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Developmental Disabilities Special Investigative Committee
August 22, 2008

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The Developmental Disabilities Special Investigative Committee met at 9:00 a.m. on Friday, August 22, 2008, in the Carstens Social Center at the Beatrice State Developmental Center for the purpose of conducting a public hearing. Senators present: Steve Lathrop, Chairperson; John Harms, Vice Chairperson; Tim Gay; Arnie Stuthman; Norm Wallman. Senators absent: Greg Adams, Abbie Cornett. []

SENATOR LATHROP: My name is Steve Lathrop and I have to begin by apologizing for being late. I guess the trip from Omaha is a little bit further than I thought it was, by about ten minutes. Thank you for coming this morning. We're here today pursuant to and to conduct a hearing as a consequence of LR283, which was prompted by problems that were present or appear to be present at the Beatrice State Development Center. The purpose today, we held hearings yesterday to listen to family and special interest groups that have a special interest in the developmentally disabled in Nebraska. We thought it important, the commission did, to come here today to hear from staff, current staff, former staff, those who have been involved in working right here at the Beatrice State Development Center, so that as the commission we get the point of view not just of the administration, not just of Health and Human Services but from the people on the front line who are here every day, day in and day out, and can give us an idea of what we're doing well at Beatrice and what we are not doing well, where the problems are and how we might come to a solution and how we might correct those. I want to begin by introducing my fellow senators and the folks that are here to help me today. I have...many of you probably know Senator Wallman. He is the State Senator from this district, has a special interest in Beatrice, and Senator Wallman serves on this commission. To my immediate left is Senator Tim Gay, who is from Papillion, serves on the Health and Human Services Committee and is, of course, involved in this issue as well. I'm also joined by Senator Harms, who is from Scottsbluff; and Senator Stuthman, who is from Platte Center. And our committee clerk today is the very able Beth Otto. So the way we will conduct our hearing today is we'll just ask you to come up. There's no

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order. We don't have a list or a batting order. It will just sort of be step up when there's an opportunity, and we'll hear what you have to say. There is no subject, when it comes to these hearings, that is off limits. There is no subject that we came down here to hear you say or we don't want to hear you say. I like to think of this as an open mike for the employees of Beatrice and the people who are involved in the care or have been involved in the care of people here at the Beatrice State Development Center, so we are very interested in what you have to say. I don't know what the level of concern is among employees about their ability to be candid with us today in what they have to say. I would like to encourage you to be candid, to be blunt. The only thing, the only thing we ask you to do is to be honest in your remarks and then be...give it to us straight. Give it to us straight. If there is some concern that there might be retaliation by the administration, I've been assured there will not be. But if you feel like you have been candid with us and you have been retaliated against, I want you to contact my office, my legislative office, directly and I will look into it. I have been assured by Mr. Wyvill that he will look into it. And we have the assurance of John Wyvill that there will not be any form of retaliation, and if you feel that there is because of the remarks or the comments that you've made, you may contact me directly and I will personally follow up on it, as will...and we'll go as far up the chain of command at Health and Human Services as is necessary. And I see Chris Peterson shaking her head in the affirmative. She agrees with that. So again, to get the full benefit out of what we came down here for today, it is important to us as a commission that you feel free to speak your mind and free to tell us the good, the bad and the ugly. So with that, just a few housekeeping things. Beth is so good; she types out what I should say and I never read it. But what I would like to do is to start out and get a sense of how many people wish to testify today. If you can just raise your...pardon me, raise your hands. Three, four, five? Are there more of you? Just a little nervous yet? You want to see how it goes? That's okay. I certainly understand that, and then there's the public speaking piece of this. You don't need to be nervous in front of this commission. We're not going to grill you or cross-examine you. We do, we'd like as many of you to come forward as you feel comfortable and as you're able to. And yesterday we had sort of the ten-minute rule, talk for ten minutes. I'll say if we have five

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or six people and that's all then we'd like to hear you tell us everything you have to say. And if you didn't raise your hand and you feel a little more comfortable and you want to come up after you've heard some other folks speak and you have something else to say, please do, because the more we hear the better informed we'll be. And one thing that I should have read off that sheet and didn't is, if you intend to testify, we need to have you fill out a form. They are on the table. It just is your name and probably your address. And the reason we do that is not so that we know who to pick on but to make sure that the record has your name so when we transcribe these proceedings, as they will necessarily be, that we get your name right and we know where you're from in case we have to get back to you on anything. So we'll only ask you to fill the form out and sit in the chair and let the mike pick them up. Yes? []

BETH OTTO: Yeah. Or they can just put it in the box right there. []

SENATOR LATHROP: No, the mike. []

BETH OTTO: Oh, it's ready to go. []

SENATOR LATHROP: Okay. Just sit down and speak naturally. If we have a problem, Beth will tell me and I'll stop you and we'll have you speak up or move the mike around. So with that, we'll begin. And if you'd like to speak, we'll just have you come, kind of move up into the front row and we'll take people out of the front row. Thank you. []

MIKE MARVIN: I don't think we have a page. []

SENATOR LATHROP: It doesn't look like we have a page. []

MIKE MARVIN: (Exhibit 1) Okay. Good morning, Chairman Lathrop, members of the committee. My name is Mike Marvin, M-i-k-e M-a-r-v-i-n. I'm appearing on behalf of the Nebraska Association of Public Employees, which is affiliated with the American

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Federation of State, County and Municipal Employees. Our organization is the labor organization that represents many of the state employees at the Beatrice State Developmental Center and the other 24-hour facilities. These all fall under your jurisdiction. Your oversight and continuing work on the quality of care for those individuals in our state facilities is greatly welcomed by our membership. For the record, when we say your jurisdiction, we mean yours and the Legislature's jurisdiction. The Nebraska Constitution clearly establishes the Nebraska Legislature as the ultimate decider with regard to the management, control, and governing of all state institutions. Article IV, Section 19 reads: "State Institutions: management, control, and government; determination by Legislature. The general management, control, and government of all state charitable, mental, reformatory, and penal institutions shall be vested as determined by the Legislature." Given this responsibility, we would urge the committee to do three things in the wake of your investigation. First: We'd like you to commit to many more years of oversight. These challenges have been present for many years and we suspect they will need a commitment from the Legislature to continue your oversight. So whether it is by statute or by legislative rules, we urge you to continue this oversight activity during the upcoming years. It was testified to at earlier hearings, BSDC used to be the model institution. Since at least 2000, when the state was under budget pressures, it has not been. Is it a coincidence that the problems started at the same time as the budget problems? I don't think so. Institutions such as BSDC, who care for our most vulnerable of our citizens, should be looked at very carefully, both by the Governor's Office and the Legislature, before suffering any budget cuts. The first duty of government is to protect its citizens, chief among them, their most vulnerable. It is our opinion that former Governor Johanns and current Governor Heineman chose not to make the tough decision that BSDC and other 24-hour facilities be exempted from budget cuts and that the Legislature was not made aware of the deteriorating conditions at BSDC. Continued oversight should eliminate that problem. Second, statutorily establish best practices staffing standards. Consistent through every third party that has investigated BSDC is the staffing or understaffing problem. Every piece of testimony our organization has provided over the last several years to standing committees of the

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Legislature has enumerated the failures of management who insist upon a minimum staffing level, which assumes a rapid replacement of staff when they are sick or on leave or, as I forgot in my written statement, or when they quit or are fired. We will provide the committee with a list of statutes passed in other states that delineate staffing standards. However, we believe that as you study this issue you will receive real life recommendations from our members that should serve as the basis for statutory standards. And again, staffing gets back to the budget. When you're confronted with budget problems and there are, say, five vacancies, it's easy to cover those five through overtime. In fact, some overtime is good. It makes some employees happy. But then as the vacancies continue, and you can say, well, my budget is a little over, I can bring it down by not filling those vacancies, pretty soon you're in a hole that you can't find your way out of, and the mandatory overtimes begin and people get tired and they quit. And then it creates more of a problem. So honestly, I believe at the heart of most of these issues down here have been budgetary at the beginning. Now it may be others in combination with the budget. So setting staffing standards, budgeting for and holding the administration to these standards is mandatory for the success of BSDC. Third, we'd like to ask you to keep track of the folks that leave our institutions. Our membership is greatly concerned with the quality of care and accountability of care that will occur as our clients are moved out of our facility into underfunded and understaffed programs in the state. We saw problems with that when we closed the Hastings Regional Center, cut back at the Norfolk Regional Center. People fell out into the system and out onto the street. Nobody knows what happened to a lot of them. And you cannot be making good decisions on how you're funding things when nobody knows what's going on. In closing, I would hope that the committee, in its findings, recognize the dedicated and professional staff who do God's work down here and they truly care about their patients. Might I also add to this, which is not in my written statement, that at times this is a very dangerous job for our staff and the people here. The unpredictability of some of the clients who have behavioral problems, you never know when it's going to happen, what's going to happen. I think...I don't know if I'm violating anything here, but there was a person from...that was on staff last night here at BSDC who was assaulted and had to

