guess to answer your-- maybe your question or concern is I do believe that there can be multiple goals here. But if we're going to send-- spend money on sending children to private schools, I think it behooves the Legislature to ask the question of whether or not those children are being better academically suited-- or served, I should say.

RIEPE: May I ask a followup question?

HARDIN: Sure.

RIEPE: I'm trying to differentiate because last session, we said \$10 million assigned.

DANIEL RUSSELL: Yeah.

RIEPE: And we tried to share that with public education. We're not taking any money away. This is new dollars. But it seems every dollar is a public educat-- there is no way to get a new dollar. And so that's, that's frustrating to me as a legislator. If we, if we want to-- if we wanted to set up \$1 million something something, that we can't do it if it any way crosses up-- every dollar is public education dollars.

DANIEL RUSSELL: Sure. So--

RIEPE: That's my, that's my frustration as a legislator.

DANIEL RUSSELL: Yeah, I understand that frustration. And I guess I, I would say that we don't have those concerns about this particular bill. The bills last year included growth factors and obviously were significantly more money than is proposed in LB481. So that's not part

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of my testimony today because those aren't concerns that are relevant to LB481 in our opinion.

RIEPE: OK. I appreciate you being there. I appreciate what you do. Thank you, Chairman.

HARDIN: Senator Meyer.

MEYER: Thank you, Chairman Hardin. You had a tough act to follow.

DANIEL RUSSELL: I do. Yes, I do.

MEYER: Glad I didn't have to follow that young man. He was very impressive. My question is, and correct me if I'm wrong, that the Department of Health and Human Services has an obligation to provide funding and look out for the well-being of our foster kids. Is that correct?

DANIEL RUSSELL: I believe that is correct, yes, Senator.

MEYER: And then those are state dollars.

DANIEL RUSSELL: I believe so.

MEYER: So by extension, being concerned and in trying to enhance the well-being of those children by expending state dollars to improve their educational opportunities, isn't that just an extension of the responsibilities of the Department of Health and Human Services?

DANIEL RUSSELL: So my testimony today about the applicability of the Health and Human Services Committee just has to do with whether or not they have administered a scholarship program before. We have now 2 agencies that have administered a scholarship program before-- the Department of Revenue and the Treasurer's Office. And so my suggestion to the committee was just that maybe those agencies would be better positioned to administer this particular program, not whether DHHS is well-positioned to serve kids. I think that the folks at DHHS do important and good work and are certainly well-meaning.

MEYER: If I may, Chairman Hardin? It seems to me that once we have this agency contributing to the well-being of, of a foster child, and then we move this agency in and they're also using some dollars, it would appear to me that it would be much more efficient and probably a much easier way to be accountable for those dollars if one agency is in charge or one department is in charge of, of providing those services to a foster child, rather than pull 2 or 3 different agencies

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in, where, in many cases-- and I think we're going to see some examples of that down the road, where the right hand doesn't know what the left hand's doing. And we've got way too much of that going on in government right now. So my, my thought is that if this is something that should be implemented, it should be under the Department of Health and Human Services, so. But I thank you for your time.

DANIEL RUSSELL: Thank you, Senator.

MEYER: I was remiss-- and I apologize to the foster parents that had, that had testified. I should have congratulated them and thanked them for their efforts, quite frankly. They-- they're to be admired.

HARDIN: Senator Riepe.

RIEPE: Chairman, I, I wanted to ask this. Do you have a relationship with the NSEA, and what is that?

DANIEL RUSSELL: Yeah, we collaborate with the NSEA when we believe that our advocacy efforts are aligned. Sometimes, they are not. But yeah, we have collaborated and I think most particularly, in the last [INAUDIBLE].

RIEPE: Is your funding source dependent upon the NSEA?

DANIEL RUSSELL: No.

RIEPE: Do you have-- what is your funding source?

DANIEL RUSSELL: We are funded through private foundations here in Nebraska and then also, individual donors. And I'm happy to provide you with a copy of our 990 report, which would lay all of that out.

RIEPE: That's OK. I know it's tax season, but I try to, to forget it. Thank you. Thank you, Chairman.

HARDIN: How much money does the state of Nebraska fund to the education world and public school?

DANIEL RUSSELL: I don't have an exact dollar amount, but I would be happy to get that for you.

HARDIN: OK, because I have it.

DANIEL RUSSELL: OK. I would--

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HARDIN: It's \$6.1 billion. I noticed that the \$220-230,000 a year is slightly less than that.

DANIEL RUSSELL: Yes. Yes.

HARDIN: I'll leave you with that thought.

DANIEL RUSSELL: Thank you, Senator.

HARDIN: Thank you. Next opponent, LB481. Those in the neutral, LB481. Senator Ballard, would you mind coming back?

BALLARD: I will. I appreciate it.

HARDIN: And we had online, 13 proponents, 15 opponents, 1 in the neutral.

BALLARD: Thank you, committee. I appreciate the time in hearing this proposal. First, I echo Senator Meyer's statements. I'd like to thank the proponents. Great bravery coming up. They, they work hard, and so appreciate them taking time out of their, their snow day to come and testify, but also appreciate the opposition. I'd love to work with, with those individuals, to-- they sounded like a lot of technical issues with the bill. Love to work on those, trying to help foster care, foster care children go to a school that best fits their needs. So I'll be brief in this, this final statement. So I was, I was skeptical in bringing this bill, just because I didn't want to-- I wasn't-- didn't want to get in the, the weeds too much. But then I. I thought about-- my brother that was born, born on a reservation in Senator Meyer's district to a teen mother, didn't, didn't know-- most of his brothers today, end up-- are in incarceration or in other adverse circumstances. But my family had the means to send him to private school. And so, this is-- that's part of the reason why I brought this bill, was to, to help those kids that do not have the means that my family did in sending him to a private school. And so with that, I'd be happy to answer any questions.

HARDIN: Questions? Seeing none, thank you.

BALLARD: Thank you.

HARDIN: This concludes testimony, testimony on LB481. We will be moving on to LB95, Senator Fredrickson.

FREDRICKSON: Yes, sir.

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HARDIN: You are up next. For Senator Fredrickson, we'll be using the gong this time. No, we're not going to do that.

FREDRICKSON: Only if I'm lucky.

HARDIN: I think we are ready, sir.

FREDRICKSON: Rock and roll. All right. Good afternoon, Chair Hardin and members of the Health and Human Services Committee. My name is John Fredrickson. That's J-o-h-n F-r-e-d-r-i-c-k-s-o-n, and I represent the 20th Legislative District in central west Omaha. I'm here today to introduce LB95. LB95 is a bill that represents the next step following the passage of my bill, LB856, last year. LB95 creates a 3-year pilot program that will make more childcare employees categorically eligible for the childcare subsidy to meet their own family's needs. The pilot program created by LB95 would go into effect on October 1, 2025, and end on September 30, 2028. Eligibility for the pilot program depends on the applicant's annual income, weekly hours worked, and other requirements. My overall intent with LB95 is to determine how categorical eligibility for the subsidy would encourage more early childhood professionals to enter and remain employed in Nebraska's struggling childcare industry. My original LB856 was modeled after a successful initiative in Kentucky. After one year, more than 3,200 parents employed in childcare programs who were not otherwise eligible were able to enroll in the program. The concept in LB95 is simple and measurable, and I think it is time that we moved to expand the original intent of LB856 and see what results from a 3-year pilot program. More workers recruited and retained in our childcare workforce means more children serve and more workers into our overall economy. You will hear from business leaders and providers here to testify behind me. Workforce development is one of the top, if not the top issue facing our state. Other states are also quickly working to adopt the Kentucky model to increase childcare in their own states, including some of our neighbors. Iowa, with the support of Governor Kim Reynolds, has already initiated its own pilot program, which allows the childcare workforce to apply for the childcare assistance program for their own children, the same proposal that I am making here today. So it is becoming even more urgent that we move forward to create this eligibility, as we compete for workers with our neighboring states. I do want to address the fiscal note on LB95. I appreciate DHHS's thoughtful approach and detailed estimates based on utilization. First Five estimates that we will likely be around the 30% utilization rate, which puts the potential fiscal impact at \$6-14 million. Additionally, LB95 does cap the subsidy for people earning 85% of state median income, which is \$22.33 an hour. So we are

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targeting this to families who would-- that-- where this would make the greatest impact. Thank you for your time and attention to this bill, and I'd be happy to take any questions in the committee.

HARDIN: Thank you. Questions. We're not seeing any yet. That doesn't mean you won't have more when you come back to close. Will you be doing that?

FREDRICKSON: I will be here to close.

HARDIN: Thank you, sir.

FREDRICKSON: Thank you.

HARDIN: Proponents, LB95. Welcome.

MIKE BIRD: Good afternoon, Senator Hardin-- Chairman Hardin. How are you?

HARDIN: I'm dandy. And you?

MIKE BIRD: Wonderful. Good afternoon, members of the Health and Human Services Committee. My name is Mike Bird. For the record, that's M-i-k-e B-i-r-d, and I'm the president and CEO of Children's Respite Care Center in Omaha, Nebraska. We provide educational, nursing, and therapy services for nearly 600 children with complex medical and developmental needs, as well as typically-developing children, at 2 Omaha-based centers, as well as a behavioral health program in public school sites. To help illustrate the profound needs of the kids that we serve and the essential nature of the work done every day by our staff, I like to share that there are currently 94 unique primary diagnoses represented in our 2 centers. I want to thank Senator Fredrickson for offering LB95. Like many in the childcare and early learning industry, CRCC has struggled to recruit and retain early learning professionals ever since the onset of the COVID-19 pandemic. The committee is well aware of the issues plaguing childcare recruitment and retention, and CRCC is not immune. From 2021 through early 2023, our turnover rate hovered between 30 and 45% each quarter. Organizationally, we have worked diligently to improve recruitment and retention, including increasing our base wage from \$13 3 years ago to \$17 currently, and offering health insurance and paid time off to our full-time staff, as well as for 401(k). As a result of these changes and others, we have seen our turnover rate stabilize, dropping to 24% in third quarter of 2023, and currently, at 2% for the end of 2024. We are determined to continue to build on the progress and state partnership is critical. LB95 represents a right sized and impactful

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approach to bolster childcare workforce development and access help. LB95 would help us provide care for nearly every staff child, which is absolutely critical to workforce retention. Since we first enacted-- enacted a staff childcare benefit in 2021, we have witnessed a year over year increase in the retention of our most seasoned staff. Annual staff surveys consistently show the staff childcare benefit to be among the most important of all our benefits. In addition to increased retention and expanded access, LB95 would have a significant impact on the financial health of our organization. We currently offer a 50 per-- 50% discount on our typical rate for our staff with children in care. However, just this month we made the difficult decision to limit this benefit to one child per full-time employee, after struggling to cover the child-- the, the associated costs associated with providing that childcare. It exceeds \$100,000 for us annually, in our underwriting of staff childcare. Not only are we forgoing half of our potential revenue to provide this benefit, we are also missing out on potential income from other families. LB95 would help alleviate some of those financial challenges and complement the work we are doing as an organization to hold onto our talented and dedicated caregivers. I respectfully ask the members of the committee to help support our efforts in advancing LB95. Thank you for the opportunity to testify, and I'd be happy to answer any questions.

HARDIN: Thank you.

MIKE BIRD: Thank you.

HARDIN: Questions? Senator Riepe.

RIEPE: Thank you. Mr. Bird, good to see you again.

MIKE BIRD: Good to see you, Senator.

RIEPE: Is it safe to say then that the program that we're looking at is a de facto workforce development program?

MIKE BIRD: I believe so. I think, you know, and I've recalled back to you, Senator Riepe, commenting about not picking winners and losers. And I think this is one that across the board can benefit all employers, especially with those, with those, you know, 19, \$20 an hour jobs that are holding people from the workforce because they can't afford to, to pay the costs associated.

RIEPE: OK. Thank you. Thank you for being here.

MIKE BIRD: Of course.

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RIEPE: Thank you, Chairman.

HARDIN: Other questions. Seeing none, thank you.

MIKE BIRD: Thank you, sir.

HARDIN: Proponents, LB95. Welcome.

LESLIE BAKER: Hello. Well. Right. Good afternoon, Chairman Hardin and members of the committee. Thank you for the opportunity to testify today in strong support of LB95. My name is Leslie Baker. L-e-s-l-i-e B-a-k-e-r, and I have worked in early childhood education for 19 years. In my role as the owner of 5 licensed childcare programs in Nebraska, I work closely with children and teachers, but I also need to focus on childcare workforce development, our economic sustainability, and ensuring the working families in my community have access to quality childcare. We all know that childcare is the backbone of a functioning economy. Parents can't work if they don't have a safe, reliable care for their children, but what often gets overlooked is the workforce that makes that care possible. Childcare programs, particularly in small communities, are struggling to find and retain qualified staff. The hiring pool is too small, wages are too low. Few, if any, benefits are available. And without a strong workforce, childcare programs close, forcing families into impossible situations. Many childcare centers and family childcare home II providers, like myself, try to offer discounts on childcare for our own employees, compounding an already growing financial loss. LB95 offers a simple but powerful solution: making more childcare workers eligible for childcare subsidies. This would significantly broaden the workforce, allowing more working parents who may have never even considered a career in early childhood education to enter the field. This is especially critical for small communities, like my programs in Leigh, and other programs statewide in towns with just a few hundred people. In these areas, the workforce shortage isn't just a challenge, it's a crisis. Hiring quality teachers is already challenging in a community like Norfolk, which already has nearly 25,000 residents. But in smaller communities with just a few hundred people, the challenge is even greater. Many individuals passionate about working with children leave their childcare jobs once they have children of their own, especially when low wages and minimal benefits force them to pay for the very service they're providing for other families. By ensuring that childcare professionals can access the very services that they provide, LB95 helps stabilize programs, expand their hiring pools, and ultimately allow more families to work and contribute to their local economies. This isn't just about supporting childcare workers. It's

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about sustaining our communities. I want to thank Senator Fredrickson for introducing this important bill. And I urge you-- I urge the committee to advance LB95 and invest in the future of Nebraska's workforce. Thank you for your time, and I'd be happy to answer any questions.

HARDIN: Thank you. Questions. Senator Riepe.

RIEPE: Thank you, Chairman. I'm very impressed that you are able to operate 8 childcare centers. That in and of itself is a big task. My question would be this, though, is do you have any partnerships with local businesses that will, in essence, buy a slot to guarantee you some stable cash flow?

LESLIE BAKER: Thank you. I have 5 childcare programs. I just want to-- I wanted to say that, 5, not 8, but--

RIEPE: Oh, yes. I--

LESLIE BAKER: Yes. But of course. We--

RIEPE: I don't know where I came up with the 8, but I was overwhelmed.

LESLIE BAKER: Yes. That's, that's a great number, though.

RIEPE: I was overwhelmed, I think.

LESLIE BAKER: Yes. There is a lot of work currently being done around business partnerships, specifically in my community of Norfolk, actually. There's a lot of work with childcares partnering with businesses. That's kind of a model that we're getting up and going, you know, purchasing a spot. There are some big corporations that do that. I don't have any in my programs right now. None of my spots are paid for by businesses specifically.

RIEPE: OK. OK. Thank you very much. Thank you, Chairman.

HARDIN: Where do you find workers now? How do you find them now?

LESLIE BAKER: There's not just one answer to that. That is there's a lot of creative solutions. I think typically, I would say our workforce is young. We do have in my personal business, we do have some retired folks that come back and work for us after they're done working their job for how long. But our workforce is young. I've seen many people leave or look for the benefits that are offered by another field instead of early childhood. Today, I have--

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HARDIN: Such as what benefits?

LESLIE BAKER: Again, such as healthcare, paid time off, any of those other benefits that are, you know, available. We do have childcare in the state, throughout the state, where they do have childcare centers at places like hospitals, for people working in a hospital, where a mom or a dad can go down the hall and go see their children during the day, so that's a benefit, as well. We see the same thing. I have a staff member today working that has their baby at work with them, so, again, paying for that childcare spot or a portion of that childcare spot while they're providing care for other families.

HARDIN: Thank you. Appreciate you being here.

LESLIE BAKER: Yes.

HARDIN: All right. Others, LB95.

LESLIE BAKER: Thank you.

HARDIN: Welcome.

