

Chapter 4

Hearing Testimony

“...Keeping siblings together or maintaining constant contact is crucial for all youth in care. Oftentimes the only people we can trust are our brothers and sisters, as we are the ones who survived the unsurvivable together. Having this connection also helps the child more easily go through the transitions experienced in the system. I have two brothers and two sisters, and I can honestly say that I cannot remember the last time I saw my sisters, or spoke with them for that matter. As for my brothers, we maintain contact through phone calls and e-mails. I was able a few months ago to see my younger brother for the first time in 3 years, and I am still awaiting a visit with my older brother, who I have not seen in a little over 11 years.”

~ Former foster care youth – adopted

LINCOLN – January 28, 2011	
Name	Organization Represented
Allen, Pamela	Nebraska Foster and Adoptive Parent Association
Authier, Karen	Children and Family Coalition of Nebraska (CAFCON)
Dake Abel, Julie	NAPE/AFSCME Local 61
Forrest, Sarah	Voices for Children in Nebraska
Gasca-Gonzalez, Sandra	KVC Behavioral Health of Nebraska
Helvey, Sarah	Nebraska Appleseed Center for Law in the Public Interest
Kennedy, Candy	NE Federation of Families for Children's Mental Health
Meyer, Jacquelyn	Building Blocks Foster Care
Newell, David	Nebraska Families Collaborative
Weisz, Vicky	Self

LINCOLN – June 23, 2011	
Name	Organization Represented
Tweedie, Jack	National Conference of State Legislatures (NCSL)
Williams-Mbengue, Nina	National Conference of State Legislatures (NCSL)

GRAND ISLAND – August 3, 2011	
Name	Organization Represented
Baxter, Beth	Region III Behavioral Health Services
Dugan, Scott	Mid-Plains Center for Behavioral Healthcare Services, Inc.
Nuncio, Yolanda	DHHS Central Service Area
Paulsen, Dawn	Foster Care Review Board
Wagoner-Wiese, Kathy	Self
Young, Mark	Hall County Attorney's Office
Zychowski, Ron	Eckerd

LINCOLN – September 7, 2011	
Name	Organization Represented
Braaten, Jon	(guardians ad litem)
Esau, Leigh	(foster parents)
Foley, Mike	Auditor of Public Accounts
Helvey, Sarah	Nebraska Appleseed Center for Law in the Public Interest

LINCOLN – September 7, 2011	
Jackson, Stephanie	(biological parents)
Longe, Heidi	(foster parents)
Maca, Vicki	DHHS Southeast Service Area
Nicklas, Greg	Christian Heritage
Peters, Amy	Project Everlast
Robinson, Pam	Lincoln Public Schools Department of Student Services
Rockey, Dawn	CASA
Schmidt, Jeff	Self
Stitt, Carol	Foster Care Review Board

SCOTTSBLUFF – September 13, 2011	
Name	Organization Represented
Bahnsen-Price, Janay	Speak Out
Bills, Stan	Snow-Redfern Memorial Foundation
Busch, Nathan	DHHS Western Service Area
Cabral, Britlyn	Project Everlast
Crystal, Diana	CAPWN – Crossroads Mentoring
Curtis, Scott	Foster Care Review Board
Frances, Joan	Panhandle Partnership for Health and Human Services
Grapes, Todd	Self
Hald, Mark	Options in Psychology
Perkins, Tom	Self
Smith, Otis	Speak Out
Smith, Valerie	Speak Out
Swanson, Maridee	Self
Tollefson, Roger	Self
Worden, James	Scotts Bluff County Court

NORFOLK – September 15, 2011	
Name	Organization Represented
Barnes, Connie	(provider)
Beed, Megan	(foster parent)
Boettger, Frances	Parent to Parent

NORFOLK – September 15, 2011	
Drahota, Jill	Parent to Parent
Dye, Kimberly	Parent to Parent
Headley, Matthew	Self
Matthews-Mott, Ruth	CASA
Meyer, Jacquelyn	Building Blocks for Community Enrichment
Millard, Laurie	GoodLife Counseling & Support LLC
Nelson, Dorothy	Parent to Parent
Paul, Jessica	(foster youth)
Puls, Mike	DHHS Northern Service Area
Smith, Joe	(county attorney)
Stoffer, Ross	(judge)
Williams, Pauline	Foster Care Review Board
Zychowski, Ron	Eckerd

OMAHA – September 28, 2011	
Name	Organization Represented
Authier, Karen	Nebraska Children's Home Society
Byers, Leslie	Family-Professional Partnership Solutions, Inc.
Dake Abel, Julie	NAPE/AFSCME Local 61
DeLaet, Ted	Nebraska Psychological Association
Delgado, Oscar	Project Everlast
Diaz, Camas	DHHS Eastern Service Area
Faulkner, Deborah	Nebraska Family Support Network (NFSN)
Goaley, Nicole	Douglas County Attorney's Office
Harrington, Curtis	Self (foster parent)
Henderson, Alicia	Lancaster County Attorney's Office
Kennedy, Jeanette	Self
Myles, Pamela	Self (biological parent)
Phillips-Soash, Evance	Nebraska Family Support Network (NFSN)
Robbins, Elizabeth	NFC
Rooker, Carolyn	Voices for Children in Nebraska
Smith, Dana	Self
Stewart, Tawni	Family Advocacy Movement

OMAHA – September 28, 2011	
Williams-Smotherman, Melanie	Family Advocacy Movement
Williams, Pauline	Foster Care Review Board

LINCOLN – October 18, 2011	
Name	Organization Represented
Cox, Linda	Nebraska Foster Care Review Board
Helvey, Sarah	Nebraska Appleseed Center for Law in the Public Interest
Latshaw, Amy	State Probation Administrator's Office
Lux, Marshall	Ombudsman/Public Counsel
Steel, Corey	State Probation Administrator's Office
Stitt, Carol	Foster Care Review Board
Weisz, Vicky	Nebraska Court Improvement Project

Overall Summary of Hearing Testimony

Summary of 50 testifiers at 5 hearings. Not included: Auditor Foley; some DHHS Service Area Administrators (those who didn't raise concerns); and individuals whose testimony was very specific to their situations not policy issues. The spreadsheet includes 194 specific comments/concerns.