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go to the hospital, you know. So again, that also goes to staffing standards, if there's enough staff around to take care of those problems, you know. So for the last eight to ten years, many of the employees here have worked 16-hour days, 12-hour days; two, three days a week; five days in two weeks, you know. And to put that in perspective, if you guys go to work at 9:00 a.m. at the Legislature, 16 hours later is 1:00 a.m. the next morning. You know, are you going to be alert? Are you going to be awake? Is it going to be a safe environment for the staff, for the patients here when people have been working that many hours? We have this problem not only here but we have it in all of our 24-hour facilities, the vets' homes, the regional centers, at each one. In all the corrections facilities it's really starting to show up now. So we would urge you to take a strong look at what's going on. I know your focus is BSDC, but I would urge you to take a strong look and see if there's correlations to this in the other 24-hour facilities. And with that, I'd be happy to answer any questions. []

SENATOR LATHROP: Thanks, Mike. Senator Harms. []

SENATOR HARMS: Thank you, Senator Lathrop. Mike, I'm just interested in visiting with you about a couple of questions. You talked about staffing standards. []

MIKE MARVIN: Yes. []

SENATOR HARMS: What are you referring to? Are you referring to more than just the hours? []

MIKE MARVIN: Number...a ratio of staff to patients. So if there's adequate staffing on level...adequate staffing levels here and there's adequate staff so that we can cover vacations, we can cover sick, we can cover the day-to-day problems that have...without having to mandatory large number of employees into 16-hour days. We know that on a daily basis something may happen. That's why there is mandatory overtime language in the contract, because recognize that you can't do for everything

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that could happen. But that has been abused over the years where they have used that language that everything is an emergency and we're going to 16-hour days a lot of people. []

SENATOR HARMS: Okay. When you look at staffing standards, what about the qualifications of the staff? I mean, that fits into a lot of thing. I'm assuming that the qualification of staff, finding the staff (inaudible). []

MIKE MARVIN: Finding qualified staff, yeah, you should set some standards for what the qualifications for staffing is and they should receive adequate training and they should receive ongoing training in new developments or new ideas, so yeah. []

SENATOR HARMS: What about budgeting? In regard to budgeting, how much do you feel like this center is short? I mean financially, when we look at this, I've heard this discussion, you mentioned this discussion...I mean this particular question, if we look at the budget itself what do you think we're short and what do you think it's going to take to bring this center back to where it belongs? []

MIKE MARVIN: I honestly can answer that because I don't have all the facts and figures of everything, but I think where you...in the previous year we're looking at about a \$52 million budget down here, and in this last fiscal year we're down to \$48 million. My concerns are when you bring the budgets down in these areas, you know, that you look at all...what the effects of that are. I wish I could tell you how much money it would take, but that's why they pay you the big dollars and not me. (Laugh) []

SENATOR HARMS: You referred to the administration here and holding them accountable for the standards. What are your views about the administration here and the general operation of this? []

MIKE MARVIN: Well, Senator, let me qualify what my statement said there. I don't even

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mean just here. I mean at the levels above him, all the way through Chris Peterson, who's responsible for this, to the Governor who is responsible for overlooking Chris Peterson. What do I think of the staff here or the administration here? My exposure to John Wyvill, since he's come on here, very positive. John has been very open with me, very open to any suggestions that we have for him. I know that he meets regularly with our stewards out here to see what the concerns are, what he can do, you know. Is it genuine? It may be too soon to make that determination but I believe it is. I believe we're moving in the right steps. I believe that Chris Peterson has a genuine interest in getting this straightened out. I think they will be open to ideas and discussions. []

SENATOR HARMS: You refer to statutory standards. What statutory standards do you think need to be changed to make this center (inaudible)? []

MIKE MARVIN: When I'm talking about that, I'm strictly talking about, in my statement, the staffing levels to make sure that there is adequate staff to do the job that we're charged with, that we're not trying to do it with too few people. []

SENATOR HARMS: Okay. Thank you. []

SENATOR LATHROP: Senator Stuthman. []

SENATOR STUTHMAN: Thank you, Senator Lathrop. Mike, I just kind of want to dwell a little bit more on what Senator Harms was talking about. If you had to itemize or pick which would be the top thing that we should be addressing between the three--budget, staffing...staff training, or staffing level--which do you think would be the most important and that would affect, you know, the others the greatest? []

MIKE MARVIN: I think staffing levels would be the most important. That would also tell you what your budget numbers would do. Staff training, I think would probably be right there with the budget, you know? []

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SENATOR STUTHMAN: So in order to accomplish what we're trying to get to, the most important thing you feel would be the staffing level to start with. []

MIKE MARVIN: Right, Senator. If you say this is what our staffing levels are, this is what we have to do, that would then tell you how much money you need to budget for that staffing, you know? So...and then I have no idea, to be honest with you, what ongoing training costs if they had to bring people in to do it, if we have people within the state that are capable of doing the ongoing training and how that works. []

SENATOR STUTHMAN: Do you think staff training would be very important with the circumstances that these people are working under? []

MIKE MARVIN: Sure do. I sure do, Senator. And not only staff training but maybe, as I'm sitting here thinking about it, some kind of a mentoring system for people who are maybe having some problems with some of their issues that come up in their training and doing their daily job, somebody that they can go to and they can talk to and say, I'm having these problems and with this type, and maybe get some extra training or support. []

SENATOR STUTHMAN: Okay. Thank you, Mike. []

SENATOR LATHROP: Senator Gay. []

SENATOR GAY: Mike, thanks for coming. When you're talking about overtime, the first thing, if you watching that budget, overtime is a killer on budgets anyway. []

MIKE MARVIN: Yes, it is. []

SENATOR GAY: So...but I think...and this is more of a statement and...but I think what

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we're going to get out of this committee a little bit, we've got members from Appropriations, Health, Labor, we've got all the people and all the players here to look into this and speak amongst ourselves as we go and work on a budget this coming legislative session. So I think we're in a good position here. Timing is right for what you're saying. But I guess I'm just going to tell you, we'll make a commitment to look at the budgets and there's a balance, when you run a 24/7 facility, whether it's law enforcement or anywhere else we're looking at throughout the state, what's the optimum level staffing, overtime. But any good manager I think is going to look at overtime and say, hey, how can I get rid of it? The steps they're taking we need to keep following up on, who are we hiring, some of these processes that are already in place, we need to make sure. And what I'm doing here is asking for your help, keep on us to make sure we get some of the employees hired that we need. We're making changes. It won't happen overnight. But I think that's amongst all of us. We need to make sure we continue to go and that I talk or Senator Stuthman, that Health Committee members are talking to Appropriations Committee members, who are also talking to Labor Committee members, whatever the case may be. Because sometimes we get in our silos and we only look at one part of the puzzle, but what you're saying, I think, and I jotted down a few notes, is make sure you're looking at all these things together... []

MIKE MARVIN: Right. []

SENATOR GAY: ...and find out what the optimum balance is between staffing, overtime, and budgets. Because we can't just say ignore budget and just throw money at a situation either. So I appreciate what you're bringing here and just wanted to tell you on record, made some notes and will follow up on it. But if you have any way you want to help as well, I'd encourage you to, not just today but later, let's talk and figure this out as well. []

MIKE MARVIN: Well, I'll definitely make you that commitment, Senator Gay. (Laugh) []

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SENATOR GAY: Yeah, I know you will. []

MIKE MARVIN: Yeah, we've talked before. []

SENATOR GAY: No, I know you will. Thanks. []

SENATOR LATHROP: Mike, I want to visit with you a little bit about you sort of...you're the lead-off guy here as testifiers go and we got sort of, what John Wyvill likes to call, the 25,000-foot view of things with your testimony, but I'd like to visit with you a little bit about the findings on the DOJ report. As I read that report, it, of course, identified a number of instances of abuse and neglect, and that report also attributed those to personnel practices at BSDC. []

MIKE MARVIN: Uh-huh. []