ELISABETH HURST: Chairman Hardin, members of the Health and Human Services Committee. My name is Elizabeth Hurst, E-l-i- s-a-b-e-t-h H-u-r-s-t. I'm the director of state legislative affairs for Farm Bureau. I am here today on behalf of Farm Bureau, as well as the Nebraska Agriculture Leaders Working Group in support of LB95. This takes just a moment, but well worth it.: The Ag Leaders Working Group, composed of Nebraska Cattlemen, Nebraska Corn Growers Association, Nebraska Farm Bureau, Nebraska Pork Producers Association, Nebraska Sorghum Producers Association, Nebraska Soybean Association, Nebraska Dairy Association, the Wheat Growers, as well as Renewable Fuels Nebraska. This is just a unique situation. Heidi Piepers [SIC] meant to be here today in support of L95-- excuse me, LB95. Because of the weather-- she lives up by Eustis, close to Kearney and North Platte-- she wasn't able to make it today. So just a few sentences that I'd like to pull from what I've shared with the committee here, just to read it into the record from her perspective, she is a mother who-- a working mother who lives rurally, as well. So this is an area that's very important to her from her perspective, not only as a parent, but also from someone from a rural community. To speak to what Heidi had stated, whether you live in an urban or rural area, access to high-quality, affordable childcare is tough to come by. It's a complex issue, and there is a lot that can be done to improve the situation, but Nebraskans must be willing to come together. Staff shortages are

at the core of our current childcare crisis, as qualified educators are difficult to find and retain. It's common for people to leave the childcare workforce for better paying jobs or jobs with benefit packages, finding new employment in places like fast food restaurants, for example. There's also a point where it makes more sense for a childcare educator with young children to quit working and stay at home. And I think that's a really important point that she's made there. Earnings are not enough to cover the cost to have their own child in care or to justify traveling outside of the community for a better-paying job. When discussing the struggles the childcare workforce encounters, a lack of benefits is often brought up. Many providers are sole proprietors or small businesses. LB95 provides you a unique, unique opportunity for the critical workforce to receive the benefits needed. I'll also comment that I am a mother who works rurally, as well, and full time, and happy to answer any questions on behalf of my own experience, on behalf of Farm Bureau. Any questions you might have for Heidi, though, I've got contact information if you'd like to reach out to her. So with that, any questions? Happy to answer those.

HARDIN: Thank you. Questions? You're in Farnham?

ELISABETH HURST: I'm sorry. Excuse me?

HARDIN: Are you in Farnham, or is Heidi in Farnham?

ELISABETH HURST: Heidi's in Farnham.

HARDIN: OK, and you're where?

ELISABETH HURST: I live northeast of Syracuse.

HARDIN: OK.

ELISABETH HURST: So, closer to Nebraska City.

HARDIN: OK. What's your experience like in finding childcare?

ELISABETH HURST: Well, I had to seek out childcare years before I decided to be a parent or knew I was going to be a parent. Specifically, in my case, I used some assistance with fertility, so I was able to plan a little bit. But it was 2 years on a waitlist before I was able to have care for my infant.

HARDIN: OK, Well, just wanted to get a flavor for what you're experiencing. So thank you. Appreciate it.

ELISABETH HURST: Yep. Thank you for your time today.

HARDIN: Next proponent, LB95. Welcome.

NICOLE FOX: Thank you. Chairman Hardin and members of the HHS Committee, I'm Nicole Fox, N-i-c-o-l-e F-o-x, representing the Platte Institute. The Platte Institute supports policies that reduce barriers to economic opportunity, and a bill like LB95 helps Nebraskans pursue work opportunities to provide for their families. LB95 could potentially provide a positive impact on Nebraska's economy, attracting workers into the childcare industry and increasing access to childcare for Nebraskans who need it in order to participate in the workforce. As part of our interim work, the Plan Institute often travels to communities across the state, and we like to discuss a variety of economic issues of interest. Most, most recently, we've, we've visited with businesses and community leaders in Columbus, Kearney, Norfolk, North Platte, Scottsbluff, Valentine. All of them brought up Nebraska's workforce shortage, and they further reported that the lack of available childcare compounded this issue. Childcare centers face significant challenges during the pandemic. Capacity restrictions led to decreased enrollment and temporary program closures that made it difficult for some senators-- some centers to continue operation. Childcare workers were forced to search for work in other industries, leading to staffing shortages and limited childcare availability. Employment in childcare has not returned to pre-pandemic levels, and between January and April of 2020, the employment in the childcare sector declined by nearly a third, almost 3 times the national average of overall employment. Labor force participation overall declined during the pan-- during the pandemic, possibly as both a driver and a consequence of decreased employment in the childcare industry. Like overall labor force parti-- participation, it remains below pre-pandemic levels. The emergence of, of remote work has posed both opportunities and challenges for workers. Many industries discovered that the remote work their employees engaged in during the pandemic became a new way of conducting business, as it was cost-effective and employees were not necessarily required to live locally, which expanded their pool of employees. But not all industries work that way. For example, some medical care can be provided virtually. Much of it requires healthcare providers be physically present. In terms of education, although virtual coursework was temporary-- temporarily the norm, most educational activities have returned to the physical classroom. Both of these industries employ a significant number of workers across the state. Additionally, workers in the trades and in manufacturing, also significant parts of Nebraska's workforce, do not have these options.

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For many middle-income families, the cost of childcare can be a significant part of their budgets. For childcare workers in Nebraska's who-- in Nebraska whose main mean-- I cannot talk today-- whose mean hourly wage is \$14 compared to a mean wage of \$27.92 across all occupations in Nebraska, the cost of childcare is even more of a burden. As Senator Fredrickson mentioned in his opening, there are other states that have programs very similar to what-- like what LB95 is proposing. We appreciate his thoughtful approach to first establishing a pilot program. Data can be collected to ensure that the program is ultimately accomplishing what we're hoping it, it will accomplish. And if so, the pilot program could be extended. I see our-- my time is up. So again, I'd like to thank Senator Fredrickson for bringing this bill forward. And with that, I'd be happy to answer any questions.

HARDIN: Anything else you'd like to add?

NICOLE FOX: No, I'm, I'm good.

HARDIN: You're good. OK. Questions? Seeing none-- oh, wait. Senator Hansen has one.

HANSEN: Thanks. Do you know if there's any local programs that are available, like from the county or from the, from the city, from those subdivisions that might provide subsidies for childcare, or is it only the state that ponies up the money?

NICOLE FOX: Well, I, I can't answer that question. There might be somebody behind me that can better answer that question. But we, we think that this is a good idea, just because we know it's been implemented successfully in other states. As Senator Fredrickson mentioned, Kentucky pioneered it and they did see a significant increase in childcare availability and workforce participation.

HANSEN: Which makes sense--

NICOLE FOX: Yeah.

HANSEN: --if you pay for it.

NICOLE FOX: Yeah.

HANSEN: Right. And so I'm curious to know like--

NICOLE FOX: We think that--

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HANSEN: --like, would cities and counties pay any money if-- or if it's a state, like-- I like local involvement, as well.

NICOLE FOX: Yeah.

HANSEN: I mean-- or like a matching kind of private-public kind of partnership-- like, we pay some, they pay-- so there's some community involvement, I think. I think we lose that when the state starts paying for stuff all the time, which might be--

NICOLE FOX: Yeah, and I--

HANSEN: --part of the problem.

NICOLE FOX: Well, and I, and I agree. I think public part-- public-private partnerships, PPPs, are, are always a good idea, you know, if, if the resources are there to do so--

HANSEN: Yeah.

NICOLE FOX: --if there's a willingness by the private sector to collaborate and participate, yes.

HANSEN: It's those pesky things called property taxes that get in the way.

NICOLE FOX: Yeah.

HANSEN: All right. Thank you.

HARDIN: Other questions? Thank you. Proponents, LB95. Welcome.

KATIE BASS: Thank you. Chairman Hardin and members of the Health and Human Services Committee, thank you for allowing me to testify today. My name is Dr. Katie Bass, spelled K-a-t-i-e B-a-s-s, and I'm the policy research manager for First Five Nebraska. First Five Nebraska is a statewide public policy organization focused on promoting quality early care and learning opportunities for Nebraska's youngest children. I am also here on behalf of the Nebraska Chamber of Commerce and Industry, the Lincoln Chamber of Commerce, and the Greater Omaha Chamber. I'm here to testify in support of LB95, and I want to thank Senator Fredrickson for introducing this legislation and his commitment to building a childcare workforce that can meet the needs of Nebraska's working parents. The childcare industry, as you've heard, is one with generally low pay and few programs with the ability to offer traditional benefits like health insurance and retirement,

making it difficult to compete for employees. LB95 will help recruit and retain parents of young children to this industry by providing subsidized childcare as an employment benefit. So this bill is similar to its predecessor, LB856 in 2024, which was inspired by Kentucky's innovative use of pandemic relief dollars that flowed into the childcare industry in 2022. At the time, Kentucky leaders were looking at the state, noting that they had fewer children in the subsidy program overall and they had fewer children enrolled in childcare overall. At the same time, they had several parents that were seeking childcare and were unable to find it. When they reached out to childcare industry leaders, they learned that there were classrooms that just were not filled because there were not enough workers to fill them. This is when they came up with the innovative use of using the subsidy as an employment benefit. Now, over the past few years, more states have followed Kentucky's lead and have found ways to right-size the approach to fit both their needs and their investments. So I want to give an update on what's been happening nationally since last year, when we first talked about LB856. Kentucky saw so much success that once the pandemic relief dollars had been expended, they decided to have a state general investment. So they have invested their general funds to continue the program. Iowa originally created a 1-year pilot, and they have also decided to invest state funds and extended that pilot to 2026. Rhode Island did the same thing, 1-year pilot, they've decided to expand it to 2026. But they, similar to our-- to this bill, decided to put income limits on who is eligible. So for Rhode Island, it's 300% FPL. With LB95, it's 85% state median income. North Dakota required the work to be in childcare for at least 25 hours a week, very similar to what we see here with LB95. So what we're talking about here is right-sizing the approach and taking the lessons from other places and implementing them. I'm happy to answer any questions you may have.

HARDIN: Senator Ballard.

BALLARD: Thank you, Mr. Chair. Thank you, Katie, for being here. Do you remember what Kentucky's appropriation-- annual appropriation to their program is? Or maybe Iowa's?

KATIE BASS: I'll have to look. I am-- when I spoke with Iowa at the end of last year, for the first year of the program, they were at around \$8 million, and they were expecting around \$10 million for the next year. But I don't know exactly what was appropriated for this year.

BALLARD: OK. Thank you.

HARDIN: Senator Riepe.

RIEPE: Thank you. I know we've had a lot of discussion about childcare. My question gets to be is, as a country, how do we, how do we avoid-- we can barely afford Medicare and Social Security. And yet, the magnitude of childcare across the country could become equal almost, to the money we spend on Medicare. I'm not saying it's right or wrong. I'm just saying it's a concern from a funding standpoint and tax standpoint. And how do we pay for it and address our national debt and everything else that we've got going. I, I, I'm looking for you for an answer because I don't have one.

KATIE BASS: I do not pretend to be an expert in Medicare, so I'm going to kind of sidestep that part of the conversation.

RIEPE: Just think big dollars and you got it.

KATIE BASS: Yeah, but I will say that I really do believe that childcare is infrastructure in some ways, right, that we need it to have the economy that we need to function. Now, that doesn't mean that all infrastructure is entirely government responsibility. I think there are multiple different approaches. And I think it's going to take everyone being involved, which means there, there will have to be investments from the state, from the government, and from private businesses, as you've mentioned before. And I hope that we can find the way to make that work across the board.

RIEPE: OK. Good response. Thank you. Thank you, Chairman.

HARDIN: Different question. We have 81 pages of regulations for childcare centers.

KATIE BASS: Yes.

HARDIN: That's just for the state of Nebraska. That's quite a bit of-- do, do we have too much regulation in the state of Nebraska? I see some heads nodding one way and some the other, behind you. We'll drag those people up here momentarily. But I'm just curious, because sometimes, pages of regulation can mean inherent costs that are associated with them. But it's a general question, just saying, does it feel like a heavily regulated world?

KATIE BASS: I think that the childcare providers would certainly say yes, right, that there are a lot of regulations and that they span both state and local. I think what we want to make sure is that they're the right regulations.

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HARDIN: Right.

KATIE BASS: Right?

HARDIN: Yeah.

KATIE BASS: And that that's an important part, because our ultimate goal is to have safe, high-quality childcare. And we want to make sure that our regulatory environment allows that to happen.

HARDIN: OK. All right. There's quite a wide range on the fiscal note--

KATIE BASS: Yes, there is.

HARDIN: --in, in terms of what this could potentially cost, from the high estimates to the low estimates, and so on and so forth--

KATIE BASS: Yes.

HARDIN: --tens of millions of dollars versus a mere couple million here and there. So we appreciate you being here. And this is one of those deals that definitely gives us pause. I'll put it that way. Senator Hansen.

HANSEN: Yes. Thanks for coming, Katie. Do-- is-- are you able to answer that question that I asked before? Like, are there any local subsidy programs that the county or the city or even the schools do?

KATIE BASS: So, I'm trying to be very careful in my answer. I do know in Lincoln, right, there's Lincoln Littles, who does offer some care for families that fall in between, right, the subsidy eligibility ranges. Right? But as far as states or counties contributing directly to what we would consider the CCDF or the Child Care Development Fund, no. Does that, does that answer your question?

HANSEN: Yeah. Why don't you think they do? Because I would think that would be a pretty important thing, I think about-- and as a-- I'm being on the city council, and we're seeing a lot of people coming to us who can't get childcare, hey, we're going to look and see if we can help subsidize childcare workers, similar to a bill like this. Why don't they do that? Is it because we always do it?

KATIE BASS: I, I do-- I, I would say it's because of the way CCDF is structured in Nebraska, which is through the state.

HANSEN: OK.

KATIE BASS: As far as subsidy eligibility overall.

HANSEN: OK. And so, I think the-- and a common theme that I hear, especially from people who own daycares or childcare facilities, is that it's difficult to find employees because we have to pay them so much more now. You got like labor costs, right?

KATIE BASS: Right.

HANSEN: I know I see it in my businesses. I'm having a hard time finding people. It sounds like they are, too. Why do you think that is?

KATIE BASS: I think it's because childcare is a labor-intensive job. Right. It is that direct interaction, one on one with those young children. There's a lot of burnout within that field for that reason. And when you take something that requires the sort of emotional labor that childcare requires and then compound that with low pay and the inability then to meet your own needs as a family, I think you're going to see that sort of high turnover.

HANSEN: Do you think it is also maybe because moms are staying home more, especially since COVID or because they can work from home more now, whereas those might have been the perfect candidates for employees-- you know, I would take my kid there and I can work there, as well.

KATIE BASS: I think that's exactly what this bill is hoping to address, right, is then this is an additional incentive to get that group back into the workforce who is-- has maybe-- we do know that they exited at higher rates. Right. Moms of young children did exit the work-- the labor force overall, at higher rates. And they are coming back, but it's at a slower rate.

HANSEN: OK. Do you think you could bring us a bill next year, that could-- you could give us 5 regulations that we could get rid of?

KATIE BASS: I cannot promise that.

HANSEN: You said-- you just said the right ones. And so, I trust you to pick out the right ones. I tried bringing one like, 2 years ago, just to like, you know, maybe expand the ratio, based on what a county thinks.

KATIE BASS: Now, there was a--

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HANSEN: [INAUDIBLE]. And you, you thought that was like the worst bill imaginable and all, all the children in Nebraska were going to die. And so, I was like, well, I'm just trying to get rid of one little regulation. And so, he talks about trying to get rid of regulations. That makes sense, because the right ones, nobody knows because the second you, you talk about it, everyone says, well, it's for the safety of the children. And you know, this is-- you know, something bad could really-- but yet we can't find childcare workers anymore, because he's exactly right. They're way overregulated.

KATIE BASS: Now, there was a regulatory review bill that was just last year, or was that 2 years ago, with Senator Bostar?

HANSEN: Maybe 2 years ago. That didn't go anywhere, probably, did it? Or it did?

KATIE BASS: It did.

HANSEN: It did?

KATIE BASS: Mm-hmm.

HANSEN: Did it help, do you think?

KATIE BASS: I don't-- I would have to look at that one. I'm, I'm not going to lie. You know, my expertise is in subsidy. So I would have to look at that a little bit more, but I can follow up with you.

HANSEN: OK. Cool. I appreciate that. Thanks.

HARDIN: Senator Meyer.

MEYER: Thank you, Chairman. This is, this is less about a question for, for Dr. Bass than just some context of what I've experienced. Senator Hansen mentioned should counties have a responsibility in maybe for providing some of these things. And as part of being on a county board, we had been approached a number of times, whether it's a regional county meeting or at the state level, by various childcare advocacy groups encouraging us to have programs at the county level. I don't believe it's the county's responsibility to provide that, quite frankly. And once again, we are strapped for cash as the state is. And I'll just share a little story. And I'll try to keep it very brief. I was at the governor's ag and economic development conference here last fall, and as one of the breakouts I attended, they were dealing with rural housing and they were dealing with childcare. There were 3 ladies on the panel-- 3 young ladies, 2 from rural communities, 1 from

Omaha. Each of the 2 young ladies from rural communities talked about the mothers coming into new communities, having child age-- school-aged children and preschool children. No, no childcare in town, 30 miles one way just to find childcare if they could find it. So the first young lady said, working with the town fathers, working with the community, they developed a, a place to have childcare, provided a not-for-profit childcare in that town. The second young lady was from Overton, Nebraska. Very similar story. Church donated a piece of property, they got together with the town fathers, the community came together, they pro-- they developed a not-for-profit childcare facility. The third young lady was from Omaha. She started with \$1.2 million from the Department of Health and Human Services and \$500,000 from the city of Omaha and developed a for-profit. Now, you tell me what's wrong with that picture? Whether the rural communities didn't know how to go after dollars, they didn't qualify for those dollars, the fund for those-- establishing childcare in rural communities was exhausted, I don't know what the answer is. I don't know all the details. But from a context standpoint, there's a discrepancy between urban and rural, and I guess that's one point I'm trying to make. And the other is with regard to communities, I think it falls on, on the towns and villages to work with their childcare providers. I think the responsibility is there and quite frankly, for economic development. When, when you're trying to attract people into a community, the first thing-- you want that young couple that's going to work in your community to develop your community and help grow your community. The first 2 questions they ask aren't how's the housing and where's my job, it's how good is the school and where is childcare? Those are the first 2 questions they ask. And maybe- do-- is there childcare might be the first question. So, it's a tremendously important thing. I, I didn't mean to pontificate here on that, but just from the context of experience of what I had at that level, it's, it's, it's a challenge. And I, I truly don't know what the solution is, quite frankly, so. I apologize for taking any extra time.