Main Issues

(1) Services

Almost half of the testifiers raised concerns relating to services (22 or 44%). It was also the issue that had the most comments (47 or 24%). Specific concerns included: loss of providers generally and after Boys and Girls Home stopped providing services in particular; and how services are paid for: who pays when Medicaid denies payment, etc.

(2) Staffing Problems

Again, almost half of the testifiers raised concerns relating to staffing (22 or 44%). About 20% of the responses (39) dealt with this issue. Specific concerns included: caseloads too high; caseworker turnover; caseworkers lack of training & understanding; and questions about the relationship between DHHS and lead agency workers (duplication; who goes to court, etc.).

(3) Payments

About 25% of testifiers (13) raised concerns about provider payments; but only about 10% of responses dealt with it. Specifics included: need to make subcontractors whole; foster parent payments have gone down; and need to adequately fund lead agencies. (Note that this one was kind of a "distant" third in that the number of comments & testifiers dropped quite a bit from the top two issues.)

There were three other issues that had about 10 comments each. (But that's less than 10% of all the responses, so not that many in the big picture.) They are:

- communication (13 comments);
- specific Boys and Girls Home-related comments (12 comments); and
- contracting process problems (11 comments).

Recommendations

There were 30 comments we characterized as recommendations, which included:

- lead contractor should be broker only, not both broker and provider;
- importance of prevention;
- impose moratorium on additional privatization; &
- identify & use strategies that worked in behavioral health reform.

Other

There were 23 comments that didn't really fit into any of the categories we'd defined.

Summary of Issues Identified within Specific Groups of Testifiers

Biological Parents: 11 comments by 5 people. No clear themes.

Foster Kids: 4 comments by 3 kids. Importance of sibling relationships mentioned twice.

Others??

Hearing Date	Last Name	Organizatio	Key Concern	Testifier Type	Issue Category
9/7/2011	Helvey	Nebraska Appleseed	Existing service area inadequate to meet needs of children and families. State lacks sufficient wraparound services and can't retain foster parents.	Advocacy	Services
9/7/2011	Helvey	Nebraska Appleseed	When Medicaid denies payment for services to children with significant behavioral health problems, parents are sometimes forced to make the child a state ward to get services. Places children in a system not intended for them and is financially unsustainable.	Advocacy	Services
9/7/2011	Helvey	Nebraska Appleseed	DHHS must be responsible for court-ordered services denied by Medicaid so that private contractors are not at risk.	Advocacy	Services
9/7/2011	Helvey	Nebraska Appleseed	State must provide all necessary behavioral health services as required by federal law.	Advocacy	Services
9/7/2011	Helvey	Nebraska Appleseed	Need additional legislative and public input into guidelines that dictate whether a service is covered.	Advocacy	Services
9/28/2011	Rooker	Voices for Children	Need to provide prevention services to keep families from coming into the system, e.g., home visitation.	Advocacy	Services
9/28/2011	Rooker	Voices for Children	Need complete array of juvenile justice services.	Advocacy	Services
9/15/2011	Williams	FCRB	Family Support/Visitation providers solely being supplied by BGH which caused local service providers to go out of business or reduce staff (so this was a problem when BGH withdrew?)	Advocacy	Services
9/28/2011	Williams	FCRB	Loss of all different levels of care.	Advocacy	Services
9/15/2011	Williams	FCRB	Lack of availability of infrastructures, e.g., visitation with parent increased to 20 hrs per week but no one is able to provide it. This delays the achievement of permanency.	Advocacy	Services
9/13/2011	Williams	FCRB	Lack of/decrease in placements (all levels). Decrease in licensed foster care placements.	Advocacy	Services
9/13/2011	Curtis	FCRB	Difficult to rebuild the infrastructure after BGH left.	Advocacy	Services
9/13/2011	Curtis	FCRB	Western Service Area has limited opportunity to find qualified people.	Advocacy	Services
8/3/11	Curtis	FCRB	Loss of service providers (foster homes, shelters and group homes).	Advocacy	Services
9/15/2011	Curtis	FCRB	" . . . [HHS] is sometimes limited in what they can say during our meetings. But I heard at points that there were limited resources for certain programs . . ."	Advocacy	Services
9/15/2011	Curtis	FCRB	Difficult to maintain children in their communities. Disrupts education, medical and therapy needs. Increases need for transportation for visitation, therapy and court appointments.	Advocacy	Services

BY ISSUE: Services

Hearing Date	Last Name	Organizatio	Key Concern	Testifier Type	Issue Category
9/28/2011	Curtis	FCRB	Magellan denying kids treatment level care. Kids being placed in emergency shelters for unacceptable periods of time.	Advocacy	Services
9/28/2011	Paulsen	FCRB	Family support and service providers were being solely provided by BGH. Since the contract terminated, this system now has to be rebuilt.	Advocacy	Services
9/15/2011	Drahota		Need to have a residential sex offender treatment program for juveniles.	Bio Parent	Services
9/13/2011	Matthews-Mott	CASA of NE Neb	Loss of foster homes.	Court Related	Services
8/3/11	Goaley	Douglas Co Atty	One reason OJS kids are going out-of-state is that we are not effectively rehabilitating them here.	Court Related	Services
9/15/2011	Stoffer	Judge	Lead agencies providing direct services takes away services from other agencies.	Court Related	Services
9/7/2011	Stoffer	Judge	Lead agencies should have to work with community based providers rather than creating their own separate network. Takes business away from community-based providers and creates 2 separate systems, which damages the infrastructure of the existing network.	Court Related	Services
9/7/2011	Stoffer	Judge	Lack of placement options for OJS kids who are not dangerous enough to be placed in detention.	Court Related	Services
9/7/2011	Worden	Judge	Distance from available treatment centers for delinquent kids is too great. No continuity of services and support when kids are placed so far from their families.	Court Related	Services
8/3/11	Worden	Judge	Kids stay too long in detention centers (sometimes 90-120 days). He has to order the caseworker to look for out-of-state placements.	Court Related	Services
8/3/11	Worden	Judge	A central clearinghouse showing available beds in Nebraska would help him.	Court Related	Services
9/13/2011	Worden	Judge	Some kids should not be placed at home but also should not be placed in a detention center. Need some intermediate placement option. Suggests day reporting centers/day treatment centers so kids can get structure during the day (education, therapy needs) and go home at night. This is a less expensive option but would put more responsibility on the communities.	Court Related	Services
9/28/2011	Busch	DHHS WSA	Contractors need to convince community that they can provide services better (than in-house).	DHHS	Services
9/13/2011	Busch	DHHS WSA	Lack of availability of resources to keep kids in community.	DHHS	Services
9/13/2011	Busch	DHHS WSA	Lack of availability of shelter beds in western service area. Not enough money.	DHHS	Services
9/13/2011	Busch	DHHS WSA	Recruit foster homes for kids with severe behavioral disorders.	DHHS	Services
8/3/11	Busch	DHHS WSA	Decrease in the number of group homes due to loss of providers.	DHHS	Services