SENATOR LATHROP: And I suspect that you've spoken to an awful lot of people, some of whom will testify today and some of whom chose not to. []

MIKE MARVIN: Yes, I have, Senator. []

SENATOR LATHROP: So you'd be familiar with the relationship between those abuses or the employment practices that are referred to in the DOJ report and the abuses. []

MIKE MARVIN: Yes, I am. []

SENATOR LATHROP: I'd like you to share your thoughts, if you would, on the relationship between the overtime hours and maybe you can tell us what the overtime situation is or your perspective. I heard this in Business and Labor when we had a mandatory overtime bill, but why don't you give us sort of the big picture view of what the requirements are if you're a BSDC employee for mandatory overtime. How many

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hours are people putting in and what are those circumstances under which they find out they're going to have to work overtime? []

MIKE MARVIN: The circumstances where they find out can vary greatly. It can be a last minute, they're getting ready to leave, and we're going to have to hold you over because somebody called in. It could be earlier in the day that they...absolutely, no, they don't have the staff, and they'll let you know. Now our contract allows for three mandatory overtimes in a pay cycle, which would basically be almost a month of 16 hours, but what's been happening, not only here but at our other 24-hour facilities, is that sometimes it's been three in a week. Sometimes it's been three in, you know, a two-week period, but then the next two-week period you're right back into it. What that does, in my opinion, I mean we're talking about people's lives here that these people are taking care of. You're wore down. You're tired. It's easy to make mistakes. Simple mistakes have big consequences sometimes here. We can't allow that to happen. And you know as well as I that if you're up 16 hours, your mind is not as sharp. If you're working that 16 hours, you're doing...whether it's taking care of medications, whether it's taking care of feeding, whether it's bathing, I mean it's very, very simple to make mistakes. And Ted Buri, one of my staff reps, is going to talk about this a little bit more. Things that have been cited by DOJ as abuse or neglect I think are simply mistakes that people have made because they are so worn down. They are there at the end of the day and this may be your second or third day of working 16-hour days, in addition to your other days 8 hours a day, that you're going to make mistakes that are not deliberate abuse, that are not deliberate neglect, but they are treated as such, and CMS wants them treated as such. JCAHO, they want them to come down. And know anyone who commits deliberate abuse or neglect of one of the patients here needs to be gone. I'm going to tell you that. You know, we're not going to tolerate that. We don't want anything. But what happens when we get into these situations where people are working these many hours, mistakes happen. Mistakes happen when you're on an eight-hour day, but mistakes happen when...really happen when you're wore down. And to be held to such high standards that you can't make a mistake and what happens to

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the employees when they do is wrong, is wrong. You can't demand this of people. You can't demand that many hours out of them that they be perfect, so... []

SENATOR LATHROP: When this matter came before the Business and Labor Committee, many of the people, probably some of whom we'll hear today, including yourself, talked about where Beatrice...that the Beatrice Development Center used to be a place in this community that people wanted to work at. It was the place where people tried to get on, where you had to wait in line for a job, and that has turned into now it's become a place where people don't want to work because of...for a variety of reasons, perhaps the pay, perhaps the type of care, and the mandatory overtime and the suspensions. And maybe you can address for me, unless there's somebody else that's going to come behind you that will and you know that, address for me...because we have staffing problems, address the situation of Beatrice State Development Center as an employee...an employer, rather, in this community and how that's changed over the years. []

MIKE MARVIN: Senator, I do know for a fact that is also part of Mr. Buri's testimony, but I will give you my opinion here very quick and Ted will touch into it more. I mean, for years this was the employer of choice in the Beatrice area--good job, good benefits, everything there, great place to work. It is now, again, the employer of last resort in many cases because people...the reputation in the community is such that, you know, it's not a pleasant place to work, you're going to be mandatory and if you refuse mandatory you're going to be disciplined, discipline is severe. You know, the reputation has gotten out in the community. This was generations of families that grandfather worked here, parent worked here, child worked here. It's not happening anymore, you know? And, as I said, Ted will, Ted will address this more in his testimony. []

SENATOR LATHROP: All right, we'll talk to Ted about that, I guess, in a little more detail. Before I let you get away and since you are a union representative, share with us the hourly rates at Beatrice Development Center or the...if it's not the employer of

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choice, where are people going instead of the Beatrice Development Center? Are the rates of pay and the benefits and the circumstances competitive with other jobs in this community? []

MIKE MARVIN: You may hear different out of me than you're going to hear out of a few other people. After the CIR decision and for the job that has the most incumbents in it here at Beatrice, we've probably got the wage where it is competitive in the area again now. We were not. We were below. You know, our developmental techs here, they were way below what the market was in the area and they've come up substantially over the last two years. Now some of the other classifications still need some addressing. But I guess I would like to say this, Senator, that while money is a motivator and money is necessary and we will take all the money we can get from you, that job satisfaction is probably more important--being happy in your job. You know, people will sacrifice money to work somewhere where they enjoy coming to work, where they want to be. You know, and I, from my own belief, that is the primary motivator for people to stay or want to come to work. This is a good place to work. We love being here. And most of our employees here absolutely love their jobs. But it's the other issues that go with the job, the mandatory overtimes, the long hours, the disciplines, the...that's...I think that's wherein our problem lies. And again, as I say, there's a problem with discipline, let me reiterate, I don't think that anybody who deliberately abuses a client here needs to be here, but we can't treat every mistake, particularly when you've been here long, like it is abuse, so... []

SENATOR LATHROP: All right. Thanks, Mike. Are there other questions? Yeah. Oh, Senator Wallman. []

SENATOR WALLMAN: Thank you, Senator Lathrop. Yes, Mike, thanks for being here. You know, some institutions, like hospitals and nursing homes, go to ten-hour days. Do you think the employees are up for that or not? []

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MIKE MARVIN: Senator, very possibly. I don't know. I think some would welcome 10-hour days as I'm not working 16s, you know? But then it gets into the point then what if somebody doesn't show up for that 10? Are they "mandatoried" for another 10-hour shift and they're working 20 in a day? You know, there's a lot of issues to be resolved around something like that. So, I mean, there are things that we are open to discussion on with management. []

SENATOR WALLMAN: Thank you. []

SENATOR HARMS: Can I say one question? []

SENATOR LATHROP: Yeah, Senator Harms. []

SENATOR HARMS: Mike, I would just like to follow up. I don't believe that all the issues here are tied to overtime. []

MIKE MARVIN: No, they're not. []

SENATOR HARMS: And my views here, as just reading what the DOJ report is, I think there are bad choices in hiring the wrong people. Secondly, I believe that we don't have a system here in place that really manages this operation appropriately. I believe very strongly that when you hire someone and they plug in their time card and they go watch a ball game or they leave campus, there's something wrong with this institution. []

MIKE MARVIN: True. []

SENATOR HARMS: I also think that when you look at this and look at the communication link here, there is very little communication, according to the DOJ report, and that people aren't communicating. There aren't reports that are being filed appropriately. It looks like to me, as I view this, I might be wrong but be anxious to hear

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what the staff says here, that it's disjointed completely and that, in fact, we don't have appropriate management here to make this correction. Putting money into here and hiring people will make no difference unless the culture of this organization changes, and that management style will have to change with that to make this appropriate so that the people we have here will receive the appropriate care. We are responsible for these folks. And so I don't want everyone to think that it's just because of overtime. I think it does have an impact, but there's so much more beyond overtime pay and overtime issues here that need to be resolved. []

MIKE MARVIN: I agree, Senator, you know, and I think that part of the problem with hiring the right people is that the right people don't want to come here anymore because of the bad reputation, and a lot of it is what you stated. You can't get the right people to come in. They hire who they can. []

SENATOR LATHROP: All right. Thanks, Mike. []

MIKE MARVIN: Thank you. []

SENATOR LATHROP: I appreciate your testimony today. And next up, all right, we have somebody. We have a volunteer. That's good. I should have said this and if you'll let me interrupt you for just a second, when you come up, if you can sit down, make yourself comfortable, and then tell us your name and spell your last name for us. []

JONATHAN POTTER: (Exhibit 2) My name is Jonathan Potter, like Harry Potter, P-o-t-t-e-r. I work for 406 State as DT staff and I'd like to share some issues with you today. Excuse me. I'm not a very good public speaker. I'm much better at written communication. Okay. Dear members of the committee, when you look around campus, it appears beautiful, well-kept, an even serene. It's a lot like my first wife; it's not until you break the surface, until you get off on your own that you start to see what it's really like. I'm not sure that the tours you have taken...I am sure that the tours you have taken