KATIE BASS: No, I appreciate your perspective, Senator Meyer. We hear a lot from rural communities about the difficulty of just accessing childcare.

MEYER: See, I'm open to any ideas to help, quite frankly. I would appreciate any, any help that you could offer. So.

HANSEN: Other questions? Thank you.

KATIE BASS: Thank you.

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HARDIN: Proponents, LB95. Proponents. Opponents, LB95. Those in the neutral, LB95. Senator Fredrickson, do you have an interest in LB95? We have, online, 57 proponents, 1 opponent, zero in the neutral. Welcome back.

FREDRICKSON: Well, thank you. Thank you to the committee members for your attention to this important bill. And I want to thank the testifiers who all took the time to come out today and share their perspectives on this, as well. I'll, I'll kind of go a little bit off script here. I, I, I know that, you know, on this committee, obviously, we have a number of different childcare bills that we hear. And, you know, that certainly underscores, I think, how important of an issue this is, and, and, you know, frankly, statewide. And I'm, I'm not ignorant. I know that there's no silver, silver bullet with this. There's a number of really good proposals out there. And we can't, unfortunately, pick and choose or we can't do everything that, that comes before us. I do have a bit of a bias for my bill, I'll be honest. And to Senator Riepe's point earlier, you know, at its core, this is, this is, this is a workforce development bill. That is what other states have been utilizing this exact program for. You know, some of the previous testifiers talked about the successes that we've seen in the other states who have implemented this, not just with getting more childcare providers, but the ripple effects that come with that. I believe in Nebraska-- and I'll double confirm this is correct, but I think for every childcare provided-- every childcare provider we add, we open up an additional 6-8 slots for other families and other children in that. So obviously, you expand slots and availability, that helps with overall costs, et cetera, et cetera. There are a couple of changes that I do want to just highlight-- this has been spoken about a bit, but from LB856 last year. And these changes were really based on the data that we've received from the other states who have been doing programs like this, in terms of what has been the most successful with this and how do we make this kind of in the Nebraska way, right? So the first one was, of course, making this a pilot program, right? So this is not an open-ended program. The second is putting some guardrails on income levels. So if you are making about 85% of the state's median income, which is around \$22 an hour, you are not eligible for this. So this is kind of a guardrail that's really targeted to folks that would-- are kind of in that gap of area where they're not able to afford the care themselves. And finally, is, is the work requirement. Right? So this is something that will require individuals, to be eligible, to be providing a minimum of 20 hours a week of direct childcare work with children. So I would

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appreciate the committee's consideration on this, and happy to answer any additional questions.

HARDIN: Questions? Seeing none--

FREDRICKSON: All right.

HARDIN: Thank you.

FREDRICKSON: Thank you.

HARDIN: This concludes LB95. Next up, LB181. I believe the shuffle is complete. It's done. Welcome, Senator Cavanaugh.

M. CAVANAUGH: Thank you, Chairman Hardin and members of the Health and Human Services Committee. My name is Machaela Cavanaugh, M-a-c-h-a-e-l-a C-a-v-a-n-a-u-g-h, and I represent Legislative District 6 in Douglas County, west central Omaha. LB181 proposes to expand eligibility in the Young Adult Bridge to Independence Program to certain juvenile justice youth. Specifically, LB181 will allow adjudicated youth who have attained 19 years of age and who are in court-ordered out-of-home placements to be eligible for the program, regardless of immigration status. The Bridge to Independence supports young people aging out of the foster care system with monthly stipends, healthcare, and case management. The program was implemented because research was clear about the risk and vulnerability of youth who age out of the foster care system. This program has been enormously successful in helping these youth attain post-secondary education, affordable housing, cover monthly expenses, and have adults to turn to in times of crisis. To be eligible, young people must be either working or completing school. The Nebraska Children's Commission has made access to the Bridge to Independence Program for all youth aging out of the foster care system an annual recommendation. Often, an immigrant youth is in foster care, they have a special juvenile status, although it is a federal immigration category. The status alone does not qualify the youth for certain public assistance. However, the Supreme Court ruled that a state can opt out of the federal rule that undocumented immigrants are not eligible for public assistance by clearly stating their intention of allowing eligibility. LB181 would do that. Immigrant youths' eligibility for Medicaid until 21 in Nebraska has already been addressed by the Nebraska Supreme Court. And that court case stated, there is a category of federal Medicaid in the Children's Health Insurance (Program) Reauthorization Act of 2009, or CHIRPA-- CHIPRA, that allows states to provide Medicaid to immigrant youth with certain

immigration statuses. LB181 requires fully opting into CHIPRA until age 21. This is important because youth aging out of juvenile justice systems often lack adequate support to address the underlying factors leading to delinquency, and can find themselves alone or homeless. It is especially crucial to reach, reach these at-risk kids so that they can ensure-- we can ensure that they have the proper support to guide them to productivity. So I did have the, the pages pass out-- this is-- the report-- sorry, I got to get to it in my-- the Bridge to Independence Advisory Committee's Annual Report. And Margaret very nicely tabbed the 2 points that pertained to my bill specifically. So this was a briefing that the HHS committee held in the fall of 2024. And when I saw that this was one of the recommendations, I thought that it would be prudent to bring it forward in the Legislature this year. And page 6 of the report really speaks to how this is applicable and the eligibility. I highlight that because I, I believe that the Department of Health and Human Services is here to testify in opposition, and-- though they did not tell me that they would be coming in opposition. So I don't know exactly what their opposition is, but I assume it has something to do with the ability to do this. So page 6, Bridge to Independence Advisory Committee's Annual Report, this is a group that is appointed by the governor and the-- this is their report. And they seem confident that we can do this legally, without jeopardizing federal funds. In the fiscal note on the bill, one of the assertions made in the bill is that there would be no FMAP for these services. By a deeper reading of the federal programs, there could be an FMAP. I'm sorry, FMAP, federal-- it's the federal match for Medicaid and programs. And just want to make sure that I'm not "over-alphabet souping" here. It's very complicated, but I believe the federal government will share costs for Medicaid services provided through the Bridge to Independence Program. How much will be determined on an individual basis, so we don't know exactly how much until the applications are submitted. I am happy to work on-- with our budgeting people, myself included-- I'll work-- I'm happy to work with myself, on, on making sure that there are resources to support this, what I think is a critical expansion of the Bridge to Independence Program. With that, I will take any questions.

HARDIN: Thank you. Questions? Senator Riepe.

RIEPE: Thank you. Thank you for being here. Welcome home.

M. CAVANAUGH: Thank you. I already--

RIEPE: See, your chair is even empty.

M. CAVANAUGH: I know. I just flipped preemptively to the fiscal note.

RIEPE: This may or may not be related. I know that up at the former Dana College in Blair, there's a aging out for kids that are out of foster care [INAUDIBLE] but there's not that much employment I wouldn't guess, necessarily, in Blair. I'm just-- how does that play into this or doesn't it?

M. CAVANAUGH: Well, first of all, unfortunately, our Blair senator had to step out so he could probably speak to that more. But I don't know how that would necessarily fit into this. As far as you mean as far as them being employed? They can also--

RIEPE: Well, being an asset or being a resource.

M. CAVANAUGH: Oh, sure. I mean, they can also be in school. So there's both of those options available. I mean, ideally, 19-year-olds are getting some sort of post-secondary education, whether it's community college or vocational training or something like that. So. But I don't know about the employment in Blair, specifically.

RIEPE: OK. I don't either.

M. CAVANAUGH: We'll have to ask Senator Hansen.

RIEPE: That's why I asked you. I thought you knew it all.

M. CAVANAUGH: Well, you know, I-- I'm willing to admit there are gaps in some of my knowledge.

RIEPE: I'll remember that.

M. CAVANAUGH: And employment/employer is one of those gaps.

HARDIN: Other questions?

RIEPE: Thank you.

HARDIN: Can you help me understand what's the difference between CHIP and CHIPRA?

M. CAVANAUGH: No.

HARDIN: OK. OK.

M. CAVANAUGH: I think it's--

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HARDIN: Maybe, maybe someone else--

M. CAVANAUGH: A CHIPRA, I believe, is the reauthorization of CHIP.

HARDIN: OK. All right.

M. CAVANAUGH: But I-- no.

HARDIN: OK. Very good. Will you stick around?

M. CAVANAUGH: Yes.

HARDIN: OK. Very good.

M. CAVANAUGH: Thank you.

HARDIN: Proponents, LB181. Welcome.

ALLISON DERR: Thank you so much. Chairperson Hardin and members of the committee, my name is Allison Derr, A-l-l-i-s-o-n D-e-r-r, and I'm an attorney at Nebraska Appleseed, which is an advocacy organization that works, in part, to improve Nebraska's child welfare system. And we support LB181 because it importantly clarifies that young people are eligible for the B2I program regardless of immigration status, as the Legislature originally intended. As you've already heard, B2I is Nebraska's extended foster care program, allowing youth to continue receiving supports until 21. Without B2I, if a young person is still in foster care, their supports stop when they turn 19, which is much earlier than many youth are made to be self-sufficient. As a result, they experience a lot of negative outcomes, including high rates of homelessness, poverty, and criminal justice system involvement. So mitigate-- or so B2I tries to mitigate those issues, allowing youth to receive transition foster care services from 19-21, allowing them to more slowly transition into adulthood. As you've already heard, there are eligibility requirements to be in B2I. A young person must be going to school, working, or in a program to make them ready to work. They also have to check in with the department and the juvenile court to be sure they're doing well. If they do those things, they get that monthly stipend, medical coverage, and other benefit coordination support. And as Senator, Senator Cavanaugh pointed out, importantly, B2I has been proven to work, with a 2019 evaluation showing B2I youth are more likely to have higher education, employment, stable housing, and supportive adults to help them. The problem is that current department regulations require youth to have an eligible immigration status to be in B2I. So, while fully supported in under-19 foster care, immigrant young people cannot continue until 21 like their

peers. That means they're more likely to experience those negative outcomes that non-B2I youth experience that I talked about. And their support from the juvenile court is prematurely cut off, which is especially devastating for immigrant youth who need juvenile court support to receive an immigration status that is specially for foster youth. These restrictions are contrary to the Legislature's intent when they created B2I. In fact, Revised Statute 43-4505 lists the support that young people are to receive in B2I, and that specifically includes immigration relief. If the Legislature did not intend for immigrant youth to be in this program, they would not have provided a service only immigrant youth can access. I want to be super clear that federal law allows all immigrant youth to be in B2I, which was confirmed by the Nebraska Supreme Court in a 2020 opinion. There, it said that the default rule is an immigrant individual has to have an eligible immigration status to receive a public benefit like B2I, but states can opt out of that rule so long as they say it specifically, like Nebraska has done for other public benefits. So in that court case, it said that the Legislature just was not clear enough in its original B2I statutes to opt out of that general rule, meaning that general rule still applies. So LB181 tries to make it especially clear. And I see I'm almost out of time, if I could finish. Thank you-- makes it especially clear that immigrant youth are eligible, including all of its supports and services like Medicaid. And as Senator Cavanaugh talked about, there is a category of federally funded Medicaid these immigrant young people do qualify for, so that would be eligible for federal funds. And then lastly, just very quickly, to be clear, federal and state child welfare law define child as up to 21, not 19. And so B2I is foster care being provided to children. It is legally inaccurate to treat young people differently in under-19 foster care as it is for over-19 foster care. Thank you for your time, and we respectfully request that you advance LB181.

HARDIN: Thanks. Question? I have one.

ALLISON DERR: Yes.

HARDIN: How does this square with federal law?

ALLISON DERR: Yes, great question. So as I talked about a little bit, the Nebraska Supreme Court has answered this question. So this is not just coming from myself, biased in favor of this program. Federal law, like I said, allows states to provide public benefits like B2I to all immigrant individuals. Specifically, it can provide state and local public benefits to all immigrant individuals. Again, it just has to say it. It has to specifically say we intend to provide this public

benefit to immigrant individuals. And so that is the general public benefit piece. As far as child welfare law goes, like I said at the end, child welfare federal law defines child as to 21, rather than 19. And so for the purposes of foster care services and foster care rules and laws, it would say that under-19 foster care eligibility should be treated the same in over-19 foster care, so for B2I, which most other states follow and acknowledge and treat immigrant young people the same way for those purposes. So that's just to show that federal law does allow this. As far as Medicaid goes, Senator Cavanaugh touched on this. There is a category of federal Medicaid called CHIPRA, which I know you asked about, that allows states to provide Medicaid to immigrant young people who have certain statuses, and states have the option to opt into that, up to 21. So Nebraska has opted into that federal option until 19 currently, but it would need to opt up to 21 to allow B2I youth to opt into that. So all of that is to say federal law allows this. These are choices that Nebraska has to make explicitly, though, for it to happen in practice.

HARDIN: Thank you. Any other questions? Seeing none, thank you. Proponents, LB181. Welcome.

NATASHA NASEEM: Thank you. All right. Good afternoon. My name is Natasha, N-a-t-a-s-h-a, Naseem, N-a-s-e-e-m and I'm an attorney at the Center for Immigrant and Refugee Advancement, here to offer our support for LB181. Our organization serves immigrants and refugees across Nebraska by providing free legal representation, social work services, and refugee resettlement. We represent clients in various forms of immigration relief, including youth seeking special immigrant juvenile status, or SIJS. This status offers stability and a path to citizenship for young people who have been found by a state court judge to have been abused, abandoned, or neglected by one or both of their parents. Many of our clients who are eligible for SIJS are already under the jurisdiction of a Nebraska court, because they are in foster care. The services and support they receive in the foster care system are vital, as these minors have suffered traumatic abuse and neglect by their caregivers, as well as challenges arising from their migration to the U.S. However, when these youth turn 19 and age out, the services and support abruptly end. This has resulted in some clients landing in unstable housing or becoming homeless, and falling out of communication with us. This is especially devastating in cases where a court has made the findings needed for SIJS, but we can no longer locate the client to prepare the SIJS application so the client loses the opportunity to pursue immigration relief. B2I supports young people by providing transition foster care services from age 19-21 to prevent negative outcomes like homelessness or criminal system

involvement. But right now, even if a minor was granted SIJS by the federal government before turning 19, they do not satisfy Nebraska's lawful presence definition and therefore, cannot access the B2I services that U.S. citizen youth can. Nebraska's statutory framework for services like B2I relies on an exceedingly narrow definition found at 8 U.S.C. 1621(a), which I believe we talked about earlier, which fails to capture many categories of authorized immigrants, including youth with SIJS, DACA, pending asylum claims, and more. 8 U.S.C. 1621(d) allows states to affirmatively provide for eligibility for immigrants who fall outside of that overly narrow definition. LB181 would explicitly broaden B2I eligibility to extend to otherwise qualified immigrant youths regardless of their immigration status, with the goal of preventing homelessness, criminal system involvement, and further vulnerability and revictimization. A pattern we've observed in our work in this area is that we are often contacted by caseworkers when a minor is months away from turning 19 and aging out of their foster care placement with permanency plans of independence. Although we can sometimes get the order necessary to support SIJS eligibility in this short time frame, the youth will not receive SIJS approval or work authorization from the federal government for several months or even a year after they apply, making it extremely hard for them to achieve independence during that time. If the youth cannot work to support themselves, they are far more likely to be exploited, housing unstable, and vulnerable to criminal involvement, hunger and more. If I may just finish, our state has a system in place designed to prevent these negative outcomes, but we've been choosing to allow immigrant youth to remain vulnerable to them by passing LB1 81 we can clarify our statutory framework and ensure that all young people aging out of foster care have equal access to vital B2I services. So with that, we respectfully request that the committee advances this bill. And thank you for your attention to this issue.

HARDIN: Thank you. Questions? Can I ask you to put yourself in the moccasins of the next person? What would an opponent say about your interpretation of the Nebraska Supreme Court law?

NATASHA NASEEM: If I'm in the moccasins, I would say it's correct. But--

HARDIN: I'm asking you to put yourself in their moccasins, not yours.

NATASHA NASEEM: You know, I think, especially right now, I understand it's a, it's a, a tense and vitriolic time for immigrant populations. And I know we are in a difficult situation financially.

HARDIN: Right.