Hearing Date	Last Name	Organizational	Key Concern	Testifier Type	Issue Category
9/7/2011	Puls	DHHS-NSA	Number of licensed foster care homes has declined significantly. They said they left because of an uncertain job future.	DHHS	Services
8/3/11	Diaz	DHHS – ESA/SESA	Large number of children placed out of state due to lack of funding and medical necessity criteria.	DHHS	Services
9/7/2011	Duggan	Mid-Plains Center – BHS	Fallout from lack of payments = decrease in families desiring to be foster parents and organizations going out of business.	Provider	Services
9/13/2011	Authier	NE Child. Home Soc	Changes in Medicaid criteria adversely affects children's access to services (because service array diminishes) and may impact whether a child can return home or adoptive placement. Also impacts recruitment of foster families who will care for really troubled teenagers.	Provider	Services
9/15/2011	Hald	Options and Psychology	When ICCU closed, we lost a lot of people with experience.	Provider	Services
9/15/2011	Frances	Panhandle Prtnership – HHS	Not all areas of Nebraska are equal in terms of resources; create partnerships with rural communities.	Provider	Services
9/7/2011	Bahnsen-Price	Speak Out	Need flexibility in treatment options, i.e., don't send somebody to a parenting class just because its required. That person may not need a parenting class and it's more expensive.	Provider	Services
9/7/2011	Bahnsen-Price	Speak Out	Utilize the family organizations and increase the availability of support groups. These are less expensive options.	Provider	Services
9/28/2011	Esau	Foster Care	Reduction in number of foster parents due to lack of financial support and increasing demands.	Provider (Foster	Services
9/15/2011	Esau	Foster Care	It has been difficult for KVC to establish positive working relationships with community services.	Provider (Foster	Services
9/28/2011	Beed	Foster parent	Foster parents should not be asked to be babysitters for bio-parents. They should not be able to schedule their visitation anytime they want without regard to foster family's schedule.	Provider (Foster	Services
8/3/11	Baxter	Region 3 BH	Lack of support for family organization and an effective case management model such as the integrated care coordination unit (ICCU).	X-Other	Services
9/28/2011	Baxter	Region 3 BH	Decrease in service providers due to a lack of referrals and lack of payment. DHHS needs to ensure providers receive 100% of the funds owed to them (e.g., Boys and Girls Home).	X-Other	Services

Hearing Date	Last Name	Organizatio	Key Concern	Testifier Type	Issue Category
9/15/2011	Schmidt	SESA	Biggest problem with system was getting behavioral health treatment in a timely fashion. Need quick assessments of parents and kids. One way they got around the problem was to use child welfare money to pay for these services. Director Landry told them not to do this anymore - that it was a behavioral health problem.	X-Other	Services
9/13/2011	Stitt	FCRB	Worker retention.	Advocacy	Staff
9/13/2011	Williams	FCRB	Lack of stability in case management.	Advocacy	Staff
9/13/2011	Williams	FCRB	Lack of stability in case management; lead agencies did not have enough time to prepare.	Advocacy	Staff
9/28/2011	Williams	FCRB	Court gives custody of child to DHHS, who is no longer required to see the child, parent or visit the placement and yet they make safety/risk decisions?	Advocacy	Staff
9/13/2011	Paulsen	FCRB	Because of the large case management overturn, the case history is lost during testimony in court.	Advocacy	Staff
9/15/2011	Williams-Smotherman	Family Advocacy Movement	Overload of cases is a direct result of taking too many children from their homes.	Bio Parent	Staff
9/13/2011	Williams-Smotherman	Family Advocacy Movement	County attorneys and GALs don't meet the children they are paid to represent.	Bio Parent	Staff
9/15/2011	Jackson		DHHS worker did not have time to return phone calls; KVC worker always returned calls.	Bio Parent	Staff
9/7/2011	Rockey	CASA	Hearings have to be continued, which delays permanency, due to late case plans and court reports, lack of knowledge about case.	Court Related	Staff
8/3/11	Rockey	CASA	Caseloads are too high.	Court Related	Staff
	Rockey	CASA	Caseworker turnover.	Court Related	Staff
9/15/2011	Rockey	CASA	Inadequate worker training.	Court Related	Staff
9/7/2011	Matthews-Mott	CASA of NE Neb	Caseworker turnover - somebody different showing up every time. Lack of stability not good for the kids.	Court Related	Staff
9/7/2011	Goaley	Douglas Co Atty	Caseworkers' lack of legal knowledge. Turnover exacerbates this problem. E.g. new caseworker deciding that parental rts should not be terminated after former cw had already made that decision and was going to testify accordingly. This compromises the prosecution of the case.	Court Related	Staff
9/15/2011	Goaley	Douglas Co Atty	Caseworkers don't understand the difference between a kid coming into the system as a result of a voluntary placement vs. violation of a safety plan. Creates pressure on county attorney to figure out the facts of a case (investigation) which is unethical.	Court Related	Staff