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here have lived up to all the dog and pony show standards your tour guides had to offer--nods, smiles, pats on the backs all around. I have previously discussed the breakdowns in communication in a letter regarding a town hall meeting I was unable to attend on Tuesday, April 15, 2008. I have since found two errors in this letter and have included that letter in here. I'll give this to you and attach the corrections. This letter went to Mr. Wyvill and Mr. Stegemann, who hosted the meeting. It also went to...I e-mailed it to Senator Wallman and it traveled quickly amongst the DT staff on campus. One of the things it spoke of is gravity in communication: What goes up must come down. There has not been any response to that letter or the concerns addressed in the following town hall meetings. Gravity in communication is a problem at BSDC. What I'd like to speak on today is caring for the caregiver. It is possibly the most important job on campus that is not done well. By no means is this an easy job, as it encompasses a large variety of problems and issues that affect the everyday professional lives of our DT staff. Further, the duties of this are multidisciplinary duties belonging to various professionals and administrators across campus. These issues include, but they are not limited to: communication; safety; suspensions and overtime; rights, responsibilities and consequences; administration and professional support; and advocacy. As I have previously mentioned, I have covered major problems in communication in a previous letter and will let that letter speak for itself. As well, I covered safety. I would like to touch on that topic a bit more as an update and as further issues that have come up. As far as DT staff has been made aware, there are still no current plans being made to protect staff from individuals who have a habit of spitting during target deceleration behaviors. Further, I would like to add vaginal secretions to this, as it ties to protective gear. While she did it at her previous BSDC unit and she has not done it since coming to our unit, we have an individual that will smear vaginal secretions on staff during target behavior decelerations. In one case, she even stuck her hand covered in vaginal secretions in the mouth of staff. Having spent quite a bit of time on that unit, I remember that they were instructed to don body suits. Once again, as was the case with spit socks, the answer was to stop protecting the individual from harm so that everyone can run, obtain, and don bodysuits. Failure to protect from harm is abuse and neglect. Not

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only do we need realistic answers and solutions, we need someone to care enough about staff's safety to find them and get them implemented. I covered spitting well in the other letter, so we'll leave it here. I'd like to...I have a Case A. We have supervision cards to help remind us and unfamiliar staff what exactly the levels of supervision of individuals are that need extra tending to during various circumstances. Many of the ladies' cards require two staff in the area during a physically aggressive or self-injurious target deceleration behavior, and a few also include while agitated due to the history of quickly switching to the target deceleration behaviors. On May 27, 2008, the facility was once again short on DT staff. I was moved to another unit, leaving three DT staff on the unit. Our housekeeper, a former DT staff authorized to help, agreed to help while one of our staff went to the rest room. During this time, one of the individuals became agitated when verbally redirected for making a face at a peer. She then shut the dishwasher on a peer that was about to use it. Upon this redirection, she realized that she lost her reinforcement. She grabbed a sink faucet, bending it down and then up, breaking it and causing water to spray everywhere. She continued to yell at staff as she was asked to clean up the mess. When back in her room with the DTIII and the housekeeper, requiring two because of agitation and property destruction, she went to her bathroom, took off and broke her glasses. She then attacked the two staff, busting the DTIII's lip and ripping off her glasses. She also busted the housekeeper's nose, causing it to swell and bruise, and her glasses have to be repaired. We now have one staff pulled to another unit, two staff with the individual, one staff with a one-on-one supervised individual, and the rest of the individuals are now technically unsupervised, leaving us out of compliance with our supervision cards as well as our BSPs. I was on break and came in and found the DTIII icing down her lip and sitting with the one-on-one, as well as the rest of the individuals, while the other two staff were back with the agitated individual. I don't remember exactly what the housekeeper was doing, but I believe she was tending to her injuries. The DTIII called the timekeepers to get me back as the individual had not calmed as of yet. It took them one hour and 15 minutes to get me back. This is absurd! It's unacceptable. It's in violation of our BSPs supervision requirements and adds to the perception that our safety and that of our individuals is not

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taken seriously. An individual takes out two staff, okay, as long as no individuals were hurt. We've had been a mandatory/advised four staff, but upon our most docile and nonviolent individual earning community placement, it was decided to move us to a mandatory three staff. This was based purely on numbers of individuals versus staff and not on the facts. Having been getting nowhere with yet another manager we were about to lose, I wrote a note to the area administrator. This finally ended when the temporary manager said I would get nowhere going the route I was going. This basically meant I would get nowhere going up the chain of command; I would have to go to the team. That was comforting, considering we had already been losing that battle there, too, and the manager we were about to lose was to become our QMRP. I have included some of the correspondence regarding this incident. We already knew where she stood and it played out as expected. We have continued to beat our chests, but we might as well be the town criers in a ghost town. Second case: On Monday, August 11, 2008, one of our individuals had a trip with our DTIII, our QMRP, and a DT staff that agreed to come in on her day off. This trip was for the individual to take her boyfriend from another unit to Lincoln to meet her dad and have lunch together. This gives us four staff--one staff in Lincoln and three at BSDC. The three staff, one is with the one-on-one individual, covering for the birthday girl at Treasures Unlimited, and two staff with the other three girls. One of these girls went to her job at the snack shack. What this looks like is that we have two staff on two individuals. We received a phone call that I was being moved to another unit because they only had two staff and their HSTS, while we had four. They were counting a staff that was in Lincoln, unable to help if something were to happen. Normally, this would not make us happy but we'd deal, but unfortunately it hadn't been normal. One of the two individuals, a schizophrenic, had been having serious issues due to staff being suspended, on vacation and, to her, just plain unreliable. This is a serious issue for her and for the last week and a half she had been having serious issues. We even had a psych clinic scheduled for her that had not yet taken place. The other individual had been known to switch gears just by redirection and by agitation of her peers. You heard about here in Case A. I fought but, in the end, lost. I was visibly upset when I went and spoke with my manager. I was told there was nothing he could

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do. Further, he asked where our HSTS was. I didn't know. He then told me he would put on a radio, as he'd be across campus, and he would get our HSTS to go with her. Not happy but mollified, I went to the next unit. I get to the next unit and their HSTS, who shares an office with ours, informs me that our HSTS is on vacation this day. No one was sent there to help her. Upon finding the HSTS on vacation, our manager didn't help. Further, even knowing his staff was stressed, he was not willing to help cover lunch breaks. She had to go to our former manager who is in charge of the developmental specialists. She basically had to get mad to show how stressed she was and needed a break. Further, she was told to handle the routine by herself and get it done. They had to pull me off a unit that did not have available or willing professional support to put me on one that did have it. Fortunately, this time there were no serious target deceleration behaviors. Suspensions: For some individuals, suspensions and allegations protect them from harm, doing the job it was meant to do. However, there are a few units on campus who have individuals for whom suspensions and allegations are a tool, a toy, and even a weapon, all more powerful than anything they could do physically to staff. They know the system and it's like a finely honed sword. On 406 we have a couple of individuals that know exactly what to say. We have one individual we cannot redirect without her running to the phone. Just recently, she called the CEO again and laid a false allegation on me and a coworker, saying we called her a retard and said she'd be there the rest of her life; one of us didn't say one thing and another say the other, we both said exactly the same thing. Neither of us had said that. However, we get pulled in the office and told we're suspended. They check with the investigators and we had to talk to them before we leave campus. While there, the investigators asked us about this individual's false allegation policy. This is a historical problem for her and is the same individual I discussed in the previous letter. When I told them she doesn't have one, they were shocked. Deb Turman had more or less the same reaction when I told her of the lack of policy for this individual. I talked to her prior to my suspension. They took her statements and we hit the bar. What else was there to do? Seriously, we heard nothing until we got the notorious suspension nasty-gram from our manager about halfway through our suspension when we...though we didn't know it at the time. Then we hard