NATASHA NASEEM: But these are services that we are providing to some of our youth in the state, not all. And so I think that the focus should be that when we are seeing these outcomes that we are, we are aiming to prevent for a portion of our population, we should extend our, our efforts to include all youth who are in this situation.

HARDIN: Thanks for being here.

NATASHA NASEEM: Thank you very much.

HARDIN: Those who are proponents for LB181. Who's next? Welcome.

ADAM ANDERSON: Thank you. Good afternoon, Chair-- good afternoon, Chair Hardin and members of the Health and Human Services Committee. My name is Adam Anderson, A-d-a-m A-n-d-e-r-s-o-n, and I'm the administrative programs officer of the Nebraska Children's Commission, here testifying on behalf of policy analyst, Sage Leis, for the Nebraska Children's Commission in support of LB181. Sage could not be here today from Omaha due to travel conditions. The Commission's Bridge to Independence Advisory Committee was created to make recommendations to the Legislature and the Department of Health and Human Services regarding the B2I program, extended guardianship assistance, and extended adoption assistance. The Advisory Committee serves as a forum for stakeholders to exchange information, provide support, and create innovative solutions to the challenges facing child welfare youth aging out of foster care. I'd like to begin by providing some background information on what B2I is. Bridge to Independence is a voluntary program that provides supports for young adults between the ages of 19 and 21 as they transition from foster care to adulthood. Young adults who joined B2I have access to an independence coordinator, advice, and resources to help them meet their goals, healthcare coverage if Medicaid eligible under the Affordable Care Act, and a monthly extended foster care financial stipend. To remain eligible for B2I, youth must be working towards a productive adulthood in one of these ways: completing a high school diploma or attain-- attaining a GED, GED, taking classes at least part time at a college or a vocational school program, working at least 80 hours a month, engaging in activity designed to allow the young adult to address barriers to workforce participate-- participation, or be medically incapable of these activities. Youth must also meet with their independence coordinator monthly and be permanent residents of the state of, state of Nebraska, unless residing out of state through an interstate compact placement agreement. As you can see, B2I is not

simply a government handout, but a program designed to ensure that youth are able to learn and grow into productive members of our community by providing necessary support they may not otherwise receive. The Bridge to Independence Advisory Committee is dedicated to ensuring the B2I program is accessible to all youth aging out of foster care regardless of immigration status. In Nebraska's, in Nebraska's child welfare system, state wards are generally entitled to receive services from DHHS regardless of immigration status. However, as soon as they turn 19, their eligibility for continued support depends on their status, with only a subset of immigrant, immigrant youth qualifying for B2I, even if they received under-19 care and are otherwise eligible for B2I. Under current immigration status eligibility rules, 395 Admin. Code 10-003.01, only citizen-- citizens and qualified aliens can receive B2I support. Qualified, qualified aliens include asylees, refugees, trafficking victims, and green card, green card holders. Notably, this excludes Special Immigrant Juveniles and Deferred Action for Childhood Arrivals. I'd just finish up this paragraph here. As evidenced by the existence of the B2I program, it is clear Nebraska policymakers agree youth are not fully prepared to be successful, independent adults at age 19 without additional state-sponsored support. The BI Advisory Committee would pose the question: What makes immigrant youth different? But happy to answer limited questions. I'm, I'm only--

HARDIN: Thank you.

ADAM ANDERSON: --filling in.

HARDIN: All right. Questions? Seeing none, thank you for being here on a snowy day.

ADAM ANDERSON: Thank you.

HARDIN: Proponents, LB181. Mr. Venzor.

TOM VENZOR: Hello. Good afternoon, Chairman Hardin--geez, my-- I'm losing my memory here-- and members of the Health and Human Services Committee. My name is Tom Venzor, T-o-m V-e-n-z-o-r. I'm the executive director of the Nebraska Catholic Conference, here in support of LB181. When the church advocates on immigration policy, we're guided by several principles, which include the recognition of both the rights of sovereign nations to protect and control their borders and also the rights of persons migrating because of economic necessity or other hardships in order to meet their basic human needs. As Pope Francis said recently in a letter that he issued on the topic of

immigration to the U.S. bishops: the Christian faithful and all people of goodwill are called upon to consider the legitimacy of norms and public policies in the light of the dignity of the person in his or her fundamental rights. The dignity of the human person is infinite and transcendent, and surpasses and sustains every other juridical consideration that can be made to regulate life in society. It's with these principles in mind that the NCC urges this committee to support LB181. Young adults who have grown up in our communities, perhaps since their infancy, and are currently undocumented in our country through no fault of their own, live in a vulnerable and difficult situation, not to mention a legally precarious one. These difficulties and vulnerabilities are only exacerbated by other challenges, such as having been in the foster care system. Bridge to Independence provides important continued supports to those who have been in our foster care system and have been previously cared for by the state, regardless of their immigration status, and it ensures that each of us-- each one of these young adults receives the option to receive care management-- case management, healthcare, and monthly financial assistance to help with the costs of living. Bridge to Independence provides social structures that provide some level of community support to individuals who are largely navigating the difficulties of early adulthood on their own. And these state supports come as a supplement to the other charitable works of so many individuals and other forms of community, such as churches and social service agencies provide. And while there's been a lot of discussion, I think, taking place, you know, right now, about immigration-- enforcement, reform, et cetera-- I think one thing is clear: that there's a growing consensus that we ensure that our young adults who are in the country undocumented through no fault of their own, no fault of their own are provided a path forward to establish legal presence and citizenship. And in this regard, we think this is taking care of people who have been with us for some time, are currently with us, and certainly are going to be with us for some time in our communities. I got other information there, but it's only one last paragraph. It's fairly repetitive. So I'll end there and take any questions.

HARDIN: Thank you. Questions? Seeing none, thank you.

TOM VENZOR: All right. Thank you.

HARDIN: Proponents, LB181. How many more proponents do we have? Can I encourage you to move towards the front, if you don't mind? Welcome.

KATIE NUNGESSER: Thank you. Thank you. Chairperson Hardin and members of the Health and Human Services Committee. My name is Katie

Nungesser, spelled K-a-t-i-e N-u-n-g-e-s-s-e-r, and I'm here today representing Voices for Children in Nebraska in support of LB181. I'm actually here today providing testimony from Anahi Salazar, who is another policy coordinator at Voices, who is home today in this snowy weather with her toddler. For young people transitioning out of our child welfare and juvenile justice systems into adulthood, the abrupt shift from structured support to complete independence can be incredibly difficult path to navigate. Many of these young adults have endured significant trauma and the lack of familiar safety nets that other, other youth their age rely on. Without adequate support, they face higher risks of dropping out of school, struggling with vocational goals, experiencing economic hardship, suffering from poor physical and mental health, and becoming involved in the adult correctional system. Nebraska has made meaningful strides in supporting young adults aging out of foster care and the juvenile justice system through the Bridge to Independence Program. B2I offers those essential resources that we've heard about today, including Medicaid, case management, help with post-secondary education, employment, housing, and other skills. In addition, and maybe the most impactful, the program can also provide connections to caring adults, emotional support, and mentorship. Unfortunately, the current eligibility requirements for the B2I program exclude some of the most vulnerable youth due to their immigration status. LB181 seeks to close that gap by ensuring that all young people in Nebraska, regardless of their status, can access this vital support that promotes stability and success. Every young person deserves a fair chance to transition into adulthood with the resources they need to thrive. Expanding this eligibility would be Nebraska continuing its commitment to supporting all system-involved youth, ensuring their successful path to productive and healthy adulthood. It will strengthen our community and strengthen Nebraska as a whole. We want to thank the committee for your time and your commitment protecting Nebraska's vulnerable populations, and to Senator Cavanaugh, for her unwavering dedication to Nebraska's young people. We respectfully urge you to advance LB181 and provide these critical supports to all young adults who need them. Thank you. I'm here for any questions.

HARDIN: Thank you. Questions? Seeing none, thank you. Proponents, LB181. Welcome.

DYLAN SEVERINO: Thank you. Good afternoon, Chair Hardin and the Health and Human Services Committee. My name is Dylan Severino, D-y-l-a-n S-e-v-e-r-i-n-o. I am policy counsel at the ACLU of Nebraska, and I'm here in support of LB181. Studies show that young people transitioning out of foster care are more likely to be homeless, have housing

instability, experience health and mental health issues, have drug and alcohol dependence, have encounters with the criminal justice system, earn less money, be unemployed, and not have a high school or post-secondary school degree. Nebraska's Bridge to Independence Program is a voluntary program to help young adults transition from the foster program to living on their own by emphasizing self-sufficiency and by creating goals and lasting relationships. In order to be eligible for the program, a person must be 19 or 20 years old, attend school or work 80 hours a month, and meet regularly with an independence coordinator. 2019 evaluation of Nebraska's Bridge to Independence Program concluded that the Bridge to Independence Program improved the likelihood of attending a post-secondary school, having a safe, stable, and affordable housing, being able to cover monthly expenses, and having a person to turn to in case of emergencies. Over the years, the Bridge to Independence Program has expanded to cover the needs of more vulnerable young Nebraskans, such as the Native youth in 2020, and youth impacted by the juvenile justice system in 2023. LB181 continues this expansion of protection to young Nebraskans with more precarious immigration statuses. As of now, only people who have had-- who have one of a handful of immigration statuses may enroll in the Bridge to Independence Program. But people with other statuses who, as children, likely had no influence over their status are no less deserving of a chance at success. The fiscal note states that about 15 people will become newly eligible to enroll in the Bridge to Independence Program thanks to LB181, and an additional 6 or so who are already enrolled in the program will become eligible for medical coverage. Those benefits will cost about \$350,000 to \$500,000, according to the fiscal note. Consider, though, what Bridge to Independence offsets. This is money that keeps vulnerable young people in homes, motivates them to stay in school and work, and keeps them out of the criminal justice system. These young Nebraskans leaving the foster care system and with uncertain immigration status have enough odds stacked against them. LB181 gives them a chance to become stable, contributing members of society. For that reason, we support LB181 and request that the committee pass it to General File. Thank you, and I'd be happy to answer any questions.

HARDIN: Thank you. Questions? So could you forgive me if I missed the numbers? Help me out.

DYLAN SEVERINO: Yeah.

HARDIN: Did you say it's helping about 15?

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DYLAN SEVERINO: According to the fiscal-- yeah, the fiscal note, about 15 people now, so between 19- and 20-year-old now would become eligible.

HARDIN: OK.

DYLAN SEVERINO: And then presumably, each year, another roughly half of that again, and then roughly half that would age out. So it seems, according to the fiscal note, about 15 people at any given time would be eligible for this.

HARDIN: Understood. Thank you.

DYLAN SEVERINO: Yeah. Thank you.

HARDIN: Proponents, LB181. Any other proponents? Opponents, LB181.

DOUG KAGAN: Calling for opponents?

HARDIN: Opponents? Yes.

DOUG KAGAN: OK.

HARDIN: Welcome.

DOUG KAGAN: Good afternoon. Doug Kagan, D-o-u-g K-a-g-a-n, Omaha, representing Nebraska Taxpayers for Freedom. This bill not only will encourage illegal aliens to remain in Nebraska, but encourage other illegal aliens to migrate here. It will serve as another magnet for jobs and birthright citizenship, further swelling the number of illegal aliens in Nebraska. U.S. Code 1611 [SIC] plainly states that illegal aliens are, with some exceptions, like emergency care, ineligible for federal public benefits. The law also makes them ineligible for state and local public ben-- benefits, but simultaneously allows such benefits only through the enactment of a state law like this proposal, which does provide for such eligibility. This principle reaffirmed during the congressional debate over Obamacare, when federal lawmakers voted against providing health insurance to illegal aliens in 2010. Nebraska health insurance costs are at record highs and rising, and likely will continue to grow if illegal aliens given access to taxpayer-funded Medicaid. The claim that providing subsidized healthcare to illegal aliens will reduce ER costs, wait times, and overall healthcare costs is a myth. A federal-- Federation for American Immigration Reform study on the fiscal costs of illegal immigration explains that though a few states provide low-cost healthcare services to illegal aliens who do pay for

treatment, taxpayer dollars heavily subsidize it, ongoing. The diversion of state taxes into these programs inevitably results in larger state requests for federal budget assistance, more taxpayer dollars. However, it is illegal under the 1986 Immigration Act for illegal aliens to receive any federal means-tested benefits, so Nebraska would have to fund this legislation with no federal matching funds. Much of this assistance would be provided a supplemental healthcare funding distributed to state providers. The cost savings argument also ignores the larger costs associated with illegal immigration in general, which undoubtedly shrinks savings from insuring illegals and adds to the massive costs already imposed by swelling numbers of illegal aliens. Illegal aliens should not take precedence over American citizens and legal immigrants who do not have or cannot afford health insurance coverage. This bill is bad medicine for Nebraska taxpayers and sets a bad precedent. In fact, the Legislature should lobby Congress to repeal the above-mentioned loophole to prevent the option for Nebraska and other states to implement this costly and harmful policy. Thank you.

HARDIN: Thank you. Questions? That aforementioned 8 U.S. Code, are you suggesting there's some latitude on the interpretation of that code?

DOUG KAGAN: We didn't see any latitude. The first mention-- the 1611, that's, that's the federal. But the, the 1621, all that does is clarify that they cannot get federal benefits. But in order for the-- for illegal aliens to get such benefits in a state like Nebraska, you'd have to pass a law here in the Legislature.

HARDIN: Understood. OK. Other questions? Seeing none. Thank you for being here.

DOUG KAGAN: OK. Thank you.

HARDIN: Opponent to LB181. Welcome.

STEVE CORSI: Good afternoon. Ready to begin? Good afternoon, Chairman Hardin, members of the Health and Human Services Committee. My name is Steve Corsi, S-t-e-v-e C-o-r-s-i. I'm the chief executive officer for the Department of Health and Human Services. I'm here to testify in opposition to LB181. Our opposition is based squarely and solely upon the premise that except for emergency situations-- thank you so much-- except for emergency situations, public benefits funded by state dollars should be for the purposes and benefit of Nebraska citizens. I should point out that the Legislature has already codified this premise, Nebraska Revised Statute 4-108, which states, in part: no

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state agency or political subdivision of the state of Nebraska shall provide public benefits to a person not lawfully present in the United States. Congress has also generally restricted the use of federal funds to those lawfully present in the United States in 8 U.S.C. 1611. Due to the federal restriction, Medicaid and other federal funds would be unavailable for the benefits described in this bill. Thus, only state general funds could be used. We ask the Legislature to continue the prudent aforementioned policy as codified in Nebraska law, which largely mirrors federal policy and code. Nebraska citizens should not be forced to subsidize those not lawfully present in the United States, nor should they be forced to incent the continued unlawful presence of individuals, regardless of age in our state or the nation. Therefore, we respectfully request that the committee not advance the bill to General File. I would thank you for your time and take any questions.

HARDIN: Thank you. Questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Dr. Corsi, for being here and for your, for your testimony. So I guess my, my question is kind of, kind of based on thinking about our state kind of holistically, and specifically, what this piece of legislation does and, and, and the Nebraskans who it, who it does benefit. My concern is that if we-- so sort of the elephant in the room is that we-- like, kind of acknowledging the fact that we have Nebraskans who have documentation and we have Nebraskans who, who do not have documentation. And regardless of what we do as a Legislature, those Nebraskans will exist. And my question is, is there a risk of not extending this benefit that ultimately, the state does for cost-saving measures. You know, those folks are still going to be here without this benefit, as well. So I'm just kind of curious to get your thinking a little bit more about that, as well.

STEVE CORSI: I'm not sure I'm understanding your question, Senator Fredrickson.

FREDRICKSON: So my question is, essentially, like, we have people who live in our state who are not documented.

STEVE CORSI: Correct. Ill-- illegal.

FREDRICKSON: So there are-- and so my question is-- this is a benefit to around, I, I believe, around 10 to 15 individuals a year that if not received, that might jeopardize those folks and, and later lead to increased costs for whatever reason. Because these are-- regardless of

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whether we like it or not, these are people who are living in Nebraska, and who do interact with other Nebraskans, and who, if their health or whatever, decreases, ultimately have an effect on all of us. So my question is essentially, help me understand a little bit more about the thinking behind withholding something like this, knowing that that might increase risk for the state.

STEVE CORSI: Senator Fredrickson, I, I, I, I don't believe it's withholding at all. I believe it's not endorsing. It's not withholding because we, we wouldn't currently-- they're not currently eligible for B2I anyway. It would be not adding to, so it-- it's a very-- essentially--

FREDRICKSON: Sure. Sure.

STEVE CORSI: --the opposite of withholding.

FREDRICKSON: Sure. OK. Do you see the benefit of extending that though or is that-- is it--

STEVE CORSI: Well I don't think we're-- our-- the department's position is not to talk about the, the positive or negative aspects of the Bridge to Independence Program.

FREDRICKSON: OK.

STEVE CORSI: The department's position is to make sure that we restrict the use of public tax dollars to the lawful citizens of the state of Nebraska and the lawful citizens of the United States of America.

FREDRICKSON: OK. So your concern isn't about the cer-- the program itself. It's about the recipients.

STEVE CORSI: We, we have, we have no concerns with the program.

FREDRICKSON: OK. Thank you.