Hearing Date	Last Name	Organization	Key Concern	Testifier Type	Issue Category
9/28/2011	Goaley	Douglas Co Atty	Concern that statutory authority is being delegated out when contract employee is testifying rather than an HHS employee as per statute. Legal issue is who has the firsthand knowledge of the facts (i.e., who is the appropriate person to cross-examine).	Court Related	Staff
9/28/2011	Henderson	Lancaster County Attorney	Lack of training (staff) and understanding of safety and risk.	Court Related	Staff
9/15/2011	Henderson	Lancaster Co Atty	Caseworker turnover and high caseloads.	Court Related	Staff
9/7/2011	Henderson	Lancaster Co Atty	Failure to provide pertinent information to the court and parties.	Court Related	Staff
9/7/2011	Smith	Madison County	Too many continuances because of new caseworkers. Bad decisions made due to lack of knowledge of caseworkers.	Court Related	Staff
9/7/2011	Braaten	Atty (GAL)	Turnover also causes transportation issues, lack of knowledge about DHHS policies and procedures, legal procedures.	Court Related	Staff
9/7/2011	Braaten	Atty (GAL)	Lack of consistency for families due to caseworker turnover. Foster parents uninformed about permanency options.	Court Related	Staff
9/28/2011	Braaten	Atty (GAL)	Must reduce caseload.	Court Related	Staff
9/28/2011	Braaten	Atty (GAL)	CFOM concept does not make sense. Responsible for 200-250 cases. HHS is still the legal guardian in most cases but the CFOM (HHS rep) does not have the information to make decisions about the case (the contractor does).	Court Related	Staff
9/28/2011	Braaten	Atty (GAL)	Court reports are supposed to get to the parties 10 days before the hearing. Instead they get them at court or 24 hours prior.	Court Related	Staff
9/7/2011	Stoffer	Judge	Caseworker turnover creates lack of familiarity with case, loss of institutional knowledge.	Court Related	Staff
9/28/2011	Stoffer	Judge	Two worker have to be present in the courtroom, rather than one because DHHS is still legal guardian but the contractor is the one who knows the case.	Court Related	Staff
9/15/2011	Stoffer	Judge	Case reports not prepared on time.	Court Related	Staff
9/28/2011	Worden	Judge	Many times the right people (e.g., visitation aides) don't show up to testify in court. Caseworkers always show up for him.	Court Related	Staff
9/28/2011	Puls	DHHS-NSA	High turnover rate of Children and Family Services Specialists	DHHS	Staff
8/3/11	Diaz	DHHS – ESA/SESA	Staff turnover and staff training.	DHHS	Staff
9/28/2011	Peters	Former state ward	Children cannot be treated like commodities. Caseworkers/GALs don't know the kids they are making decisions for.	Foster Child	Staff

Hearing Date	Last Name	Organizational	Key Concern	Testifier Type	Issue Category
9/15/2011	Authier	NE Child. Home Soc	Lead agency staff lack experience which results in poor decision-making; lack of knowledge about community resources and lack of credibility in court.	Provider	Staff
9/13/2011	Authier	NE Child. Home Soc	High turnover of case management staff creates limited opportunities for relationships to develop between worker and child.	Provider	Staff
9/15/2011	Hald	Options and Psychology	Caseworkers don't have appropriate background and experience. Need a Bachelor's degree but also need to help them understand relationships. Need to expose them to research based parenting programs.	Provider	Staff
9/15/2011	Esau	Foster Care	Excessive demand on KVC workforce; turnover is affecting confidence in the foster care system. Creates larger caseloads for the workers who stay.	Provider (Foster)	Staff
9/15/2011	Harrington	Foster parent	CFOM worker's only purpose is to be present at the hearing for HHS. S/he does not know anything about the case; provides no input. What do they do?	Provider (Foster)	Staff
9/15/2011	Longe	Foster parent	DHHS does not have contact with the foster kids anymore but they are making decisions about them (CFOMs).	Provider (Foster)	Staff
9/28/2011	Zychowski	Eckerd	Case management function split between DHHS and lead agencies creates confusion and communication issues.	X-Other	Staff
9/13/2011	Rooker	Voices for Children	Give lead contractors a meaningful case rate; will prevent the perception that they keep coming back for more.	Advocacy	Payment
9/13/2011	Stitt	FCRB	Foster parents are receiving less money.	Advocacy	Payment
9/15/2011	Curtis	FCRB	DHHS needs to strengthen oversight of lead agencies, i.e., service coordination, financial payments, documentation, foster parent recruitment, retention, etc.	Advocacy	Payment
9/15/2011	Paulsen	FCRB	DHHS needs to strengthen its oversight of lead agencies, including service coordination, financial payment and timely acting on reported concerns.	Advocacy	Payment
9/13/2011	Paulsen	FCRB	Lack of payment/reduction in payment to foster families. Makes it difficult to maintain children in their communities. Foster parents receiving less than before the reform.	Advocacy	Payment
9/15/2011	Curtis	FCRB	Foster parent support: pay decreased while responsibilities increased; expected to provide parental supervision without training/support; this (visitation) supervision over parents and children creates conflicts of interest.	Advocacy	Payment
9/15/2011	Curtis	FCRB	No payment or reduced payment or untimely payment to foster homes.	Advocacy	Payment
9/28/2011	Williams-Smotherman	Family Advocacy Movement	Change funding incentives; use child welfare waivers to help with family preservation and keep children in their homes.	Bio Parent	Payment

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BY ISSUE: Staffing - Payments