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nothing again until they brought us back. I had a couple of conversations with a union rep, but he didn't seem to know any more than I did. The next thing I heard was, on Wednesday, July 30, Pam Spier asking me to come back. My days off are Thursday, Friday, so she set up a meeting on Saturday morning before going back to my unit. She gave me a tutorial or counseling on the rights of individuals and what to and not to do. I was told that because there are so many suspensions, they know there are abuses going on. I had heard rumors of splitting up 406 staff and asked her about it. She said there was talk. I let her know that I was not threatening, but if that were to happen I will leave BSDC and head to LRC. It's actually close to home. Having not done what I was accused of, my allegation of abuse was not substantiated. When I got back to the unit, I was informed that our other DTIII had been suspended the day or two before by our individual that actually has a false allegation protocol. When she came back, she told me in her interview with our manager he had said he knew there was abuse going on. She said that he told her he could only find a couple suspensions in her file and knew there were more. If there was one more suspension on the unit, they'd split us up. According to contract, those suspensions should not have been in there since there was no discipline and they were unsubstantiated. I would like to note that none of it was said in a threatening manner. Many things happen to you when you get suspended. You go home wondering if you'll have a job or an abuse charge added to your public record. Even being innocent, I was a little more overwhelmed than I would have thought I'd be. You are treated guilty until proven innocent. I was fortunate enough to have her do it on the first day of the pay period and was back before it was over. If you get hit on the second Monday or Tuesday of the pay period, you are going to lose six days worth of pay off of your check, regardless of your innocence. This I object to. Bills have due dates and do not care if you will get your pay back eventually. It's bad enough dealing with a false allegation, but to take money away from taking care of my child is too much. Further, in the last year our unit has lost literally thousands of dollars in lost overtime, and that's just our unit. The other units have experienced the same. Personally, I lost three scheduled shifts of overtime. That's a gross loss of \$437.97. That is money robbed from taking care of my child. It's just too much. Add insult to injury, the three

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overtime shifts I lost put me under the three-shift limit to be mandatorily held over for the next shift. On Sunday, August 17, I was told because I didn't have my three shifts in I would have to stay into the second shift. Further, we had two other staff who were told when they came back, one of whom lost her four scheduled overtimes putting her under the limit, they were both mandatorily held back their first day back to a problem unit where there was no regular staff. Let me make this clear. I am innocent. I lost money. I was brought back unsubstantiated, and they tried to mandatorily hold me over, still be punished for something I just did not do. List of consequences for the individual who lied--none. All consequences are transferred to staff and her peers. I'd like to...Rights, Responsibilities, Consequences: It is well-known that rights come with responsibilities. Our team has come a long way in trying to promote and teach our individuals how this works. We need to take it a step further. Rights come with responsibilities whose use has consequences. In the politically correct work up, consequences has almost become a dirty word, erroneously synonymous with punishment. In our effort to make sure our individuals are not being punished, we have gone above and beyond the call of duty in removing consequences from their actions. If the individual trips, we had better not let them fall. If they fall, they better not get scratched. If they get scratched, they better not hurt. Sometimes it feels as we are spending most of our time throwing ourselves under them, making sure they don't get hurt. Unfortunately, by removing these natural consequences, they are also not learning to walk on their own. For example, for a public rights, responsibilities and consequences, I have the right to drive a car. I have a responsibility not to drive drunk. The consequence of impairment is that I get fined, jailed, and lose the right to drive. Unfortunately, you can't completely remove a consequence. You can remove a consequence from one individual, but somebody else is going to pay the price. Transference of these: right, I have the right to drive a car responsibly; I have the responsibility to drive drunk (sic); consequence of impairment, I get in an accident and kill the people in the other car. That's transference. Obviously, this example does not exactly happen here; however, it shows exactly how this happens. Let's look at this from a standpoint more familiar to BSDC. I have the right to be free of abuse. I have the responsibility not to make false allegations. Consequence

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to false allegor--none. Transference of consequences: staff suspended as previously described; staff at work, working with unfamiliar staff, shouldering more of the burden of responsibility; stress is a result of the aforementioned; stresses with dealing with the allegor's peers' consequences. Their peers' consequences: dealing with the chaos that comes with unfamiliar staff; dealing with peers manipulations of unfamiliar staff; seeing accusing peer repeatedly get away with it; picking up these habits from this peer; routine disrupted, which can be devastating in the treatment of some which can last for weeks after the staff have returned; not all individuals understand what is happening; distrust of returning staff because they weren't here where they were supposed to be; you want to know, ask the individuals, they'll tell you what their consequences are. If you want to get down to the nuts and bolts of false allegations, it's bad on staff. But for the individuals left behind it is rough. They've continually described how bad it is for them. More recently, a schizophrenic individual described in the second case lost touch as a result of multiple suspensions of staff. For her, it is a betrayal that you weren't here where you were supposed to be. When you return, she won't talk to you and can be nonredirectable by your for a period of time, a day, a week, often more. We've had to adjust her meds at least as a partial result of this last episode. She has not had her meds adjusted in years. I understand we can't promote applying a false label to true allegations, but does she really have the right to put her peers through what we would call abuse if a staff had done it? Administrative and Professional Support: It is widely felt amongst DT staff that it is an us-against-them game. I covered this in the previous letter I wrote. To my knowledge, nothing has ever been done with this letter and no answer was directly given or even filtered down. Gravity is not supported in communication here. In the August 2008 edition of the "Connections" newsletter, there is an article by Jeanne Atkinson, I don't know how to pronounce her name, entitled "Department of Justice applauds efforts at BSDC." In the settlement, DHS agreed to develop a zero-tolerance policy for abuse and ensuring adequate staffing. It went on to say, keep residents free from unreasonable restraint. These two go hand in hand. Recently, 408 State has seen an increase in the mandatory minimum staffing that they must have to do their daily job. They originally went from three to four, and then on to the current five

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staff. Having adequate staffing, they have been able to reduce the restraint usage even amongst some of the most notorious individuals. Better staffing allows you to switch off if it becomes too much to handle. Even staff can get frustrated or too stressed out to continue without creating an atmosphere suitable to abuse and suitable to further aggravating the situation resulting in unnecessary restraint usage. This is why our BSPs state that we should switch out as necessary to avoid this. When you have adequate numbers, this is feasible. As mentioned in Case B, she was left without support. She was already stressed out and did not have her coworkers, manager, or professional staff to turn to, to take a break. She had to go outside the team to get that. When you have a total of three staff, you have two of them dealing with an individual's deceleration behavior; you have one dealing with the one-on-one. When those two need to switch out, do we really have the staff to do it? During the last town hall meeting I attended, the administration continued its stance on taking no responsibility and blaming others. It was DT staff's fault we were getting froze for calling in sick. For those of us who show up for work and do what we're supposed to, it was a slap in the face. We were asking for help and you were blaming us. It is not our job to discipline our coworkers or make them feel bad for calling in. That's the manager's job. If the manager isn't doing it, it's the area administrator's job. If the area administrator isn't doing it then it's the CEO's job. I learned in the Army that if your troops mess up it's your fault--take responsibility. It was brought up about an agency temp displacing staff when the unit didn't need it. He said it was the manager's fault. I asked him, since weekends and holidays are getting regularly mandatorily frozen, what was his plan for professional and administrative support. His response: "I can't work the units." First, not quite what I meant. Second, if he's not aware of how a unit should be run then how can he lead us in the right direction? Even the great generals had to get down into the trenches to be able to see how the battle was progressing. Other than the dog and pony shows, the only time I have seen him on our...the only time I've seen him or our area administrator on the unit observing things is during shift change when we have a plethora of staff, individuals' breaks, and other things going on. I have not seen them during a behavioral crisis. I have not seen them when we were short on staff. I have not seen them observe the

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individuals' employment or classroom work. At that point in the meeting, when he said that, I realized that gravity had failed and it would always be someone else's fault or problem or not matter because he couldn't work the units. So I walked out. When CMS is camping on campus, we have professional and administrative support coming out our ears. We cannot turn around on first or second shift without bumping into one or the other on the unit, in the classroom, or in the work area to help out. As soon as CMS leaves, so too does the professional and administrative support. In fact, towards the end of the last visit, though it was still called professional support, it was actually professional audit. I could see it being justified as professional support if the results had been shared with the DT staff to improve the home. On paper, it looks good. However, it really made no difference. The results of the few audits that have taken place recently have suffered the same fate. They do not share the results with us. Lastly, I would like to talk a little bit about advocacy. One of the great things about a large institution like this is that the individuals meet and literally have hundreds of advocates across campus, from maintenance all the way to the CEO. Everyone is an advocate. When it concerns the contract, the union does a well enough job to represent our interests. When it comes to noncontract issues, the number of advocates for DT staff is zero. The CEO tells the area administrator, who tells our manager how it will be. The manager is out as an advocate. The QMRP is the individual's manager. There is not one person whose sole job it is to take care of the caregiver. When staff are tired, harried, frustrated, stressed, disgruntled, and the list goes on, it reduces their ability to give the best care that can be given. You would think that being the group employees that spend the most time with the individuals in all areas of daily care and routine, that as a facility we would have someone or some people whose job it is to make sure the caregivers were taken care of and ensure gravity in communications with the caregivers in order to ensure the best possible care for our individuals. Thank you. []