STEVE CORSI: That I'm aware of.

FREDRICKSON: OK.

HARDIN: Other questions? Yes, Senator Quick.

QUICK: Thank you, Chairman, Thank you for being here. One of my questions would be so, you know, maybe with these dollars, you could actually help keep someone out of the juvenile justice system.

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Because, in essence, we are going to have that cost if they end up in our juvenile justice system, where if we were to provide this programming, maybe it wouldn't-- maybe they wouldn't end up in our juvenile justice system. And then we're still going to end up providing those dollars.

STEVE CORSI: Senator Quick, I, I, I apologize. I'm not sure, I'm not sure that there's a question in there, but I think that your premise may be a little, a little askew. And, and let me clarify. When you say we might be able to keep kids out of-- or from entering the juvenile justice system, if they were in the juvenile justice system already, they would be-- kids who are in the juvenile justice system prior to the age of 19 are-- would be our state wards under court order. However, kids don't come into the juvenile justice system at 19--

QUICK: OK.

STEVE CORSI: --20, and 21. So.

QUICK: OK. Yeah. Thank you.

STEVE CORSI: Yes, sir.

HARDIN: Other question? Senator Hansen.

HANSEN: Thank you. So even if this bill passed, would you be even able to dispense of any funds? Because wouldn't that be in conflict with what our current state statute is? Like, how does that work?

STEVE CORSI: Senator Hansen-- I really want to call you Chairman Hansen but Senator Hansen--

HARDIN: You can.

STEVE CORSI: My apologies, Chairman.

HARDIN: You, you can call him Chairman. There's, there's several sitting here.

HANSEN: You can call me a lot of things and I've been called them before.

STEVE CORSI: Senate-- Senator Hansen, that certainly presents an interesting conflict that I don't know what the-- not being an attorney and not even playing one on TV, I'm not sure what the legal issues would be in there. But it would certainly pit one statute

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against the other unless the Legislature, I suppose, chose to, to do something else, make a, make a different decision. So I think I would want to go back and get legal counsel's opinion on that. I'm not sure how the department would be forced to manage that [INAUDIBLE].

HANSEN: Or do you think they could like, affect federal funds then?

STEVE CORSI: Well, there would be no federal funds. They're, they're not available. Federal funds are not--

HANSEN: Oh, OK. I thought we got something for this. OK.

STEVE CORSI: Yeah. According to U.S. Code, federal funds would be unavailable--

HANSEN: OK.

STEVE CORSI: --for these.

HANSEN: OK. Thanks.

HARDIN: Other questions? Seeing none, thank you.

STEVE CORSI: Thank you, Committee.

HARDIN: LB181, LB181, opposition. Anyone else opposed, LB181? Those in the neutral, LB181. Welcome.

SCOTT THOMAS: Thank you, HHS Committee, Chair Hardin. My name's Scott Thomas, S-c-o-t-t T-h-o-m-a-s, with Village in Progress, testifying in a neutral capacity. I have a lot of the same concerns that Director Corsi just voiced. But I understand the intention of the bill, that it's well-meaning and it's a humanitarian issue. I don't know necessarily what changes from age 19-21 that the Bridge to Independence covers these 2 years. I'm not sure exactly if I was missing something there or that, that it covers 10-15 individuals. But Article 15 of the 1948 Universal Declaration of Human Rights speaks to citizenship. Excuse me. And I think the director spoke about potentially watering down citizenship. He said Nebraskans without documentation-- I don't even know what that means. Because if you don't have boundaries for something, you don't have a thing. You're got to have definitions for something to use terms. Then-- I would have concerns about demonetizing and the trafficking potential for children. I mean, I don't know how you go to another country-- if I overstay my visa in Turkey and then I have a child welfare issue, and they take my kids and they won't give them back, and then the state

wants to give funding to my children. So, what, to replace the family dynamic or what? I'm not sure why you would be monetizing and trafficking children. But also I feel that I would be remiss if I didn't say I knocked doors for President Trump for 2 years in Nebraska and Iowa. And we did independent polling for states. And so I know where the President's position is. He's been very public about it. I know where the President stands on this, and I know where Nebraska voters stand on it because we did polling. So I, I guess, like I said, I'm going to come in neutral because you guys got a lot to sort through and do whatever you want to do about it. I didn't want to be a hindrance to that, so however you guys want to handle it. I was just weighing in on the Article 15 position.

HARDIN: Thank you.

SCOTT THOMAS: All right. Appreciate it.

HARDIN: Questions? Seeing none--

SCOTT THOMAS: Thank you, sir.

HARDIN: Thank you. Anyone else in the neutral, LB181? If not, Senator Cavanaugh. We had online, 41 proponents, 5 opponents, 2 in the neutral.

M. CAVANAUGH: Well, that was interesting. So, I'm trying to formulate some of my responses. The Nebraska Supreme Court said that this is something that we can do. We had several testifiers speak to the fact that there is the potential to draw down some federal funds for this, depending on which way-- avenue we go for implementation. Most states already do this, so any argument that the federal government is going to have a problem with this is absurd. We are one of the few states that doesn't do this because we had something that we put in statute that I am trying to rescind. I'm aghast at the comments made by the CEO of the Department of Health and Human Services that these individuals are-- the implication that they are not worthy of resources of any kind. First of all, these are children who have a status other than legal, whatever that is. It could be DACA, it could be completely undocumented, but they became system-involved. And the moment they became system-involved, whether the CEO of DHHS likes it or not, we invested resources in these children. And to have an agency head come and make such politically charged statements about policy is, in my view, unacceptable. Additionally, at least 3 members of this committee have multiple meatpacking plants in their districts: Senator Quick, Senator Meyer, Senator Hansen, at least, and we know for a fact

that the individuals that predominantly work in those spaces are undocumented immigrants, not illegal aliens. It is an offensive term that should not be tolerated. Undocumented immigrants every day during COVID were getting sick and showing up and working in those factories to deliver food to Nebraskans and Americans across the country. We don't have to agree on this expansion, but I hope we can agree on the human dignity of these individuals. I am beyond blown away at the fact that the person who is at the helm of the organization that's tagline is to improve people's lives, could say such things. If an immigrant documents status it regardless is raped. Do they not get access to the police? Do they not get a rape kit? Do they not get services? According to the head of DHHS, apparently they do not because they aren't a real person. They're an alien. I know CEO Corsi to be a man of deep faith, and I hope that he will reflect upon what he has said today because it should not be acceptable. It is not acceptable to me. I appreciate the committee's time today. I appreciate the testifiers' time today. I am clearly upset and I will talk to you all individually beyond today about this bill further. I just expect better from people in positions of power. I'm happy to take any questions.

HARDIN: Questions? You consider yourself a fiscal hawk?

M. CAVANAUGH: Yes.

HARDIN: We've got 15 people here being helped out by, on the second page, from the DHHS.

M. CAVANAUGH: Yes.

HARDIN: Call it \$460 million-- \$460,000 a year. That's, that's a lot of money per person.

M. CAVANAUGH: It is.

HARDIN: And so, square those for me with your fiscal hawkishness.

M. CAVANAUGH: Well, the, the purpose of government is to provide a public good. And ensuring that young people in this state are set up to thrive and be part of our economy, part of our workforce moving forward, and not system-involved is going to take resources up front. And that's what this is. This is an investment in a public good. Those individuals should be viewed as a public good. They are future employees, they are future workforce, just like the ones that are documented, just like the legal citizens of Nebraska that are in this program that also cost us money. They are a public good, and we have a duty to support them to ensure that we have a thriving economy.

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HARDIN: Other questions? Seeing none--

M. CAVANAUGH: Thank you. Thanks for your time.

HARDIN: This concludes LB181. We will transition over to LB217.
Senator Fredrickson is up next. We're almost ready. We are ready.

FREDRICKSON: We're ready.

HARDIN: Welcome.

FREDRICKSON: OK.

HARDIN: LB217, Senator Fredrickson, take it away.

FREDRICKSON: All right. Grand finale. Good afternoon, Chair Hardin and members of the Health and Human Services Committee. My name is John Fredrickson, J-o-h-n F-r-e-d-r-i-c-k-s-o-n, and I represent the 20th Legislative District in central west Omaha. I'm here today to introduce LB217. LB217 is a reintroduction of my LB927 from last session, which ultimately ran out of time to be heard on the floor and did not find a vehicle. LB217 requires suicide awareness and prevention training for certain employees of child placement agencies, foster care providers, and employees of the Department of Health and Human Services. Requirements established in LB217 follow recommendations made by the Nebraska Office of the Inspector General for Child Welfare in a report from 2023. This report examined death by suicide in the child welfare system, and found opportunities for better preventative measures, including training require-- recommendations, specifically including gatekeeper training for DHHS employees, standardized training requirements for child-placing agencies, and gatekeeper training for foster care providers. As the Inspector General report pointed out, adolescents in general are an increased risk of death by suicide, and youth involved in the child welfare system are impacted at an even higher level when compared with their peers. Simply put, this is an at-risk population that needs special attention. The more touchpoints we have in place with children who might be at risk for suicide, the likelier it is that we can prevent someone from making an impulsive decision to self-harm or engage in suicidal behavior. I believe we have the Inspector General of Child Welfare here to testify today, so she will be able to go into detail about the findings of this report and how they envision the implementation of this additional training. Additionally, I want to thank the department for working into-- this into their existing

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budget, so LB217 has no fiscal impact. Thank you for your time and attention to this bill, and I'd be happy to take any questions.

HARDIN: Thank you. Senator Riepe.

RIEPE: Thank you, Chairman. Thank you. Good to see you again, Senator. My question would be this: As, as opposed to multiple types of suicide awareness programs, is there a baseline that says, you know, every suicide prevention thing has these common things and then we tailor down from there to-- because we have them for veterans, we have them for farmers. You know, we talk about the incidence of suicide in a variety of-- maybe even, you know, a highway patrolmen or whatever, whatever the group is.

FREDRICKSON: Mm-hmm, mm-hmm.

RIEPE: Is there, is there, is there any coordination in that regard that says this is the base, now we go off of there for each individual situation?

FREDRICKSON: So I, I, I think if I'm understanding your question correctly, there, there-- are, are you asking sort of whether or not there's sort of standards for something like a training for prevention that--

RIEPE: I have no knowledge [INAUDIBLE].

FREDRICKSON: --kind of applied to-- OK. So there are, there are certainly-- there, there are kind of best practices for--

RIEPE: OK.

FREDRICKSON: --suicide and risk assessment. So there's a number of different measures that are used to determine a risk level per se. But clinical measurement tools should never be used as the sole predictor of risk for suicide, sort of that ultimately comes down to sort of the gut instinct and the clinical judgment of the person who is interacting with, or with that individual. So the hope with-- this, this bill actually stemmed out of, as I mentioned earlier, the OIG's report. I believe-- I don't want to misspeak, but in a 2023 report-- which I sent, I sent out to the committee if they're interested in reading. It's a very compelling report. We had, I think it was around 6 suicides of children in the Nebraska foster care system in a one-year period. And so, the OIG did some investigation into these and, and recommended that individuals who are having direct interaction with these, these children are, are trained in sort of

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recognizing potential risk factors or signs, to ensure that those individuals are maybe kept in with the services that they need.

RIEPE: I have a question, if I may

HARDIN: Yes.

RIEPE: This is really in your wheelhouse. And my question would be is like, in the-- Boys Town has a suicide line. And I don't know that it's-- are, are all of these age specific, like teenagers and, and-- you know, I said again, veteran-- or how effective are these telephone intervention lines, in your opinion?

FREDRICKSON: They can be quite effective. So I think 988 is a great example of this. You know, this is something that's been rolled out on the federal level. And it's actually-- it's a point of pride, I think, in, in the state of Nebraska. We've done really well with our 988 implementation. What we know is that suicidality, there are certain factors that are risk factors that you can sort of predict risk with. But we also know that suicidal behavior can be incredibly impulsive. And so the more touchpoints we can get with an individual, whether that's offering a resource or a support, or even just increasing the time between maybe a thought or an urge to engage in suicidal behavior-- increasing the time between that urge and actual action or behavior. Every second we can increase that can decrease the risk of, of impulsivity. So things like the 988 hotline, et cetera, can, can really, really move the needle. It's, it's sort of impossible to quantify how many folks would have genuinely acted on the urge had they not called. But certainly, we know that, that, that these, these interventions are, are beneficial.

RIEPE: I know as a committee, we hear a lot of sad stories and difficult ones. It's nice to hear something that occasionally we maybe strike a light, you know, and we--

FREDRICKSON: Absolutely.

RIEPE: --do something that's good.

FREDRICKSON: Yeah.

RIEPE: And-- to keep our own mental health.

FREDRICKSON: Yeah. And like I said earlier, I mean, I think the 988 hotline is something we should be celebrating in our state. You know, we've-- when you talk to folks on the federal level who look at the

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implementation in states, they, they do-- I've, I've heard Nebraska highlighted as a state that's rolled this out really effectively. So.

RIEPE: OK. Thank you very much. Thank you, Chairman.

HARDIN: Other questions? Will you stick around?

FREDRICKSON: I'm going nowhere.

HARDIN: OK. Very well, Thank you. LB217 proponents. And who are the other proponents, opponents, neutral testifiers? Great. If we could have some of you maybe kind of move forward, that'd be great. Hi there.

JENNIFER CARTER: Hi. Good afternoon, Chairman Hardin and members of the Health and Human Services Committee. My name is Jennifer Carter, J-e-n-n-i-f-e-r C-a-r-t-e-r, and I serve as the Inspector General of Nebraska Child Welfare within the Legislature. The Office of Inspector General provides legislative oversight and accountability for the child welfare and juvenile justice systems through system monitoring and review, mandatory investigations of child deaths and serious injuries, and recommendations for improvement. As Senator Fredrickson mentioned, in July 2023, our office released an investigative report on the deaths by suicides of 3 children in the system between the ages of 11 and 16. It is very important to note from the beginning that our investigation did not find fault with the Department of Health and Human Services, their people, or the agencies working with these youths. They were not-- they didn't contribute to and were not responsible for these deaths. However, part of what our job is, is just to look at how the government agency work was going in general. And what we noticed was that HHS had efforts and policies related to suicide prevention within the department, particularly in the division of Behavioral Health, but that, that expertise was not necessarily being utilized in, in the Division of Children and Family Services in the same way. There was a lack of clear policy and procedure regarding prevention protocol, a lack of a cohesive suicide prevention plan specifically for CFS, and there were gaps in training. So as Senator Fredrickson mentioned, too, comprehensive and focused suicide prevention policies are particularly necessary, I think, for CFS, because children involved in the child welfare system are at much greater risk for suicide. Research tells us that 27% of youth involved in the child welfare system are at an imminent, imminent risk of suicide. They are having suicidal thoughts. They may have a plan for suicide. They have the means. In addition to that, youth who are actually in out-of-home care, who are in foster care, are 3 times more

likely than even those-- the youth I just mentioned, to attempt suicide. So this is a, a really at-risk population. So one critical and foundational suicide prevention strategy is known as gatekeeper training. This is a training used in a, in a lot of settings: schools, healthcares, juvenile justice systems, and communities. And it really equips people who are most regularly in contact with youth with the tools and skills not only to recognize potential symptoms of suicidal ideation, but also to actually know- have the confidence to respond to the youth at risk in that moment. Child welfare staff and providers serve as an optimal point for this inter-- intervention, and also foster parents and those who are in regular contact with the youth. So what we found was that gatekeeper training could be enhanced in the department. And I'm just noticing my yellow light, so I'll go a little bit faster. But at the moment there's some prevention training, not full gatekeeper training. There isn't a lot of-- there's not booster trainings required, which is critical. So we recommended gatekeeper training for all CFS staff who are working with the children. We actually-- may I finish? I just noticed the red light.

HARDIN: Sure.

JENNIFER CARTER: We, we actually recommended it for all CFS staff, because what the work that these folks do is very hard. And they experience-- they can support each other if they are all trained in this, when caseworkers are facing difficult cases or even in their personal lives that they have to deal with suicide. I also thought it would be important to establish consistent suicide and gatekeeper training for child-placing agencies. It's not currently required in the contracts, although I believe most of them do it but it's not a requirement. And same thing with programming and training for foster care providers, it is not a licensing requirement at this moment. We thought that that would be helpful. And the last thing I would say quickly is the best practice is 4 hours of training for gatekeeper training, but they-- there's 90 minutes required in this bill. And I think our understanding from talking to some experts is that is a, a good baseline to allow you to just have them at least try out some of these skills that they're teaching them. So with that, you have my written testimony. We can get you cop-- I believe you already have copies of the report, and I'm happy to answer any questions.

HARDIN: Thank you. Senator Riepe.

RIEPE: Thank you. I noticed in your written testimony here that you talk about a gap. Was there any corrective action plans against who created-- who failed and created the gap?

JENNIFER CARTER: You know, our job is really just to be able to notice the gap. And then we alert. We share our results of our investigations with the department first, and then we share them with the Legislature, either in a public report or as part of our annual report. And then-- we are not the enforcement mechanism, so we just do the investigations, provide the oversight and transparency, and then allow others to do that.