Hearing Date	Last Name	Organizational	Key Concern	Testifier Type	Issue Category
9/7/2011	Young	Hall County Attorney	Pay foster parents.	Court Related	Payment
8/3/11	Duggan	Mid-Plains Center – BHS	Lack of financial management. BGH did not pay within 60 days, per terms of contract. Sometimes only partial payment with little/no explanation why. Mid-Plains has lost \$140K; changed system has resulted in lower reimbursements with higher demands. Need to develop financial risk protections for providers; maybe a relief fund?	Provider	Payment
8/3/11	Duggan	Mid-Plains Center – BHS	Lack of flexibility in design of system. Sometimes forced to try to fit a family in a specific slot that's been identified for that particular funding. Need to be able to use creative approaches to achieve stability.	Provider	Payment
9/15/2011	Authier	NE Child. Home Soc	Cost shifting to subs for services that used to be paid for by the state and are no longer covered by the lead agencies.	Provider	Payment
9/15/2011	Authier	NE Child. Home Soc	Lead agencies did not have adequate infrastructure in place to handle payments to subcontractors.	Provider	Payment
9/13/2011	Nicklas	Christian Heritage	Make sure lead agencies have adequate funding.	Provider (Foster)	Payment
9/13/2011	Nicklas	Christian Heritage	Make DHHS pay subcontractors of BGH 100%. Introduce legislation if necessary.	Provider (Foster)	Payment
9/13/2011	Nicklas	Christian Heritage	Foster care pay schedule needs to be returned to the level in place prior to contract with BGH. FC payments are based on "tiers." Higher payment for more behaviorally-challenged kids. DHHS changed the tier levels, which lowered the reimbursement even though there was no corresponding change in the behavior of the kids.	Provider (Foster)	Payment
8/3/11	Millard	Good Life Counseling	BGH owes them \$182,610.61. Email from DHHS telling them they would get 35 cents on the dollar or nothing was not received by Good Life. Because it was a large mass emailing, some got "spammed out."	Provider (Foster)	Payment
9/13/2011	Wagoner-Wiese	Foster parent	Financial subsidies for foster parent greatly reduced. She went from \$30 to \$12 per child.	Provider (Foster)	Payment
9/15/2011	Baxter	Region 3 BH	Payment for child welfare has shifted to behavioral health.	X-Other	Payment
9/13/2011	Stitt	FCRB	Lack of information about placements.	Advocacy	Comm
9/28/2011	Williams	FCRB	Delays in updating the files on N-FOCUS. Inaccurate data (i.e., number of placements).	Advocacy	Comm
9/13/2011	Curtis	FCRB	Lack of communication to lead agencies; confusion re: who to contact results in children not getting the services they need.	Advocacy	Comm
9/7/2011	Matthews-Mott	CASA of NE Neb	After contract with BGH, communication was bad. No one knew who to call.	Court Related	Comm

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BY ISSUE: Payments - Communication

Hearing Date	Last Name	Organizatio	Key Concern	Testifier Type	Issue Category
9/7/2011	Goaley	Douglas Co Atty	Too many layers creates communication issues. Schools, probation and other professionals don't know who to contact to get information. Also delays expeditious adjudication of case which potentially impacts the safety of the child.	Court Related	Comm
9/28/2011	Henderson	Lancaster Co Atty	Failure to provide accurate and consistent data comparisons (e.g., counting of state wards (definition may vary across states), counting of placements).	Court Related	Comm
9/28/2011	Young	Hall County Attorney	No clear lines of communication/responsibility/authority. Attorneys, GALs get to court and don't have the information, witnesses they need.	Court Related	Comm
9/28/2011	Young	Hall County Attorney	Poor communication - information is lost or deliberately suppressed. Providers are punished for giving testimony with which DHHS disagrees. Too much opportunity for mid-level supervisors in service areas or central office to interfere with case plans before they are submitted to attys/courts.	Court Related	Comm
9/15/2011	Authier	NE Child. Home Soc	Role of subcontractors is not clearly defined.	Provider	Comm
8/3/11	Hald	Options and Psychology	No clear communication; not getting the same answer from different people about cases; creates distrust in the system and a lack of confidence that services will be reimbursed.	Provider	Comm
9/15/2011	Robinson	LPS	Confusion about role of KVC vs DHHS.	X-Other	Comm
9/28/2011	Robinson	LPS	Lack of information; workers not given current info.	X-Other	Comm
9/28/2011	Robinson	LPS	Lack of communication from KVC; calls not returned or returned too late.	X-Other	Comm
9/13/2011	Williams	FCRB	Large turnover of BGH workers who were not prepared to deal with stress of case management.	Advocacy	BGH
9/28/2011	Smith	Madison County	BGH was not organized well enough from within for privatization and it there was not enough oversight from DHHS.	Court Related	BGH
9/28/2011	Stoffer	Judge	Infrastructure problems with other agencies were caused by BGH pulling out of contract. These agencies aren't getting reimbursed at 100%. Eliminates their ability to be innovative in providing future services.	Court Related	BGH
8/3/11	Worden	Judge	Need to maintain visitation w the parents for kids removed from home. BGH not flexible enough with times. Very important for kids to have contact with the parents.	Court Related	BGH
8/3/11	Barnes	Beh. Health Spec.	BGH lacked appropriate financial controls. DHHS did not investigate this issue before the contract or after they got out.	Provider	BGH
8/3/11	Barnes	Beh. Health Spec.	BGH did not have adequate infrastructure or experience in providing foster care services to privatize.	Provider	BGH

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BY ISSUE: Communication – Boys and Girls Home

Hearing Date	Last Name	Organizatio	Key Concern	Testifier Type	Issue Category
8/3/11	Barnes	Beh. Health Spec.	BGH hired their staff away and paid them significantly (10K) higher amounts. Then when they went under, Behavioral Health Specialists ended up paying the unemployment claims.	Provider	BGH
9/7/2011	Duggan	Mid-Plains Center – BHS	Poor communication from BGH. Sometimes had to wait weeks or months to get information about families in care. CEO never responded to his requests for status on cases and contracts.	Provider	BGH
9/13/2011	Duggan	Mid-Plains Center – BHS	Boys and Girls Home (BGH) did not have adequate administrative structure and resources.	Provider	BGH
9/13/2011	Meyer	Building Blocks Foster Care	Main fear is that if a new lead agency comes in, they will lose all the progress they've made in the last ten years. When BGH came in they did not know "the territory."	Provider (Foster	BGH
8/3/11	Wagoner-Wiese	Foster parent	BGH "alot of confusion," "people didn't know who was responsible for what," "no structure," "inexperienced workers."	Provider (Foster	BGH
9/28/2011	Baxter	Region 3 BH	Boys and Girls Home lacked infrastructure to provide systems management (i.e., partnering with families and youth; contract management; subcontractor monitoring; support and payment; data-driven decision making; and value based fiscal planning.	X-Other	BGH
9/28/2011	Young	Hall County Attorney	Contracts should not have financial incentives for providers that are outcome based.	Court Related	CP
9/28/2011	Young	Hall County Attorney	Defining success by statistics rather than focusing on the specific needs and interests of children and families. Contract process exacerbates this.	Court Related	CP
9/15/2011	Braaten	Atty (GAL)	Lack of communication with the courts when preparing for privatization.	Court Related	CP
9/7/2011	Duggan	Mid-Plains Center – BHS	If new lead agency is selected for this service area, providers need to be involved in the vetting process.	Provider	CP
8/3/11	Bills	Snow-Redfern Found. (Boys Ranch)	Privatization process did not allow residential treatment homes to actively participate, negotiate and survive.	Provider	CP
8/3/11	Esau	Foster Care	Expecting one lead agency (KVC) to be an expert in all aspects of foster care.	Provider (Foster	CP
9/28/2011	Zychowski	Eckerd	No readiness assessment done at the front end of the contract process to ensure both provider and DHHS ready to perform work.	X-Other	CP