SENATOR LATHROP: Thank you, Mr. Potter. If you'll...have some questions for you.
Senator Stuthman. []

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SENATOR STUTHMAN: Thank you, Senator Lathrop. Jonathan, first of all, thank you for your testimony. A question that I have is, is there any discipline for patients that are here, you know, at this facility, like you mentioned the spitting and stuff like that? Is there anything that disciplines... []

JONATHAN POTTER: No, sir. Punishment is abuse and neglect. []

SENATOR STUTHMAN: ...disciplines those people? []

JONATHAN POTTER: No, sir, punishment is abuse and neglect. []

SENATOR STUTHMAN: Punishment is abuse and neglect. []

JONATHAN POTTER: Yes, sir. []

SENATOR STUTHMAN: So the workers here must put up with anything and everything. []

JONATHAN POTTER: Pretty much. (Laugh) []

SENATOR STUTHMAN: So I mean that's...what's what...and what is HSTS? []

JONATHAN POTTER: Um, God, it's been called so many things, PSAs. It's basically the trainers. I guess that would be teachers kind of, well, kind of. They develop the programs. They develop, oh, programs for a number of things, anywhere from medication to daily care to math, you know, mathematics, to job training, whatever. They are really on the training side of it. []

SENATOR STUTHMAN: Okay. Thank you. []

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SENATOR LATHROP: Senator Wallman. []

SENATOR WALLMAN: Thank you, Jonathan, for testifying. Thank God for front-line workers. Now is there some of these clients you speak about, or residents, is there any, you know, as you probably say, they lie and there's no repercussions and they're still paid attention to, right? []

JONATHAN POTTER: Every time. []

SENATOR WALLMAN: And I can see why you have trouble getting workers. []

JONATHAN POTTER: Well, and not only that. When you start having individuals like that and they do the repeated thing, now they want to get rid of the...they want to split up the staff. So what's going to happen when they bring in the next group of staff and they start, you know, enforcing their programs and BSPs? The clients get upset. They're going to dislike it and they're going to start turning them in. You'll be all over again...you'll be back to the same thing. []

SENATOR WALLMAN: And the suspensions, even though you're innocent, you don't get paid that time your off, or do you? []

JONATHAN POTTER: If...once you're cleared, you get paid it back. But, like I said, if you're suspended towards the end of the pay period, they hold it from you regardless of your innocence. []

SENATOR WALLMAN: Thank you for testifying. []

SENATOR LATHROP: Senator Gay. []

SENATOR GAY: Thank you. Jonathan, are you still employed here? Do you still work

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here? []

JONATHAN POTTER: Yes, sir,... []

SENATOR GAY: Okay. []

JONATHAN POTTER: ...406 State. []

SENATOR GAY: Okay. Thank you. Well, thank you for your testimony. Some of the questions Senator Stuthman said about HTS, but some of these acronyms, what is a QMRP? []

JONATHAN POTTER: Sorry. Qualified mental retardation professional. It's, like I said, basically they are a manager. []

SENATOR GAY: Okay. What about a DTIII then? []

JONATHAN POTTER: DTIII, well, direct-care staffer, however, your DTIIIs, which are the low, you know, your general staff, and then kind of like lead staff are our DTIIIs, and then it goes managers. []

SENATOR GAY: Okay. All right. And then I guess listening to your stories, that's amazing what you have to go through. But I guess what I was saying, when you're looking at staff meetings, do you have like collaborative meetings where you hash out these problems? I mean, you saying, well, I go to leadership, nothing is getting is done. But do you have performance meetings where you sit around and say, hey, how can we improve this or that? I know this is a very regulatory environment, sounds like too much. []

JONATHAN POTTER: Yes and no. []

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SENATOR GAY: But what's going on, in your view of the world? Just... []

JONATHAN POTTER: We have team meetings and I've continually brought this up, but the problem we run into in team meetings is it's usually on an individual, just one. And in that meeting with that individual, you're not supposed to mention the other individuals. So really, when you're dealing with people with borderline personality disorders and other social issues, you're not helping them at all because you're not dealing with their interactions with their peers and coworkers and blah-blah-blah. And I mentioned this to the team on several occasions, is that we need to have a general team meeting about the living unit as a whole to discuss the direction that we're going and where we need to go, and it has yet to be done. []

SENATOR GAY: Okay. Okay. And then you said about sometimes you don't mind it. What's your view of overtime? I mean you said in your testimony you asked for it a few times, but what's your view of overtime? []

JONATHAN POTTER: Well, I do my overtime and I put in my overtime so I can choose the time when I...so that I don't get frozen, basically, during a time where I have family stuff or whatever going on. So I make sure that every pay period, or I try to make sure that every pay period I get my...at least my three in so...what they do is, he kind of described it earlier, is that you take two two-week pay periods. You take the one you're currently in, which is a partial pay period, and you take the last one. If you don't do...if you have your three on this one and you don't do anything on this one, right, when it switches over come that Monday you've already...you've got none in; you're up for being frozen. It just automatically drops off no matter when within that four-week period it happened. So, yeah, you just...especially if you're low senior like myself, you just make sure you get it in. []

SENATOR GAY: Okay. All right. And I guess another thing you had talked about, this is

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just my view of what's happening, is you go and there's no real coordination of events going on here. Regulations and policies, they're all to protect...none to protect you, is what you're saying. Do you think...what's your view of the regulations and policies that are going on here? Are they being enforced? Are they worthwhile or is it...I mean... []

JONATHAN POTTER: Well, you can...(inaudible)... []

SENATOR GAY: We have to have some. []

JONATHAN POTTER: As far as you have to have some regulations and I understand that they have to separate us and get us out of there because if it is a true case then, yes, you know, you got to have them out of there. So even for a false allegation, it just has to happen. But what doesn't have to happen is that you don't have to hold their pay for it because, like I said, they're not guilty yet and they may not be guilty at all. So you're punishing them for something they haven't done. []

SENATOR GAY: Okay. And you're talking about specific case there, but what I'm saying is, in your view, as you're working, trying to provide good service day in and day out, I think if you're here, you're here for a reason, because I think it takes a special calling to work in the place here. But I guess what I'm saying, is there so much regulation and things going on that we're forgetting the...why we're here? I mean it just seems to me there's a rule on this, regulation on that. I know we have to have that, but if we're not having team meetings to improve performance or do whatever, what's...do you feel that employees come in and they say, well, here's how I can improve this place, and they're just not being heard or...? []

JONATHAN POTTER: Well, that's how a lot of DT staff feel. That pretty much sums it up. (Laugh) []

SENATOR GAY: And I guess is that because we've created those regulations ourself or

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the federal government making us do these or have we ever reviewed those, in your mind? And like I say, if you don't have team meetings... []

JONATHAN POTTER: I think...I think it's a combination of a lot of things, those points that you've just mentioned, and of course it's felt by a lot of DT staff that since, you know, the professionals on up, they all have degrees and, well, we don't. It's kind of, like I said, it's kind of viewed as an us-versus-them thing. It's that we don't feel that we're all...we don't always feel we're taken serious because we're not professional. We have...one of my DTIII's has been here 20 years. She may not have a degree but I would call that professional. []

SENATOR GAY: Yeah, real-world experience. So team building is not happening. []

JONATHAN POTTER: Not really. We're lucky enough on 406 to have a very cohesive DT staff. []

SENATOR GAY: And 406 is what? []

JONATHAN POTTER: 406 State. We have five female individuals from their late...mid to late twenties all the way up to late forties. []

SENATOR GAY: Okay. And then I don't want to go on too much. This is the last question. But do you...how often do you switch your position or your job that you're dealing with, your unit or whatever? Are you being asked to do too many things or you...how often do you switch around what you do here? []

JONATHAN POTTER: When you're the extra staff and you're least senior, you can pretty much see...you can pretty much be moved every day. I mean it doesn't always happen, but there are time periods. When I was on...the first unit I worked on, 408 State, I was the extra staff and I had no seniority and I would go pay periods without

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ever seeing my unit. And yet...and then, of course, someone would get sick or go on vacation and I'd show up and I'm supposedly regular staff and I ain't been there in a month, and prior to that it might have been two weeks, and prior to that...you know what I mean? []

SENATOR GAY: Uh-huh. Yeah. []