RIEPE: So you don't get any completion of the circle that says, and this was what the follow action was taken.

JENNIFER CARTER: Actually, that's, that's a great question. We-- the statute does provide for that. So when we do an investigation, we share our findings and recommendations with the agency. They have time to respond and either say, yes, we agree or no we don't, or, hey, you've identify-- we can ask for a modification of our recommendations. They might agree with the goal, but not the way to get there. And then actually, we are required to track whether any of the recommendations have been implemented. And that is part of our annual report every year. And, and we appreciate the department sits down with us every year and we go over that.

RIEPE: Do you, do you require that they provide some proof? I mean, it wouldn't be enough for me to have them come back and say, we, we disagree. Well, that's not enough. I remember a couple of years ago here in HHS, we had some foster children that were babies that died. And my comment or my-- I vividly remember it because it was sort of earth shattering. I said, you know what? Does anyone in DHHS ever get fired? Or, or, or, or maybe it's the foster parents-- either fired or prosecuted? I mean, I think at times, they do get prosecuted. But it's very, it's very nonchalant to me. And I'm kind of going like, it's fairly serious.

JENNIFER CARTER: Yeah. And, and different parts of the system work together so.

RIEPE: Or not at all. But go ahead.

JENNIFER CARTER: Possibly, right. But when there is a death in the system, our investigations are not law enforcement investigations or criminal investigations. That will be done by law enforcement. In determining whether that death was the result of abuse and neglect, that's DHHS's expertise. They do that investigation. What we're looking at is how did the state agency, in this case, DHHS, handle that case generally? So if there's a death in a foster home, we're

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going to ask questions like, were the monthly visits done? Was the home licensed properly to begin with? And ask-- generally see how the case was handled. And there are times where everything was done according to policy and procedure. And that's part of what, then we're looking at, is OK, but something still happened. So are there ways to improve the system? And yeah.

RIEPE: I'm sorry for all your efforts, have you seen some advantage, some decline in suicides and--

JENNIFER CARTER: Not-- we have not been tracking that yet. This report was--

RIEPE: I mean, I'm looking year after year, or--

JENNIFER CARTER: Oh, yeah. I don't-- you know, I don't know. This report is relatively new so we wouldn't have-- and the-- and what we're recommending in terms of training has not yet been implemented. So I don't know that we would see the benefit yet. But it's certainly-- I think, unfortunately, we're seeing a lot of mental health issues right now. But I cannot speak to how many suicides we're seeing in the system--

RIEPE: OK. Fair enough.

JENNIFER CARTER: --at the moment. So.

RIEPE: I, I, I'm just glad that we have the audit function--

JENNIFER CARTER: So am I. We really [INAUDIBLE].

RIEPE: --or we would not know anything. Thank you, Chairman.

JENNIFER CARTER: Appreciate it.

HARDIN: Senator Meyer.

MEYER: Thank you, Chairman Hardin. The training they receive hands-on, hands-on training or computer. So many times I've seen, hey, this is required training. So get your team together, watch it on the computer. That's not training. That's a television session, quite frankly. So is this hands-on training?

JENNIFER CARTER: So my understanding from when we-- at the time that we did the report, the training was done by university folks, the CCFL, Center for Children and Families in the Law. And I believe that,

that was all in-person training. I mean, they did some-- I think sometimes you'd have some remote training. But my understanding had been that a lot of that training was in person. I probably should defer to the department for the specifics. The department has recently brought training in-house, so I would also defer to them. But my understanding is the goal is to have a little bit, even a greater amount of hands-on training now that they brought it in-house. And the gatekeeper training is very helpful to do in person.

MEYER: And that's kind of where I'm going. You know, certainly in required training, sign in, sign out, make sure somebody actually was there-- the right person was there. And so, I noticed we're accounting for about 90 minutes of training.

JENNIFER CARTER: Yeah.

MEYER: You mentioned that 4 hours would be ideal. There is no fiscal note. It seems like the structure for training is set up, the material is available. Why not 4 hours?

JENNIFER CARTER: I think-- I would defer to the senator and to the department. I think the-- my understanding from the experts that we talked to is the 4 hours, what's important about that is actually getting to role play, because these are really tough conversations. And getting comfortable and getting confident and knowing how to respond to somebody who may be telling you they feel like life is not worth living, and what questions do you ask of them-- some of which are not intuitive. It was really interesting for me to learn, like actually asking somebody, do you have a plan to hurt yourself, is helpful rather than harmful. Because you're acknowledging what might be happening with them, and, and maybe you can get to a better place in, in helping them take the next step. So I think the 4 hours is-- just allows for more of that, but I would want-- I would suspect you could do some of that in the 90 minutes, as well.

MEYER: I certainly think that would give the opportunity to determine ideation or actually a, a potential.

JENNIFER CARTER: Right.

MEYER: There is a difference.

JENNIFER CARTER: Yeah. yeah.

MEYER: And so certainly, once again, I, I, I would encourage the 4 hours of training.

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JENNIFER CARTER: Well, we would certainly support that.

RIEPE: Are there other-- excuse me. Are there-- Senator Quick, please.

QUICK: Yeah, yeah. Thank you, Senator Riepe. My question would be when you did your investigation, didn't you find like a disparity in training from rural versus urban locations, like an Omaha versus like Scottsbluff or--

JENNIFER CARTER: Not necessarily. I couldn't-- I don't know that I could say specifically rural versus urban, but I think we did find there wasn't necessarily consistency across service areas. So that's part of what else that I didn't quite mention that's in the bill is, is this idea of HHS creating a baseline curriculum that everyone is using. So you can do more, child-placing agencies could do more if they wanted to, those folks training foster parents could do more, but at least everyone's getting a consistent baseline across the state.

QUICK: OK.

RIEPE: Any additional questions? Thank you very much for being here.

JENNIFER CARTER: Thank you.

RIEPE: Any other proponents?

JOSEPHINE LITWINOWICZ: Hi, my name is--

RIEPE: You got snow tires on that thing?

JOSEPHINE LITWINOWICZ: Not yet. I just-- [INAUDIBLE] put on my, my spinnaker and, and it's-- it didn't blow.

RIEPE: OK. Would you be kind enough to give us your name and spell it, please? We know you, but we still need it for the record.

JOSEPHINE LITWINOWICZ: OK. Hi, my name is Josephine Litwinowicz, J-o-s-e-p-h-i-n-e L-i-t-w-i-n-o-w-i-c-z. And I think it was at this bill last year when I, I couldn't speak beyond this point. And if I, I can go now, I would just-- one thing I would say is the urge, the, the understanding that-- of the impetuous, the impulsiveness of the final act, at least which-- with me. You know, I, I wasn't a kid, although I thought about it a lot then. And-- but it was, you know, 25 years ago. I used sufficient means and I didn't try to be found. And I just-- it was a miracle. And all I did was look at something and I just-- you know, I was at that point. I shouldn't have had my prescription bottle

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out on the, on the table there. And then I passed by it, you know. And a similar thing happened in 2015, in a different way. But, so I just-- you know, I've read, you know, really good books on the subject, like Night Falls Fast, by Kay Redfield Jamison, and stuff. And I don't have any idea how, as someone who has tried one one time very seriously, the other pretty seriously, or at least indifferent to the actual outcome, is that-- I, I don't know what to say about how you train someone for like who-- how I was. I'm sure I [INAUDIBLE] a lot. How do you do it anyway? Right. But I just wanted to make sure that that was fit in, in, in the discussion of training and-- just because of my personal relationship with it. And that's all. Thank you.

RIEPE: OK. Thank you very much. Are there any questions from the committee? Seeing none. Thank you very much for testifying.

JOSEPHINE LITWINOWICZ: Thank you.

RIEPE: Additional proponents, please. We know you, but would you be kind enough to spell your name [INAUDIBLE]?

MICHEAL DWYER: I would be honored. Thank you, Senator. Good afternoon, Chair-- Vice Chairman Riepe--

RIEPE: I don't know what it is.

MICHEAL DWYER: --and members of the Health and Human Services Committee. My name is Michael Dwyer, M-i-c-h-e-a-l D-w-y-e-r. Thank you, Senator Fredrickson, for introducing this important legislation around the difficult work of presenting-- preventing suicides. For the record, I am a 41-year active volunteer firefighter and EMT and co-chair of the Nebraska EMS Task Force. Before I start the official testimony, I would mention that my testimony is probably a little bit ancillary, specific to LB217. I want to speak more about the broader issue of suicide in my experience, but also then come back to a couple of questions from Senator Quick and Senator Riepe. As a child and father who committed suicide in front of me, and as someone who has struggled with PTSD, which, by the way, I will continue to argue that it should be PTSI, post-traumatic stress injury-- as a result of 41 years in the back of a rescue squad and over 2,800 calls as a first responder, and as someone who's been through critical incident stress management process 13 times, after particularly difficult calls. LB217 is important-- pausing for a minute-- especially for kids. If we can address mental health, the earlier the better. I think everybody certainly in the room knows that. Nebraska is doing good work in the work of awareness, prevention, and intervention. But in my opinion,

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until there are zero suicides like my father's and the ones that I have responded to, that work is far from done. LB217 isn't going to fix this, but it is a step, a tool in the battle on the work that is already being done. I would encourage the Health and Human Services Committee to advance LB217, and I would welcome any questions after-- Senator Riepe, you talked about the 988 programs, the 988 calls, and I can only speak to the EMS, the pre-hospital world. In that world, programs, whether it's 988 or some of the other programs, are really, really important. In EMS, we're seeing more and more and more mental health calls, which quite frankly, EMS isn't always real qualified to serve. It's just an area of training we don't always get in the traditional classroom. I know that last year there was a bill in tele--Transportation and Telecommunications to try to partner 911 and 988. Particularly if those calls come in for kids, then it's really, really important. And that at least gives that side-- this side, EMS side, a little bit more resources in some of situations we just don't know how to deal with. And unfortunately, some cases have to pass it off to law enforcement. Senator Quick, you asked about rural areas, and I would slightly disagree. And I don't have any data so-- that would qualify it. But there's no question that like pre-hospital EMS, that, that mental health, being able to address that in rural areas is critical because our responders are just seeing a lot more of that. The reality is that when a family, whether it's a young person, whether it's somebody in foster care, whether it's somebody, God forbid, as old as I am that's struggling and doesn't know what to do for that, whether it's physical or mental health, they do what we've told them to do for 50 years. If you need help, just pick up the phone and dial 911. Law enforcement comes and then somebody like me shows up and tries to--

RIEPE: A red light on your ambulance.

MICHEAL DWYER: Excuse me.

RIEPE: Are there--

MICHEAL DWYER: And I would be done happy to answer any quest--

RIEPE: Thank you. Are there questions? Thank you. Senator, please go ahead.

MEYER: OK. Thank you. Thought you were looking over there.

RIEPE: Senator [INAUDIBLE].

MEYER: Thank you, Vice Chairman.

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RIEPE: No, I'm not vice chairman.

MEYER: You just got promoted, man.

RIEPE: I'm, I'm just a rookie off the bench.

MEYER: Whatever. I just want to build on a little bit of what you said about in the rural communities serving and [INAUDIBLE] for behavioral health. One of the biggest problems we faced is when you have a, a situation where law enforcement gets, gets called or first responders having someone trained to do that assessment, whether it is-- whether it reaches the level of emergency protective custody is extremely difficult. And, and getting that training and, and finding a place to take them is extremely difficult. So from the, from the rural aspect of it, more training is always better than less training, quite frankly, which is why I was going to the 4 hours instead of 90 minutes. And that's, that's the struggle we have, is being able to make an assessment initially so that those folks can get the help. And it's a struggle out there. And I appreciate-- I thank you for your efforts and your, your many years of service, quite frankly, so.

MICHEAL DWYER: Thank you.

MEYER: And I, I appreciate what you do.

MICHEAL DWYER: Thank you. And if, if the chair permits. I would respond very briefly, if that's OK.

RIEPE: Yes, Thank you, Senator Meyer.

MICHEAL DWYER: Obviously, I agree. And I think particularly your point about an assessment is really key. Because a lot of times, there's just not a lot of options, even with adults. EPC is difficult because unless they're a danger to themselves or others, it doesn't qualify as an EPC. I can remember a specific case, without getting into any details that I shouldn't, but the individual had already been to the hospital. So when I called the hospital for advice, they were like, she's been to us. We can't do anything. So little old me is trying to kind of work through this with law enforcement, which, even I would argue is a kind of severe reaction unless we need to do that. So it is an, an area where just an assessment would be important. With that-- all that said, we are making progress. And LB217 should [INAUDIBLE].

RIEPE: OK. Thank you very much. Thank you, Senator Meyer. Are there any other questions that we have [INAUDIBLE]? I almost called you doctor. I worked in a hospital-- so that's Senator Ballard.

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BALLARD: Is that a promotion or a dem--

RIEPE: Probably in salary, it would be a promotion.

BALLARD: That's true. Thank you for being here. Thanks for driving down. It's always good to see you. You mentioned a little bit in your testimony. Do you have EM-- in your EMS training, do you have any training in mental health, suicide prevention?

MICHEAL DWYER: That's a great question. And my quick answer is no. I am going to qualify that, that I took my EMT training through an 81-hour course in 1983. So this was basic first aid and how to get them on a cot and go. Obviously, EMS education has increased and, and that's a good thing. But it got-- I won't go into-- it's, it's got its casualties. I won't go into that. But to answer your question, not really. With that said, there are some efforts in continuing education, which EMTs are required to do every-- 2 years is 20 hours, but they're required to do it in silos. And one of those silos isn't mental health-- long-winded way of saying there's a gap. And the answer is, I don't have a good answer for you, which speaks to the lack of an assessment at the very least, so at least we would be able to point them in a certain direction.

RIEPE: Is it safe to say that most rescue squad workers are short on training for mental health?

MICHEAL DWYER: Yeah.

RIEPE: Addressing mental health issues. That was my suspicion. Are there any more questions? Thank you very much for being here.

MICHEAL DWYER: I'm honored. Thank you.

RIEPE: Thanks for coming in on a snow day. Are there more proponents that wish to testify? If you'd be kind enough, sir, to give us your name and spell it, because you know the drill.

SCOTT THOMAS: My name is Scott Thomas, S-c-o-t-t T-h-o-m-a-s, with Village in Progress. My lights's not on. And I'd like to thank Senator Fredrick-- Senator Fredrickson for bringing the bill. And thank you, Senator Riepe, for your comments and questions on it earlier. I support this bill in accordance with the 1948 Universal Declaration of Human Rights, Article 25, which entitles children adequate medical consideration. And the, the only thing that, that I don't understand is there's very technical language in the bill that talks about evidence-based practices and best practices and, you know, extras like

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adverse childhood experience, responses, and stuff like that. Like, it talks about a lot of technical stuff, but what do you juxtapose a child that's, you know, feeling disenfranchised with their situation and they're in a state of despair or hopelessness. I'd say there should be a mention of some kind of-faith based services, and I don't know how you could do something like that, but I don't know how you couldn't. So, like, you know, if you're a, if you're a grown man, grown man or woman, and you lose your job and you get divorced and you're struggling and you're drinking and you go to a meeting, the first thing they're going to tell you is to admit that you're powerless and that you need God's help. Well, why wouldn't we ask a kid to do the same thing in that situation? You know? So that's, that's the only thing I was wondering about it. But other than that, I'm open to any questions from the senators.

RIEPE: Thank you. I'm going to turn the chairmanship back over to Chair Hardin.

SCOTT THOMAS: Formalities.

HARDIN: Question? Seeing none, thank you.

SCOTT THOMAS: Thank you, sir. Appreciate you.

HARDIN: Proponents, LB217. Opponents, LB217. Those in the neutral, LB217. Thank you. Welcome.

RYAN STANTON: Thank you. Chairman Hardin and members of the Health and Human Services Committee, my name is Ryan Stanton. That's spelled R-y-a-n S-t-a-n-t-o-n, and I'm the CEO of Compass, which is a family service provider in Kearney. I'm also the president of the Nebraska Alliance of Family and Child Service Providers. We're an association of child welfare providers who individually contract with DHHS to drive over 3 million miles to provide child welfare services to over 2,000 families all across Nebraska every year and collectively have nearly 100 years of providing these services. I'm here to testify in the neutral capacity on this bill. We do agree with Senator Fredrickson that providing suicide training to our staff that have contact with youth is incredibly important, and we already do provide such training, as required in our annual contracts with DHHS. However, it's not free. Let me explain. Most, if not all, providers utilize a third-party vendor to conduct the training via a webinar or something similar. Currently, there is no cost to utilizing that resource. However, that could change at some point. In the meantime, we, as child welfare providers and child placing agencies, still have to pay

our staff to participate in the training and we do not get any reimbursement for that from DHHS. So we're simply expected to absorb these payroll costs into our bottom line. For some providers, that's \$2,000 a year. For others, it's \$7,000 or \$8,000 annually. That may not sound like much money, but nearly every year, DHHS makes changes to our contracts that result in increased cost or a reduction in income for providers without a mechanism to pay for those changes. For example, I have provided you a handout that includes our language from our 2014 contracts regarding staff training, and the language in our 2024-25 contracts regarding staff training. You can see that they've added 3 additional mandatory trainings for our staff in the last 10 years, including suicide training. And I've increased documentation requirements for administrative staff. None of this was specifically funded. To be clear, all of these trainings and increased accountability are important to make the system better. However, unlike government, they aren't free. If taxpayers only reimbursed DHHS when DHHS' staff had to face to face contact with a family, as DHHS does the providers, they would likely look at these trainings and additional requirements differently. And the fiscal note would be very different because there would be a fiscal impact to the state, just as there is to providers. I've also provided you a handout with other changes to our contracts over the years that have resulted in negative impact to our bottom lines. And just in the last week, we've had conversations with DHHS regarding the changes they are proposing to our language for our next contracts. It never ends. And now there's a proposal to make one of these changes a state law. We are unaware of any other trainings for our staff that are mandated by state law. So if you are going to take the unprecedented step to do so, we ask that you also take the unprecedented step to fund it. In closing, we know Senator Fredrickson has good intentions in wanting staff who have contact with youth to have this training. I cannot stress enough that we want to provide, we want to provide suicide training, and we do provide suicide training. And we agree that it makes the child welfare system better and stronger. It's just not free. Thank you.