Hearing Date	Last Name	Organizatio	Key Concern	Testifier Type	Issue Category
9/28/2011	Zychowski	Eckerd	Contract payment method is flawed. "Cannot fund an at-risk managed care contract on a small administration fee and fee for service." (?)	X-Other	CP
9/15/2011	Schmidt	SESA	He and Chris Hanus were asked to make financial recommendations but neither of them has a financial background. They needed a financial expert.	X-Other	CP
8/3/11	Schmidt	SESA	They were told to privatize within existing resources even though evidence from the U.S. DHHS and other states (KS and FL) clearly showed the contrary.	X-Other	CP
9/7/2011	Schmidt	SESA	Involving DAS in the contracting process would not necessarily have helped. The contracts were publicly bid.	X-Other	CP
9/13/2011	Helvey	Nebraska Appleseed	State should pull back from reform and put moratorium on future privatization.	Advocacy	Recs
9/13/2011	Rooker	Voices for Children	Need strong leadership at the top levels; a well-designed plan.	Advocacy	Recs
9/28/2011	Byers	Bio parent	Most important things are: prevent removals, ability to work with system without court involvement and aftercare support.	Bio Parent	Recs
9/13/2011	Stewart	Former CPS worker and bio parent	Empower families (educate them about the system). She was told in her training to be a CPS worker to take advantage of the fact that parents do not know their rights.	Bio Parent	Recs
9/7/2011	Stewart	Former CPS worker and bio parent	Prevention is most important - cheapest, fastest way to keep families in tact.	Bio Parent	Recs
9/15/2011	Young	Hall County Attorney	Lead contractor should just be a broker, not a broker and a service provider.	Court Related	Recs
9/7/2011	Braaten	Atty (GAL)	Child welfare needs to be either govt-controlled or privatized - not both - with appropriate statutory changes made.	Court Related	Recs
8/3/11	Stoffer	Judge	Need to make sure lead agencies have expertise in providing services before they actually start doing it.	Court Related	Recs
9/28/2011	Stoffer	Judge	Lead agencies dual role as case manager and direct provider of services creates conflict of interest.	Court Related	Recs
9/28/2011	Delgado	Former state ward	Most important things for child welfare reform are to get youth input, maintain sibling relationships, support youth that are transitioning from care and ensure proper services are given to them when they age out.	Foster Child	Recs
8/3/11	Paul	Former state ward	Make health insurance available to kids who age out of the system.	Foster Child	Recs
8/3/11	Paul	Former state ward	Ensure sibling relationships are maintained; that there is funding for kids aging out of the system: and create and maintain positive permanency relationships.	Foster Child	Recs

Hearing Date	Last Name	Organizational	Key Concern	Testifier Type	Issue Category
9/7/2011	Barnes	Beh. Health Spec.	Needs to be a separation between managing the provision of services and providing services.	Provider	Recs
8/3/11	Barnes	Beh. Health Spec.	What works in one service area will not necessarily work in another.	Provider	Recs
8/3/11	Barnes	Beh. Health Spec.	Look at how the behavioral health regions are organized in further reform of child welfare.	Provider	Recs
9/7/2011	Barnes	Beh. Health Spec.	Require organizations providing direct care services to obtain and maintain national accreditation.	Provider	Recs
9/28/2011	Duggan	Mid-Plains Center – BHS	Remove heavy handed constraints over DHHS management.	Provider	Recs
9/7/2011	Authier	NE Child. Home Soc	Dual role of KVC as direct service provider and case manager too burdensome and creates potential conflict of interest.	Provider	Recs
9/7/2011	Authier	NE Child. Home Soc	Slow down on reprivatizing the three service areas. Focus on kids not numbers.	Provider	Recs
9/28/2011	Hald	Options and Psychology	Must focus on early intervention (children under age 5). This is when healthy brain development begins and adverse experiences (removal from home) impacts brain development.	Provider	Recs
8/3/11	Frances	Panhandle Prtnership – HHS	Impose moratorium on future privatization.	Provider	Recs
9/7/2011	Frances	Panhandle Prtnership – HHS	Build on emerging practices and policies; look at design of systems to get families referred to the appropriate services in a timely fashion.	Provider	Recs
9/28/2011	Frances	Panhandle Prtnership – HHS	Focus on prevention and early intervention.	Provider	Recs
9/28/2011	Perkins		Return to govt control of child welfare; inherent conflict of interest in privatization of these services: needs of the children vs. needs of the corporation's profit.	Provider (former)	Recs
9/13/2011	Zychowski	Eckerd	Lead agencies should not be service providers. They should be designated as "subrecipients" of state and federal money. This would subject them to an A133 audit by independent auditors and would therefore create a higher level of oversight.	X-Other	Recs