JONATHAN POTTER: So it happens. []

SENATOR GAY: All right. Thank you. []

SENATOR LATHROP: Senator Harms. []

SENATOR HARMS: Thank you, Senator Lathrop. Jonathan, thank you very much for your testimony. I always respect people who come in and tell us how you feel, and I really appreciate that. I know it takes a lot of courage to do that. Jonathan, I have just one question I want to ask you. If you had all the power in the world, how would you fix this? I mean if you had the authority, what would you do to correct this? It's a tough question. []

JONATHAN POTTER: Communication, I really honestly believe communication is the key. I mean even with communication not everything can be solved satisfactorily. I mean that's just the way of the world. But at least if you know...when it comes back down saying, hey, we looked at it and this is what we're doing and this is why, at least you know why and you feel better and, you know, you can...maybe next time something comes up you know you can get it better worked out. []

SENATOR HARMS: Thank you. []

SENATOR LATHROP: I wanted to ask a few questions just to kind of follow up and I,

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like Senator Harms, I'm interested in your testimony regarding communications. And maybe it would help me to understand your situation if I understood how many people are above you. You're a direct-care person. Is that right? []

JONATHAN POTTER: Yeah, as far as... []

SENATOR LATHROP: When we talk about direct-care staff, that would include you. []

JONATHAN POTTER: Right, that's the...that would include me, correct, bottom tier. []

SENATOR LATHROP: How long have you been here? []

JONATHAN POTTER: I've been here just over three years. []

SENATOR LATHROP: And you say you're not...that at three years you're not a senior person here? []

JONATHAN POTTER: Oh no. I still have some to learn, quite a bit to learn. []

SENATOR LATHROP: I didn't know if that was a seniority thing or how much you know. []

JONATHAN POTTER: No, it's not a how much you know thing. I mean there's always...seniority thing is more of a contract issue. But I mean even...I mean even that way, we've been here three years, you still have a lot to learn. []

SENATOR LATHROP: All right. Are there people that work below you or is it the direct-care staff and you're it. []

JONATHAN POTTER: No, as far as taking care of the individuals, that's the bottom line.

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[]

SENATOR LATHROP: Maybe I can put that differently. You don't supervise anybody as a DT. So can you go up to...from where you're at to the CEO of the institution? []

JONATHAN POTTER: No. []

SENATOR LATHROP: Tell us what the levels of management are. []

JONATHAN POTTER: DTIII is, as far as I know, as far as I'm aware, DTIII is high as direct-care staff can go because they do not...unless, of course, they have a degree. []

SENATOR LATHROP: No, what I'm looking at is who is your boss? []

JONATHAN POTTER: Oh, who's my boss? Well,... []

SENATOR LATHROP: What's that person? I don't need the individual's name, but what's that position? []

JONATHAN POTTER: Well, the first line would be your DTIIIs. They can...they basically handle the general direction of taking care of the individuals on a daily basis. And then after them it would be the manager. And after him, it would be the assistant area administrator. And I'm not sure but I think it's the CEO after that. []

SENATOR LATHROP: So that would be the level if we were looking at the corporate structure. []

JONATHAN POTTER: Uh-huh. []

SENATOR LATHROP: And if you have a complaint or a concern about your working

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conditions or a patient or a resident, rather, you express that to your manager? []

JONATHAN POTTER: Correct. []

SENATOR LATHROP: And what you're telling us today is when you say something to the manager about some problem you're having with a resident or a coworker or your work environment, you make that complaint and you don't get any sense that anybody hears it or any action is taken on it. []

JONATHAN POTTER: I talked about in my speech, that trying to fight that one issue of, where was it, oh, when we had...when I got pulled in it took them an hour and 15 minutes to get me back, about getting our mandatory minimums raised. I have included a series of e-mails that I...the series of the e-mails that I went through talking about that incident, going all...going through my manager and the area administrator. []

SENATOR LATHROP: So your series of e-mails that you're referring to is your efforts to resolve an issue,... []

JONATHAN POTTER: Correct. []

SENATOR LATHROP: ...and it shows the futility of that effort? []

JONATHAN POTTER: Correct. It just didn't go anywhere. []

SENATOR LATHROP: So as a front-line person, and we heard Mike Marvin talk about job satisfaction, that would be a difficulty, or an impediment to job satisfaction would be the fact that when you talk to or make a complaint... []

JONATHAN POTTER: Uh-huh. []

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SENATOR LATHROP: ...to the manager nothing happens or there's no response that comes from on top back down. []

JONATHAN POTTER: Yes. And as I said before, that has...well, frustration and, you know, that kind of stuff has an indirect...affects...indirectly affects the individuals at well. Because if you're not at your top, if you're not on the top of your game, well, you're just...it affects their care. []

SENATOR LATHROP: All right. you also talked about overtime and I want to try to understand that, because you used some terms that I think are terms of art of commonly understood terms like "frozen" and things like that. []

JONATHAN POTTER: Correct. []

SENATOR LATHROP: But let me see if I understand it. When you get to a pay period, you have to work three overtime shifts in a pay period. Is that the case? []

JONATHAN POTTER: You're not required to, but if you want to avoid being frozen or mandatorily held over, yes. []

SENATOR LATHROP: Is "frozen" and "mandatorily held over" the same? []

JONATHAN POTTER: Correct. []

SENATOR LATHROP: So what you'll do is essentially volunteer for three shifts that are convenient for you so that someone won't tell you ten minutes before you're supposed to leave work that you have to spend the night. []

JONATHAN POTTER: Correct. []

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SENATOR LATHROP: Okay. And you have to do that, three shifts kind of immunizes you from being mandatorily required to stay. []

JONATHAN POTTER: Uh-huh, correct, and to stay immunized you pretty much need to do that pay period by pay period, three shifts per. []

SENATOR LATHROP: All right. And then the other concern you have that affects your job satisfaction or your observation of the position of a DTIII person is that the residents, who either make false allegations or spit on you or assault you, those...there's no consequence for them, and all the consequences in relationship to what goes on here fall on the staff. []

JONATHAN POTTER: Uh-huh, correct, transference, yes. And the other problem...then the other concern with that is what are we teaching them? If there's no consequences, what are we teaching them? []

SENATOR LATHROP: That's kind of a fair summary of the concerns you've expressed today? Any other questions from anybody. I don't see any. Thanks for coming down. I do appreciate your testimony too. []

PAM MEYERS: Hi. My name is Pam Meyers and I used to work on 303 Sheridan, was my main living unit, and I did work on 305 and some other places on campus. []

SENATOR LATHROP: Pam, we're going to have you talk just a little louder because I'm having trouble hearing you and I suspect that other people are too. []

PAM MEYERS: Okay. What I wanted to talk to you about today is when I worked in my living unit there was a lot of not...staff not checking and changing on second shift when you'd work overtime. They only time that they would change, check and change their individual would be when they were bathed. So they'd go from the time I worked on first

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shift, about 1:30-2:00, until 7:00 or 8:00 or whenever they felt they needed changed before they'd put them to bed. Then coming in at 6:30 in the morning, our third shifter briefs would be dry, but when you'd check the pads that the individuals were laying on, the pad would be wet, and underneath the pink pads would be soaked, so...or a brown ring around it where they were laying in dry urine. It has been reported to the manager at the time and she just didn't do anything about it. When I came back from my suspension, I was suspended for five weeks because of...well, it's a long story but I'll get into all of it later, but when I came back, I had asked a pulled staff if they checked and changed after breakfast and did oral cares, and she said, no, we don't do that until noon, 1:00. I'm like, really? So I called the new manager at that time and had him come down and I talked with him and the staffs that had told me this, and still nothing was done. I guess my point on this issue is you can report, report, report to a manager and you don't get anywhere. You can bypass your manager and go to either your area administrator or try to go through HR up in A Building and still nothing is done. A perfect example of this is lost paperwork. I had come back from a trip with another staff on second shift and asked them if they had checked and changed anybody since first shift had left, and they said they didn't have time. So I had called the second shift manager. We, with another staff, took everybody away from the supper table that night, checked and changed all 13 individuals. I had written up the paper, given it to second shift manager. She gave it back to me to give to third shift manager, which is a sister to the manager that was on our living unit, and nothing ever happened. So you write somebody up for abuse and neglect, and it doesn't go anywhere. But my suspension was for abuse and neglect and I was suspended for five weeks. It doesn't make any sense. So...which, in turn, I'll get back to my suspension, but... []