HARDIN: Thank you. Questions? Senator Quick.

QUICK: Thank you, Chairman. So, like with your training right now, how would it be different than what the training is that they're suggesting that-- through this bill.

RYAN STANTON: So right now, in our 2024-2025 contracts that expire on June 30 of this year, we have a requirement of suicide prevention training that all of our child welfare workers, and foster parents, foster care workers all get that training by July of 2025. My

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understanding is it's just a one-time requirement. But in our conversations with DHHS, my understanding is that they are going to make it an annual requirement in contract already. So my understanding is that the contract has al-- already got a requirement-- already going to require annual suicide awareness and prevention training. So I'm not aware of the differences, other than just making it a state law rather than already in contract.

QUICK: And another question, if I could, please?

RYAN STANTON: Yes, .

QUICK: I know you understand the, the importance of, of the suicide training.

RYAN STANTON: Yes.

QUICK: And I know-- I understand about the unfunded mandates, too. So-- but I think it really is important. And I don't know if you've-- not so much your question as a comment, but I think it's really important to those children that are within that--

RYAN STANTON: Yeah. And if I can just say, like, we totally agree. We agree that even though there are trainings in addition to even the suicide prevention training, like all of those things are good and help make the child welfare system stronger and better. Like, we do not disagree with that. We're just trying to point out that even though the fiscal note on the bill says it doesn't cost anything, it does cost something, because DHHS does not reimburse providers for the training. So, you know, if I have 55 staff members that have to go through the training, whether it's 2 hours or 4 hours annually, you can add up the cost of not only the hourly salary, but there's indirect costs that are associated, as well. So roughly, you know, we're probably looking about \$25-30 an hour to, to pay our staff to provide the training. Again, we're in favor of the training in general. It just-- without funding, it eats up-- and yeah. It just eats up the cost for providers, which isn't accounted for in this bill.

QUICK: Does the money come through the region like the regions, or does it come directly-- DHH-- DHHS is-- you work directly with that?

RYAN STANTON: Yeah, DHHS is, is where our funding source is.

QUICK: OK.

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RYAN STANTON: The, the Behavioral Health Regions, the fund, like behavioral health organizations.

QUICK: OK.

RYAN STANTON: But not directly to child welfare providers.

QUICK: OK. All right. Thank you.

HARDIN: Senator Meyer.

MEYER: Thank you. Does the Department of Health and Human Services, do they provide the material?

RYAN STANTON: Yeah.

MEYER: They recommend the course of, of training?

RYAN STANTON: So my understanding-- so I have not been in the day-to-day. I'm a CEO and so I've not been in the day-to-day. But my understanding is they gave us 3 different options. The option that we chose for Compass is from the Jason Foundation, which is, I think, a, a foundation that provides staff development in suicide awareness and prevention, out of Tennessee. And so they don't come to us personally, but we do have a, like a webinar-type video that explains everything. So that's the type of training that we have our staff and foster parents go through.

MEYER: Just so there's some continuity year over year. So you've got a, a consistent method of training and a consistent--

RYAN STANTON: Yeah. Again, they gave us 3 options. I don't know-- I have not seen the contracts for-- starting July 1 of 2025, so I don't know if they're going to go down to one or if they're going to still keep those 3 options. I'm, I'm not aware.

MEYER: I know the, the regions actually contract with providers, and then they're billed on a monthly basis, and it's a drawdown from budgets that are provided by Health and Human Services, based on programs. So, that's, that's--

RYAN STANTON: Is that child welfare providers or are they behavioral health organizations?

MEYER: We have our behavioral health and--

RYAN STANTON: OK.

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MEYER: --both mental health and behavioral health issues--

RYAN STANTON: Sure.

MEYER: Substance abuse, and that's broken out at the-- on the region as a percentage on a monthly basis, commitment of funds with providers. And--

RYAN STANTON: Yeah, .

MEYER: And so they bill on a monthly basis. And then there's a drawdown off the budget requirements from Health and Human Services.

RYAN STANTON: Yeah. So I think this bill specifically addresses child welfare providers, which we don't-- I don't think that we get--

MEYER: We didn't [INAUDIBLE].

RYAN STANTON: --those same things. But yeah, yeah. I understand.

HARDIN: Other questions? Thanks for being here.

RYAN STANTON: Thank you.

HARDIN: Others in the neutral, LB217. Senator Fredrickson.

FREDRICKSON: All right. Well, thank you, Chairman and the committee. And I want to thank the testifiers who all came out to share their perspectives. I, I did want to correct the record really quickly. In my opening, I had mentioned that there were 6 suicides. And the OIG corrected me. There were 3 that year. So I want to make sure that was correct for the record. I think there was some compelling testimony given. And I, I, I also just want to speak directly to the power that some of this training can have. I know the OIG mentioned the sometimes discomfort in even just directly asking about whether or not someone is experiencing thoughts of suicide or thinking about suicide. Trainings like this can really just increase the comfort levels around that, which is, you know, incredibly important for these interventions. I want to address a question Senator Riepe asked as well, kind of about, you know, what was the gap or what was the fix with that. And, you know, I, I, I think that there's a few things to really consider with suicide in particular, and, and I'm sure it's with any behavioral health intervention So similar to medical intervention, sometimes treatment fails. So, you know, you think about chemotherapy, for example. You know, sometimes it's effective for, for treating cancer and sometimes, sometimes it's not. And the same can be

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said about, about behavioral health. So when there is a suicide, sometimes we can do everything right and, and treatment can still fail. And that's not an indicator of the clinician or, or the patient, for that matter. But still, it is very important to provide everything we can to ensure that the care is available. So with that, I'll take any additional questions from the committee.

HARDIN: Are there any of those? Thank you.

FREDRICKSON: All right. Thank you.

HARDIN: This concludes testimony on LB217. We will transition the room and move to LB668. Thank you. We had, online, 20 proponents, 1 opponent, 3 in the neutral for LB217. Next up is Senator Storer.

STORER: It made me feel like I was at the rodeo there. Next up.

HARDIN: That's right.

STORER: In the, in the hole. All right.

HARDIN: Welcome.

STORER: We ready? Thank you. Good afternoon, Chairman Hardin, members of the Health and Human Services Committee. My name is Tanya Storer, T-a-n-y-a S-t-o-r-e-r, and I represent District 43, which is 11 counties in north central Nebraska, including Dawes, Sheridan, Cherry, Keya Paha, Brown, Boyd, Rock, Blaine, Loup, Garfield, and Custer. I'm here to introduce LB 668. LB668 establishes an administrative appeal process prior to adding a name to the abuse registries for both children and vulnerable adults, strengthening due process rights. The bill also provides permissive authority to the Department of Health and Human Services for contracted case management to offer prevention services, aimed to connect families directly with services and resources in their local communities. The Adult Protective Services Central Registry and the Central Registry of Child Protection were created to protect the most vulnerable of Nebraska populations. While it does hold the people who take advantage of these populations accountable, it also leaves the accused without any due process. This is because currently, the accused do not get a chance to appeal before their name is added to one of the registries. This bill corrects this issue by creating an appeal process and allowing their case to be reviewed before their name is put on the registry. Additionally, these changes would allow the department to contract case management services for prevention cases. These contracted workers can connect families with local services, as well as help them obtain the

resources they need. This allows for a more personal connection between the caseworker and the family and removes the barrier that DHHS workers often face: engaging families when there is a possibility of having their children removed. The passing of this bill would help make the abuse registration process more just, while also helping vulnerable families connect to necessary services in their home. Following my testimony will be Dr. Alyssa Bish, from the Department of Health and Human Services, to further explain the bill. But I am happy to answer any questions that you may have for me.

HARDIN: Questions? Senator Riepe.

RIEPE: Thank you. Thanks for being here, and thanks for your patience in waiting on a snowy day. My question is, do you have a constituent story that kind of goes along with this that encouraged you or made you be aware and wanted to introduce LB668? And, and the second part of that would be is, is it more than one case or, or-- maybe you can share, if you're willing to, what provoked you or led you to this bill?

STORER: Yeah, I do not-- I did not come today prepared to offer any personal stories.

RIEPE: Sure. OK.

STORER: I think as far as numbers and, and the number of individuals affected by this, Dr. Bish will be able to, to provide you with some data. But I agreed to bring this bill primarily because I believe that prevention is oftentimes the best medicine. And that-- they-- there's 2 pieces, as you can see, to the bill. One is providing an opportunity to notify people prior to their name being added to the registry. Currently, there is not that, that provision. They are notified after their name is added to the registry. So in the event there has been any sort of potential mistake made or they have a legitimate reason to appeal that, they are allowed to do that before their name is out there on the registry, rather than after the fact. Right. It's kind of like trying to put the toothpaste back in the, in the tube. So, again, the second piece of this bill addresses prevention, as well. And what we, what we oftentimes see is a lot of, a lot of the phone calls that are made into DHHS reporting child abuse don't actually rise to the level to qualify as child abuse, however, oftentimes do demonstrate that there's maybe, maybe a breakdown in the family and that family needs some services, rather than just say, gosh, as, as now, as I understand, if that if those cases, those reports don't necessarily qualify, then they are just sort of dismissed. That's not the

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appropriate word. But there's not really any process for followup through DHHS. I don't think that we're, we're really doing our due diligence, you know, to these families to just sort of say, well, we'll wait, we'll wait until these calls actually do rise to the level of child abuse rather than providing a stopgap, which those proposes to do, to connect families with services that are not necessarily directly connected to DHHS. So they don't feel that threat of their children being taken away or any sort of, I guess, punitive consequences, but really just getting them connected with resources that we can, we can hopefully help, help some families turn a different direction and get them, get them. And they don't ever get to DHHS requiring those, those services.

HARDIN: Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Senator Storer, for being here and introducing this bill. So I just want to make sure I'm understanding this correctly. So essentially, what this bill would allow for would be-- what I'm understanding is maybe a family that might be vulnerable to possibly eventually going down the path to being on that registry. Is this sort of like a intervention, where there's sort of like, hey, we, we see you're struggling. Here are resources that might help you. Help me-- like how, how might these families be identified? Like, help me under-- like walk me through this with the--

STORER: There's kind of-- there's 2 pieces--

FREDRICKSON: OK.

STORER: --and I don't want to really confuse them. But one, the first, the first portion of giving-- if somebody has risen to the level that their, their name is going to be added to the registry, currently, they're, they're not notified of that until after the fact.

FREDRICKSON: OK.

STORER: This is just allowing, I believe it's 14 days.

FREDRICKSON: Notification.

STORER: Yeah.

FREDRICKSON: Yeah.

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STORER: To, to give them an opportunity to appeal that, in case there's any-- anything somebody missed, and, and really just due process that they're notified ahead of time. Right. So that's one piece. The second piece is, is connecting families that have-- you know, if there's a case that's been called in that they just don't qualify, it doesn't rise to the level for DHHS to step in, but maybe there really is indication that this family needs help, sort of helping just fill the gap there and, and get them connected with appropriate services.

FREDRICKSON: OK. And what happens currently-- and maybe this is a question for DHHS. But say-- so that--- like-- so a social worker or a medical provider or a teacher calls in, and DHHS investigates and finds that this family does not meet the criteria for child abuse, neglect or et cetera. Is, is-- my gut instinct was that services were-- would be offered or support would be offered if, if indicated. But--

STORER: That, that was my understanding, like prior to being-- it brought to my attention that that's not the case.

FREDRICKSON: OK. So this would [INAUDIBLE].

STORER: I think Dr. Bish will be able to address that more specifically. But, but it is my understanding that currently, no, there's not a mech-- a, a way to offer them services if they don't rise to the level that DHHS needs to step in.

FREDRICKSON: Got it. Thank you.

STORER: Yep.

HARDIN: Senator Riepe.

RIEPE: Thank you. I had one followup question. Do you say-- and this would be an opinion-- that the response in the rural communities is maybe slower than it might be in, in more populated areas?

STORER: I don't know if I can, in all fairness, answer that with-- based on any data. But certainly, you know, we have-- distance is an issue in rural Nebraska, just as a lot of families might live out in the country, distance between, you know, where the office-- in, in Cherry County, for example, our Health and Human Service office is in Valentine. But the county-- I'm a 2-hour drive from Valentine. I'm in the same county. I would be an extreme example, but it would-- certainly, just distance alone would merit a slower response.

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RIEPE: OK. All right. I assumed so, but maybe I wanted confirmation, so thank you. Thank you, Chairman.

STORER: You're welcome.

HARDIN: Senator Quick.

QUICK: Thank you, Chairman. And thank you for this bill that you brought. I guess one of my questions would be, so if it rises to the level where law enforcement was involved and that-- those cases, probably-- I mean, because that's gone above DHHS, right? So if, if law enforcement was called to the home, there was a case of neglect in the home, and-- I don't know if you can address that or if that's something I have to talk to--

STORER: Yeah, I think, I think Dr. Bish will be able to address that with, with, with much better answers for you.

QUICK: OK. All right. Thank you.

HARDIN: Other questions? Thank you. Will you stick around?

STORER: I certainly can.

HARDIN: Great.

STORER: Yeah.

HARDIN: Proponents, LB668. Welcome, Dr. Bish.

ALYSSA BISH: Thanks for having me. Best for last? Good afternoon, Chairman Hardin and members of the Health and Human Services Committee. My name is Dr. Alyssa Bish, A-l-y-s-s-a B-i-s-h, and I'm the director of the Division of Children and Family Services in the Department of Health and Human Services. I'm here to testify in support of LB668, and I'd like to thank Senator Storer for introducing this bill on behalf of DHHS. The bill has 2 key components. So the first defines a prevention case, clarifying the difference between case management of abuse and neglect cases versus prevention cases. Prevention services are intended to help support families before they experience a safety issue or other crisis. Clearly defining a prevention case in statute will allow us to formalize what Nebraskans already do well, we support one another through hard times. We all know someone who is experiencing poverty or struggling with mental health or addiction. And oftentimes, they simply need support or coaching, not for their children to be removed from their care. In

2023, nearly 70% of calls received by the DHHS Child Abuse and Neglect Hotline did not meet the statutory definition of abuse or neglect. For these calls, there was no safety issue identified, but the family may have benefitted from additional community support and resources available through a prevention case. Nebraska needs a clear pathway to refer families for community prevention resources when formal safety intervention isn't necessary. In 2018, Congress passed the Family First Prevention Services Act to improve the child welfare system by promoting family-based care and preventing unnecessary placements of children in foster care. It provides funding to states for related programs such as mental health services, substance abuse treatment and parenting skills training. LB668 would allow DHHS to expand its prevention efforts further by ensuring federally reimbursable services are accessible to families, without formal entry into the child welfare system. The second purpose of this bill is to establish a clear administrative appeal process for entering individuals into the central registry for child protection and adult protective services. State law currently states that an individual is notified after their name is placed on the registry. The central registry serves an important role in protecting public safety. It is imperative for both individuals who are placed on the registry and for all Nebraskans that an accurate record is maintained. For many human services jobs, a central registry background check is required. If someone is placed in the registry without the opportunity to appeal, they may be unnecessarily denied employment. Individuals whose names are placed on the registry can still request an expungement at any time after the entry. And furthermore, the nominal increase of \$2 to the maximum allowable fee for a central registry check enables DHHS to cover the associated operational expenses. We respectfully request that the committee advance the bill to General File. Thank you for your time, and I'd be happy to answer any questions about the bill.

HARDIN: Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you. Dr. Bish, for being here and, and your testimony. So your testimony actually clarified a few of my questions already, so I appreciate that. Can you walk me through-- so I'm looking at specifically the appeals process here on the bill. So my understanding, based on Senator Storer's opening and then your testimony, is that currently, if someone were to get on that registry, there's no notification process until after the fact, currently. What-- how, how would someone end up on that registry?