Hearing Date	Last Name	Organizational	Key Concern	Testifier Type	Issue Category
9/28/2011	Dake-Abel	NAPE/AFS CME	Legislature must define what can and cannot be contracted out for profit.	X-Other	Recs
9/28/2011	Dake-Abel	NAPE/AFS CME	Appropriations Committee should not spend more taxpayer money on a failed venture.	X-Other	Recs
9/28/2011	Baxter	Region 3 BH	Remove heavy handed management of DHHS Central Office and allow service areas to work with stakeholders.	X-Other	Recs
9/13/2011	Baxter	Region 3 BH	Identify and use strategies that worked with Behavioral Health Reform, e.g., ICCUs.	X-Other	Recs
9/13/2011	Baxter	Region 3 BH	Implement proven system of care principles that effectively address needs of children with multiple and complex needs in their families.	X-Other	Recs
9/13/2011	Rooker	Voices for Children	Need oversight and accountability in how money is spent, likes zero-based budgeting.	Advocacy	Other
9/13/2011	Williams	FCRB	Cases transferred to lead agencies too fast.	Advocacy	Other
8/3/11	Williams	FCRB	No direct oversight of placements.	Advocacy	Other
9/13/2011	Williams	FCRB	Too many court continuances, i.e., hearings regarding whether accessible services were provided in a timely manner (reasonable efforts).	Advocacy	Other
9/7/2011	Williams-Smotherman	Family Advocacy Movement	DHHS picks attorneys and therapists who will support their case plans in court and make it appear that all the appropriate steps have been taken. Foster care abuses are covered up.	Bio Parent	Other
8/3/11	Williams-Smotherman	Family Advocacy Movement	Focus on accountability; use zero-based budgeting.	Bio Parent	Other
9/28/2011	Jackson		Court orders were not consistent; unclear what requirements she was to follow.	Bio Parent	Other
9/7/2011	Goaley	Douglas Co Atty	Pressure to keep kids from coming into the system.	Court Related	Other
9/7/2011	Henderson	Lancaster Co Atty	Out-of-home placements without oversight (legal representation) for long periods of time.	Court Related	Other
9/7/2011	Smith	Madison County	Returning a child to the home is not always the right decision. And if a child is removed from the home, someone needs to make sure the appropriate changes are made before that child goes back home.	Court Related	Other
9/7/2011	Young	Hall County Attorney	If keeping kids in the home is the goal (under a safety plan in an abusive situation), then the safety plan has to work. "The safety plan is only as good as the reporting."	Court Related	Other

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BY ISSUE: Recommendations - Other

Hearing Date	Last Name	Organizational	Key Concern	Testifier Type	Issue Category
9/28/2011	Authier	NE Child. Home Soc	Remaining 2 lead agencies struggled to respond to implementation timeline, changing expectations from DHHS, responsibility for outcomes but not for case management decisions, lack of up-front work with judicial system, and tightening of authorizations for Medicaid services.	Provider	Other
9/15/2011	DeLaet	NE Psych Assoc	Blurring of case management decision vs. medical necessity decision	Provider	Other
9/15/2011	DeLaet	NE Psych Assoc	Ever-changing utilization management practices necessary to diagnose and treat people. Medical necessity criteria has changed radically since July 1. Proper diagnosis directly impacts which kids can be maintained in the home.	Provider	Other
9/15/2011	Swanson	Personal Care Aide	Too much administrative waste. (She received 7 separate letters from DHHS informing her of a 2.5% pay cut.)	Provider	Other
9/28/2011	Bills	Snow-Redfern Found. (Boys Ranch)	Children and families are at greater risk since the reform. Not always best to keep children at home.	Provider	Other
9/15/2011	Bills	Snow-Redfern Found. (Boys Ranch)	Privatization is not cost effective.	Provider	Other
9/15/2011	Beed	Foster parent	Foster parents don't have any input in decisions about child when they are the person spending the most time with the child.	Provider (Foster)	Other
9/15/2011	Beed	Foster parent	Foster parent should get to decide when respite care services are scheduled.	Provider (Foster)	Other
9/15/2011	Beed	Foster parent	Child's school needs to be chosen based on location of foster home.	Provider (Foster)	Other
9/15/2011	Zychowski	Eckerd	There needs to be more contract oversight from DHHS.	X-Other	Other
9/7/2011	Robinson	LPS	Some staff concerned that abuse situations aren't being dealt with timely.	X-Other	Other
9/28/2011	Dake-Abel	NAPE/AFS CME	Existing statutes require DHHS to do a cost-benefit analysis. However, DAS circumvented the statutory requirements by creating a justification study after the decision to privatize had already been made.	X-Other	Other

BY ISSUE: Other

Hearing Date	Location	Administrator	DHHS Service Area	Testimony
8.3.11	Grand Island	Yolanda Nuncio	Central Service Area	Through reform efforts, number of state wards has been reduced from 675 on November 2009 to 568 in June 2011.
8.3.11	Grand Island	Yolanda Nuncio	Central Service Area	We work closely with community-based agencies to provide services to children, youth and families.
8.3.11	Grand Island	Yolanda Nuncio	Central Service Area	CSA has increased the number of children served in their home from 29% in November 2009 to 36% in June 2011.
8.3.11	Grand Island	Yolanda Nuncio	Central Service Area	Number of children placed in kinship care has increased from 66 in 2008 to 135 in June 2011.
8.3.11	Grand Island	Yolanda Nuncio	Central Service Area	Because there is a shortage of alternative placements (group homes and shelter beds) in the CSA, a stakeholders group was established to collaborate with our partners to improve child welfare and juvenile justice outcomes. The group gathers input from community stakeholders and data is shared with staff and stakeholders to make improvements.
8.3.11	Grand Island	Yolanda Nuncio	Central Service Area	CSA participates in CFSRs and has consistently showed strengths in areas of: nonoccurrence of maltreatment, children not reentering the foster care system, placement of children with their siblings, placement of children near their home of removal, monthly visits to the child by caseworker, and assessment of child's educational and mental health/behavioral health needs. Areas needing improvement are: establishing permanency for children earlier, assessment of the needs of the parents and other children living in the home, involvement of both parents and the child in case planning, maltreatment in a foster care settings and placement stability.
8.3.11	Grand Island	Yolanda Nuncio	Central Service Area	CSA has improved its outcome on the establishment of permanency for children who have been in care for long periods of time as a result of creation of a permanency planning team in 2008.
8.3.11	Grand Island	Yolanda Nuncio	Central Service Area	We work with immigrant and refugee families who have relocated to the CSA from Mexico, Central America, South America, Somalia and Sudan. We respect their religious and cultural beliefs.

Hearing Date	Location	Administrator	DHHS Service Area	Testimony
9.7.11	Lincoln	Vicki Maca	Eastern and Southeastern Service Areas for Families Matter	Since DHHS has contracted out case management responsibilities, its first priority is that the transition be as seamless as possible. This transfer will provide clarity to those who receive services, those who coordinate, and provide services and to community partners. It will also allow DHHS to enhance its focus on the statewide child abuse and neglect hotline, initial assessments, and outcome monitoring.
9.7.11	Lincoln	Vicki Maca	Eastern and Southeastern Service Areas for Families Matter	DHHS will soon begin to use a different assessment tool developed by the Children's Research Center called the "structured decision making model," which will help investigators and case managers to make objective and reliable decisions about safety.
9.7.11	Lincoln	Vicki Maca	Eastern and Southeastern Service Areas for Families Matter	DHHS investigators, along with trained KVC/NFC staff, now have the ability to go to a family's home and immediately connect them with resources and services (called Initial Response Unit or IRUs). In SESA, IRU served 59 families with 39% of families getting services without court involvement and in the ESA, 261 families were served by IRUs with 48% not needing court involvement.
9.7.11	Lincoln	Vicki Maca	Eastern and Southeastern Service Areas for Families Matter	"Nebraska is one of only four states that manage youth delinquency within their child welfare system." DHHS is working to effectively communicate with all parties who affect outcomes related to the child welfare and juvenile justice systems (e.g., juvenile judges, county attorneys, FCRB, Through the Eyes of the Child Initiative, etc.)
9.7.11	Lincoln	Vicki Maca	Eastern and Southeastern Service Areas for Families Matter	DHHS is working with national experts and other states that have had similar experiences to Nebraska's.
9.7.11	Lincoln	Vicki Maca	Eastern and Southeastern Service Areas for Families Matter	DHHS is more effectively mastering the balance of holding contractors responsible for deliverables and at the same time collaborating with them to ensure the safety of Nebraska's children.

Hearing Date	Location	Administrator	DMS Service Area	Testimony
9.13.11	Scottsbluff	Nathan Busch	Western Service Area	Number of state wards has decreased from 850 in October 2007 to 605 in September 2011. Currently, 73% are placed outside their home. Of these, 41% are placed with a relative or someone known to the child.
9.13.11	Scottsbluff	Nathan Busch	Western Service Area	Stakeholders group was established to gather input from community stakeholders. They meet monthly.
9.13.11	Scottsbluff	Nathan Busch	Western Service Area	WSA has improved contract monitoring and quality assurance through activities that we have developed. Increased availability of service area specific data from central office and QA has been helpful.
9.13.11	Scottsbluff	Nathan Busch	Western Service Area	WSA monitors monthly progress on six CFSR indicators. In October 2007, WSA only met one, but due to the establishment of a permanency planning team, it now meets three.
9.13.11	Scottsbluff	Nathan Busch	Western Service Area	A non-court involvement planning team has been created to staff and manage cases of children and youth in need of services but not involved in the formal court process.
9.15.11	Norfolk	Mike Puls	Northern Service Area	Focus on use of kinship care: in November 2009, 87 approved homes; currently NSA has over 123 approved homes. As of August 2011, 49% of NSA youth placed in non-treatment family home setting were in relative homes or in a home known by the child.
9.15.11	Norfolk	Mike Puls	Northern Service Area	Percentage of children served in their homes has increased from 32.5 in November 2010 to 35.7 in August 2011.
9.15.11	Norfolk	Mike Puls	Northern Service Area	Since reform began in 2008, there has been an emphasis on QA in the NSA.
9.15.11	Norfolk	Mike Puls	Northern Service Area	Community stakeholders meet on a quarterly basis to help find solutions to issues identified in the service areas' Program Improvement Plans (PIPs).
9.15.11	Norfolk	Mike Puls	Northern Service Area	NSA Partners Advisory Team has recently been established to problem, solve, educate, and discuss common barriers and community issues that affect children and families.

Hearing Date	Location	Administrator	DHHS Service Area	Testimony
9.28.11	Omaha	Camas Diaz	Eastern and Southeastern (initial assessment teams and abuse and neglect ongoing teams)	DHHS is evaluating its current outcome monitoring system, including data reports and access to information that drives decisions and planning, as it moves to a system where the agency is monitoring case management. Requires a complete restructuring, change of culture of our staff, change of how we measure accountability.
9.28.11	Omaha	Camas Diaz	Eastern and Southeastern (initial assessment teams and abuse and neglect ongoing teams)	Role of CFOM (Child and Family Outcome Monitors) has changed greatly since DHHS began contracting out case management. CFOMs are collocated at NFC and KVC and there is one CFOM in each courtroom in eastern and southeastern Nebraska. Collocated CFOM is able to immediately review court reports and request revisions in person, not through email. Court-assigned CFOMs attend every hearing, reports concerns, positive experiences and discusses legal issues that have arisen during hearings. Because they are in court every day, they build relationships with court and other legal parties. Collocated and court-assigned CFOMS also collect data related to timeliness and quality of court reports, and ensure reports are submitted to all appropriate parties.
9.28.11	Omaha	Camas Diaz	Eastern and Southeastern (initial assessment teams and abuse and neglect ongoing teams)	CFOM staff also do random sampling on specific data outcomes and provide this feedback to DHHS and KVC/NFC. Examples are CFSR measures and monthly contact narratives. Data is aggregated and analyzed for trends, strengths and weaknesses.
9.28.11	Omaha	Camas Diaz	Eastern and Southeastern (responsible for initial assessment teams and abuse and neglect ongoing teams)	
9.28.11	Omaha	Camas Diaz	Eastern and Southeastern (initial assessment teams and abuse and neglect ongoing teams)	We work every week with KVC and NFC to maintain data integrity between N-FOCUS and their independent data systems.