ALYSSA BISH: For-- there's a couple of ways, but the primary way is there is confirmed or-- there's confirmed abuse or neglect. So that

could be for adult protective services or for children. So if we have evidence that they did something and the court substantiated it or we have agency substantiation, which means that there's a 51% chance, it's more likely than not that abuse occurred, we would put them on the registry. So 2 different-- court substantiated-- yes, there was due process, the court said yes-- or agency substantiated. The court didn't make a finding, but we did.

FREDRICKSON: So if you-- if-- so if you're being put on the registry currently, it's not because of suspected abuse or neglect. It's that this has been investigated and confirmed that this did occur.

ALYSSA BISH: Either, either the court said that or in our investigation, yes, we said that that took place.

FREDRICKSON: OK. And how often do you find, if at all-- and this might be-- not even be something that we can quantify, but are-- how often do we find that individuals wind up on that registry by mistake?

ALYSSA BISH: It, it can happen. I would say it is rare, but it could happen.

FREDRICKSON: OK.

ALYSSA BISH: And so this process, by having it before they're put on the registry, if there was a mistake, maybe the facts didn't quite get verified or something happened in the system, this would give them a chance to appeal and to say, I want to-- I don't agree with this. And then, we would wait until they had proper due process of having a hearing, going through that process with them before it was put on the registry.

FREDRICKSON: And to be clear, I'm all for an appeals process. I mean, I can see--

ALYSSA BISH: Yeah.

FREDRICKSON: I think that's a positive step in the right direction. But my other question with that, and I'm asking this question, I guess, from the perspective of a social worker as well, and having-- have worked with some cases of child abuse or neglect is-- like, in terms of a timeline around an appeal, so I'm thinking of an individual who, there might be confirmed abuse, they might be put on the registry, they might be appealing this in any event. Is it-- so I know there's a 14-day-- like, is that sort of the timeline in the bill that that sort of-- so that this is not something where there might be an

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increased risk of-- a safety risk, in other words, if someone's appealing this process when they probably should be, you know--

ALYSSA BISH: Yeah, it's a good question. So the-- at that point, when someone is going on the registry, more likely than not an action has already taken place.

FREDRICKSON: OK.

ALYSSA BISH: And so, it would take 14 days to get on the registry. But them being hired, and the background check, and all those pieces taking place, like it would still be flagged and it would still be public for anyone to check and verify.

FREDRICKSON: OK. That's all. Thank you.

HARDIN: Other questions? Senator Riepe.

RIEPE: Thank you, Chairman. My question is fairly simple. I think it says on the last page, it says, furthermore, the nominal increase of \$2 to the maximum allowable fee. And so my question is, what is the fee now? I know it's still [INAUDIBLE] more, but what's-- what-- at the end of the day, what's the fee?

ALYSSA BISH: It's \$2.50 for a background check. If they want to do it online, there is \$1 for a convenience fee and \$1 to verify who they are so they don't have to do a paper copy.

RIEPE: So it would be \$4.50 max. OK. It's not \$450.

ALYSSA BISH: Yeah. Yeah.

RIEPE: No. OK. Thank you. Thank you, Chairman.

HARDIN: More of a reflection, I guess. You say on that third paragraph down, on what you provided for us in 2023, nearly 70%, 7 out of 10 calls to the hotline did not meet the statutory definition of abuse or neglect. For these calls, there was no safety issue identified, but the family may have benefited from additional community support resources. Are those kinds of numbers-- because what it suggests is that there could be an awful lot of people that could have benefited from this. Do we have a sense of what that number is?

ALYSSA BISH: So we get about 40,000 calls a year, so 70% of that.

HARDIN: OK.

ALYSSA BISH: And you kind of brought this up earlier, but just to clarify, so prevention would be there is no safety concern. We are not saying in any way that if there's a concern that we would not intervene. Think about it more like the single mom who has a kid, and maybe the kid is coming to school with dirty clothes. And you're concerned like, I just want more for that kid. That's not a safety concern. I wouldn't remove the child from mom, but it would be great to have the community say here are clothes that we want to provide to this family.

HARDIN: OK. OK. Saying that was-- that, that's a large percentage. And then when you look back over the years, that becomes a weighty need. Right. OK. Senator Quick.

QUICK: Yeah. Thank you, Chairman. So, like on-- when you're providing those services, would it be more like these where, where, where you can get resources, like whether it's maybe a Heartland United Way, you know, agency underneath them, or does, does DHHS provide those services? Are you just providing information where they can get resources to get more help?

ALYSSA BISH: Great question. So this would allow us to create a prevention pathway. And so ideally, we want this to be in the communities by people that individuals and families know. We don't actually want it to be the department. And that's the trust factor. If I come in as DHHS, there's already this risk of like, are you going to take my kid? I don't necessarily want to say like, I need help, because I'm, I'm nervous, whereas somebody that looks like them, talks like them, knows them, comes and says, here's some resources, here's a list of where you can go to get food if you're having food insecurity; or here, you just had a baby and you might need postpartum support. Like, we can come to your home and walk you through that. So there's lots of ways that this could look. We would see it as partnering with the 23 like, community collaboratives. We have lots of other collaboratives that exist or entities that could provide supports, and it would be the team effort, the Nebraska way, where everybody is on board with this and they can be served by the best resource that would best meet their need, but not by us. But if at any time, just like our providers, if there is suspicion or they believe that something is going on that's beyond prevention, like there's a safety threat here, it would immediately come back to the department. And that's where our responsibility would take over, because this would be completely voluntary for the family to be a part of.

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QUICK: Yeah. One more question, if I could. So if, if they-- if you do go to the home or someone goes to the home to check, check on the child to see if there was possible neglect, is there followup? Like if you deem there, there isn't any, but is there ever followup to just go back and make sure that everything is really OK? Because you never know. Maybe on that initial visit, they're able to convince someone that, hey, everything is OK, but it doesn't end up being that way. But is there a followup to make sure?

ALYSSA BISH: That's a good question. So our-- once we get an intake and we say yes, we believe that there is a safety concern, we have an investigator that goes out. And they have-- if it's serious, they have 24 hours to respond or 5 days to respond. And then once they respond, they have 30 days to do their investigation. And so there can be different collaterals, individuals that they follow up with, making sure they interview the kids to make sure that we didn't miss anything. And there's also several levels of safety checks. So we have mentors that are trainers that help their supervisor, their administrator, the service area administer-- like, there's several levels to make sure we're all consulting and asking good questions. We also can see on an intake how many times there has been an intake. So is this something new? Is this something that we've seen before? So, really able to understand the family fully and how can we best support them.

QUICK: All right. Thank you.

HARDIN: Other questions. Seeing none, thank you.

ALYSSA BISH: Thank you.

HARDIN: Proponents, LB668. Proponents. Welcome back.

SCOTT THOMAS: Thank you, HHS committee, Chair Hardin. My name is still Scott Thomas, still spelled S-c-o-t-t T-h-o-m-a-s. OK. So we would support this. 1948 Universal Declaration of Human Rights Article 28 entitles you to the most competent form of government available to you, and the Fourth, Fifth, and Eighth Amendments of the United States Constitution, 1787, apply here. I could go into how if you want, but I really wanted to just answer the questions that were posed. So Senator Hardin brought up that 7 out of 10 of these cases are unsubstantiated, and that violates a certain return response for children. And Senator Fredrickson wanted to know from what Alyssa Bish just said, the court finding could be unsubstantiated. So the court could find that there was no abuse, and DHHS can still find that there was abuse, still

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place somebody on the registry despite the court findings. So to answer your question, a call could be screened out. Then it goes to an alternative response. But on alternative response, barring new info being introduced, could still be submitted for a court response. And then during a court response, the termination of parental rights can ensue from a screened-out report, if that makes any sense. And yeah, I just wanted to touch on those issues real quick and kind of clear them up, if anybody was curious about that. Any other questions for the senators?

HARDIN: Questions? Seeing none, thank you.

SCOTT THOMAS: Thank you.

HARDIN: Any other proponents, LB668? Opponents, LB668? Welcome.

JUSTIN HUBLY: Good evening, Senator Hardin and members of the committee. My name is Justin Hubly, J-u-s-t-i-n H-u-b-l-y. I'm the executive director of the Nebraska Association of Public Employees, NAPE/AFSCME Local 61. Our union represents over 8,000 frontline state employees. They work for 43 different code and noncode agencies, including DHHS, about 4,000 folks, including our child family service specialists. They perform that work in all 93 counties. And you've got to be thinking, what on earth is this guy at this bill? Why is he here? Because we don't have an opinion on the overall bill. It sounds like it might have some merit. But buried on page 5 of the bill, there's one subtle line that says, in prevention cases, that the department would be allowed to outsource the, the case management services. I'm begging you. I begged-- well, it wasn't me 10 years ago. My predecessor begged more than 10 years ago when we outsourced case management work statewide that it was a really bad idea. Because those third parties aren't directly accountable to the taxpayers. They're not accountable to the governor. They're not accountable to you. And that was a miserable debacle. And very quickly, we about-faced and stopped outsourcing those services in 4-- or excuse me, 3 of the 4 service areas around the state. But we continued it in Omaha. And I don't think I have to remind any of you what happened in Omaha over the last 4 to 5 years, was Saint Francis Ministries. We're upset about it for kids that got bad services. I'm pissed as a taxpayer that father whatever his name was-- Bobby, Jimmy got Cubs tickets on taxpayer dime. I'm begging you, please don't allow the outsourcing of this vitally important work. Make sure it's a state employee who's accountable to the Inspector Generals, to you, and to the governor directly through our contract and through the personnel rules. Other

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than that, we don't have an opinion on this bill. And so, thanks for allowing me to be here this afternoon.

HARDIN: By chance, did you reach out to Senator Storer's office before today?

JUSTIN HUBLY: No. And I so owe her an apology. I was under subpoena and didn't think we'd be here today. And I finished a trial early down the street and ran over here in the snow. And so I'll reach out to her about possibly just amending maybe that one line out, because I don't think it sounds like a bad bill.

HARDIN: OK, thanks. Any other questions? Seeing none, thank you.

JUSTIN HUBLY: Thank you so much.

HARDIN: Anyone else in opposition to LB668? Those in the neutral? Welcome back.

ALLISON DERR: Hello. Chairperson Hardin, members of the committee, again, my name is Allison Derr, A-l-l-i-s-o-n D-e-r-r, and I'm attorney with Nebraska Appleseed. We're testifying in the neutral capacity because we fully support the central registry provisions of this bill, but we have concerns about the privatized case management points that the previous testifier just raised. For the sake of time, I'll direct you to my written testimony for our positive thoughts on the central registry provisions and just focus on our concerns, which potentially are just focused on the bill's drafting. As the previous testifier pointed out, Section 5 amends 68-1212, appearing to allow the department to privatize these case management services. Nebraska has a tumultuous history with, with child welfare privatization, which I will repeat for the record, which is for those that don't know, Nebraska privatized its child welfare case management services in 2009 across the state, contracting with entities across the state. But very quickly, almost every entity terminated its contract early due to cost, leaving children without supervision overnight, across the state. As a result, the Legislature conducted a special investigation and passed Revised Statute 68-1211, declaring privatization inherently risky, and 68-1212, banning privatization across the state, except for in Omaha. Then in 2019, it contracted with St. Francis Ministries to manage those Omaha cases. And as you know, St. Francis Ministries performed so irresponsibly, the state terminated that contract early and had to take back 44% of Nebraska's child welfare cases very quickly. The Legislature then convened another special investigation which resulted in the current version of 68-1212, banning

privatization across the state to avoid another emergency. Section 5 appears to be in recarving out exceptions to privatization again. To be clear, we fully recognize the value of providing prevention services within the community separate from the system. But there's a difference between service providers and case managers, who have considerably more authority to decide the trajectory of a case. Moreover, the bill uses the phrase candidates for foster care as situations which could be privatized, which, per the department's own definition, is much broader than what we all think to be prevention cases, potentially including infants of foster youth, probation youth living at home, and other situations I have listed in my written testimony. Our point is that LB668 as drafted could potentially have broader implications than its stated intent, and we just wanted to be sure this committee was aware of those considerations and was careful and thoughtful in considering this privatization piece before returning to it. Lastly, just to share, if this committee does decide to move forward with that Section 5 piece, we would ask that you do so only after confirming the state now has better protections and procedures in place to ensure whoever that contractor is is better prepared and not another bad actor. So we ask the committee advance the central registry portions of this bill, be more-- but be more thoughtful and careful about Section 5. Thank you.

HARDIN: Thank you. Ms. Derr, did you reach out to Senator Storer's office before coming today?

ALLISON DERR: Yes. A representative from Appleseed spoke with Senator Storer yesterday, is my understanding. And my understanding is she shared she was excited to hear what we had today so that she could learn, which we appreciate.

HARDIN: Great. Questions? Senator Ballard.

BALLARD: No.

HARDIN: OK. Senator Reipe.

RIEPE: Thank you, Chairman. I believe in the philosophy of the one that lives the longest sees the most. And I happened to be involved. I was chairman of HHS at the time when PromiseShip-- and so I don't want to paint every provider and that only the state is the one that has the capability and the integrity to provide service. I think PromiseShip did it. I'm also critical of, I guess, the administrative function that took a 40% below other bids and didn't investigate it further. I mean, anyone that's ever been on a city council or a county

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board or, you know, even a hospital administrator, you know, there's a skunk in the-- or you suspect there's a skunk in the woodpile if it's coming in that low. See, you, you have to send a team back and say, find that skunk because it's in there someplace. So, I'm just saying that to defend a little bit the private side. They can do the job. They did do the job.

ALLISON DERR: Sure. May I respond?

HARDIN: Please, .

RIEPE: No. Yes.

ALLISON DERR: No. I think that's a really fair point and something we absolutely agree with and recognize. PromiseShip, it sounds like, did well. I think the concern is that St. Francis did happen, and St. Francis was allowed to happen and was allowed to step into that role. And we also, previous to PromiseShip, saw all of those really well-intentioned contractors across the state when we first tried to privatize, that, while well-meaning, still didn't succeed and had to terminate their contracts for cost. And so I think, like I said, in the end, if the committee does decide to move forward with Section 5, our opinion is there needs to be more protections in place with the Department of Administrative Services in deciding who that contractor is. And until those protections are in place, we, unfortunately, have to be nervous about another unprepared contractor, whether well-meaning or not, because these are, are sensitive and really important cases to get right.

RIEPE: I would say it was qualifications and good judgment. I mean, I don't know how you could have missed this one, but somewhere we did. Thank you, sir.

HARDIN: Other questions? Thank you.

ALLISON DERR: Thank you.

HARDIN: Anyone else in the neutral, LB668? Senator Storer. We have 5 proponents online, zero in the opponent category, 2 in the neutral.

STORER: All right. Thank you, again. Yeah, I just want to address a couple of the, of the things that were brought up in [INAUDIBLE], especially those in opposition or in the neutral position. When you look at the fiscal note, there's not one. And that is because this is not a for hire contracted service that DHHS is currently doing that is being recommended it be contracted out to a private company. When,

when the word, word outsourcing is used, again, this is just helping make the connection for families to services that already exist in communities, most, most often-- oftentimes they're voluntary services, right? Maybe it's the local food bank. So, so we're not taking something that DHHS is currently doing and replacing it-- suggesting it be replaced with a privatized contractor. That, that language, I think, has been, you know, over-read into a bit. And I understand that there, there's a history of-- a bad history of a bad experience with a truly outsourced situation, and that is not what this is. So this is suggesting a pathway to fill a gap that is currently a void, without costing anything. This is just making the connection for families. So when you have somebody that calls in again, that doesn't, doesn't rise to the, the level of DHHS stepping in, but does perhaps bring some concern that this family could use some help in some way, one way or another, that they can be connected to a service that already exists in their community, probably someone who they're already familiar with that's not going to, to provide that sort of threat of DHHS might bring, bring-- feel-- make that family feel uncomfortable reaching out for help or, you know, being, being more transparent. And so, again, this is-- the fiscal note is zero. This is just trying to fill a void that currently exist and getting people connected with services that are already available within, within their communities. And I will, I will tell you, in the eight years I served as a county commissioner, I learned so much about services that existed that I had no idea were there. And, and we continue, I think, to struggle to, to find ways to just communicate to the people that need help what is available for them to get help. And, and I see this as being a conduit for that. So.

HARDIN: Thank you.

STORER: Absolutely.

HARDIN: Questions. Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Senator, for your, your close there. And I, I, I, I think I tend to agree with you. I think that there are-- and that was actually clarifying for me as well, kind of what the intent was in terms of like this idea of privatization versus, versus not. I think we all know there are plenty of community-based resources that are outside of state government that are robust, beneficial, and, and, and can be really helpful. What the concerns that folks did bring up with Section 5, would you be amenable to amending with language, just to kind of clarify what the intent is that you mentioned, or--

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STORER: Yeah, I think we can have that discussion if there's something realistic, to just bring some certainty to what that means or doesn't mean.

FREDRICKSON: Sure. Sure.

STORER: You know, I'm not opposed to having that conversation.

FREDRICKSON: OK, great. Thank you.

HARDIN: Other questions? Seeing none, thank you.

STORER: All right. Thank you.

HARDIN: We had 5 proponents, zero opponents, 2 in the neutral. And this concludes our testimonies for LB668 and for the day. Please drive carefully.