SENATOR LATHROP: Can I interrupt you for just a second? []

PAM MEYERS: Sure. []

SENATOR LATHROP: A check and a change, is that where you check to make sure

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that the resident is dry, that they don't have...they haven't... []

PAM MEYERS: Uh-huh, they're not sitting in urine or... []

SENATOR LATHROP: Okay. []

PAM MEYERS: ...feces or... []

SENATOR LATHROP: And is there a time that you're supposed to do that, every hour or every 15 minutes or...? []

PAM MEYERS: Every two hours. []

SENATOR LATHROP: Every two hours. And what you're describing is that wasn't being done regularly. []

PAM MEYERS: That doesn't happen. []

SENATOR LATHROP: Okay. Thank you. And I didn't mean to interrupt you but... []

PAM MEYERS: I mean it did on first shift, but when I came back from my suspension, first shift wasn't. They'd get them up and change them, but then again they wouldn't change them until noon or 1:00. Well, if first shift doesn't change and second shift doesn't change, that's going eight to ten hours without checking and changing anybody. And if you were to see sitting in urine or feces for that long, you'd end up, in a period of time, getting bed sores or some kind of inconsistency there on your bottom you'd be sore all the time. Just something I wouldn't want to be in. You know, if it were me, I would like to be checked and changed or taken to the bathroom every two hours. I've heard that you guys have been talking about the overtime, which first shift picked up a lot of overtime hours, and a lot of those hours are from...on second shift, because they

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do want to have familiar staff on living units because some of the living units, if you don't have familiar staff, you have more behaviors. Well, the one...I put in 64.5 hours of overtime during Christmas and...Thanksgiving and Christmas, but it's more, it's not asking, told that we really, really need familiar staff, making you feel guilty because you don't have it. But then on Christmastime it was the manager and myself and I called my daughter to come in and help us, which she was currently working out here too. So you have three staff at Christmastime and we work so short. It's just horrible. But the overtime is outrageous. I mean I would put in my three days of overtime and I would sign up for more overtime just so I wouldn't be froze. Then the staff are expected...I'm just going to go on from my list. I'm going to try to keep it short, if I can. And DTIII staff are expected to go to the IDT meetings and behavioral management program meetings with the psych clinics and that and...but our manager wouldn't be there most of the time. You know, she told everybody that she's usually there at 10:00 and she never shows up until 11:00 or 11:30. So we're going to these meetings and trying to inform her, which I do have papers that Jeni has copied off that are up in Senator Wallman's office, (inaudible) stack of papers that, at any time, if you all would like to look at them that would be wonderful. Trying to think of what I'm going through here. I was the only regular staff on 303 for a very long time. I was doing a DTIII position but not getting paid for it, so my manager told me to apply for it. I applied for it twice. And when I was suspended, I had made a comment to HR about it and she told me to apply for it again. I said, well, I'm not even going to do it anymore because I was doing the menus for family style dining. We were doing the community integration, setting up trips to go grocery shopping. I'd help set up appointments. I would pretty...I did inventory. I did a lot of things for that living unit. I ordered all the briefs, treatments, trying to teach other people how to do it, and was...had gotten in trouble for that because it wasn't my position to authorize that, but the manager wouldn't authorize that to anybody else either. So you try to, instead of getting too much on your slate, I was trying to split it out because second shift just did not have time to do any of this for us because they were, quote, quote, in their eyes, so busy that they couldn't do it. And they're "so busy" is pretty much sitting in the back by the desk in a client's chair with their feet up watching

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TV or going into the individuals' rooms watching TV, you know? So a lot of what started, I was targeted then because I had turned second shift in for having knives to the CEO and they were hidden in the ceiling, and you're not supposed to have anything but corrugated knives. We're not supposed to have a sharp knife so in case something happens to where one of the individuals would get them and they would get hurt. But they had them anyway. The knives were...I had one of them one day and the manager's sister found it so she took it to the manager. Well, in turn, these knives got somehow back on the living unit and were hidden up in the ceiling. So I went to the CEO about them and he had somebody go over and take the knives out. Nothing was ever done. All of us could have been fired for having those knives on that living unit. Another thing, we are trying to retrain one of the individuals to feed himself, and my coworker that was suspended with me at the time, had him...slowly had gotten him turned around to sit at a table and pick up his cup. Because when we first got him on the living unit he could feed himself, but then we ended up feeding him in a chair. Well, then I don't remember who it was said that we needed to have him back at the table, so we tried to retrain him and he started doing pretty good. But people don't...they don't want to do the training. You know, you get trained in classes on active treatment, your behaviors and this, that and the other, and people just, I think, forget or just don't want to do it, plain just don't have the patience to do it. On my suspension, I was suspended for abuse and neglect on an individual, which never happened and it was unsubstantiated at the end of everything. I was suspended for five weeks. During that time I was suspended, another coworker of mine that worked on second shift, from what I hear, was...and I know it's all hearsay, was suspended for two weeks, but he did get to come back before I did. He was only...and how bad is abuse/neglect if you're going to get suspended? Everybody should be suspended for the same amount of time, whatever, and brought back. They say, oh, you should be back in about a week or two. Five weeks later and you're still wondering, do you have a job? You know, once you're targeted, you're targeted and they don't give it up. But in part of this, the suspension process, my manager, I feel, did not follow the BSDC policy because right here it states that the team leader or designee ensures the accused employee is removed/separated

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from all client care contact. She left my coworker and I on the living unit for 30 to 45 minutes. I ended up giving him his acetaminophen and putting a band-aid on his leg. So if I was so abusive to this client to begin with, because he has behaviors where he scratches his legs, why would I have anything to do with this client? We were removed, 30 to 45 minutes later, off the living unit into the conference room there on C Building, and I asked the investigator, I said, are we suspended or what? He goes, you mean your manager didn't tell you? And I said, no. So, you know, there's...I could go into a lot a lot of detail, but I'm not because you guys do have a lot of this paperwork, like I said, with Jeni at Senator Wallman's office. And I don't know, Senator Wallman, if you've read any of that part. There's a lot of information there. You know, our community integration is something that we need to go through and we are supposed to do, and five of my trips were cancelled. So, you know, it's...I just don't know anymore. I loved working here, but I ended up quitting because, like I said, once you're targeted, you're targeted. Confidentiality is broken here by all aspects, starting from the CEO all the way down. When I went to the CEO, I gave him...he made copies of papers that I had. I have received two phone calls that I have talked with Jeni about and one of them was to tell me that it was stupid and petty for me to turn in these two guys on 303 second shift for the knives, and the manager, that I must be dumb or stupid or that I was wanting a death wish, because apparently the CEO has let certain people know exactly what him and I have talked about and who I've called out here at BSDC to talk to, which I've called three people: the CEO, HR, and a nurse. So if...you know, how did these people find out everything? Confidentiality, it's just broken. I think the last thing I'd like to say is managers and some of your professional staff take the DT staff training to be able to work on our living units to help us out during shortage times in staffing, and that's wonderful. That is just...it is wonderful. But if they're going to take the class then they should be able to do the DT training part of it, not just part of it but all of it, because that's what is expected of us when we do that. And I think that's pretty much all I have. []

SENATOR LATHROP: Okay, Pam. Did you say you still work here now, or that you left?

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PAM MEYERS: No, I don't. I ended up quitting. []

SENATOR LATHROP: You left. Okay. Senator Harms has questions for you. []

SENATOR HARMS: Thank you, Senator Lathrop. Pam, thank you very much for your testimony. Would you explain to me why you think you were targeted? Is it because you (inaudible) the administration, management? Why do you think you were set aside and targeted? []

PAM MEYERS: Because you get targeted as a troublemaker and once they think of you as a troublemaker then they just target you. []

SENATOR HARMS: And a troublemaker in what way, Pam? []

PAM MEYERS: Well, it all stemmed from the knives, when I turned in second shift, because on that new living unit second shift can do no wrong, first shift did everything wrong. []

SENATOR HARMS: Thank you. []

SENATOR LATHROP: Senator Stuthman. []

SENATOR STUTHMAN: Thank you, Senator Lathrop. Thank you, Pam, for giving us your thoughts here. []

PAM MEYERS: You're welcome. []

SENATOR STUTHMAN: A thing that really concerned me when you was talking at the beginning of your testimony was the fact of, you know, the changing of the... []

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PAM MEYERS: Individuals? []

SENATOR STUTHMAN: ...of the individuals and your complaint, you know, that the prior shift hadn't changed and stuff like that. Why didn't, you know, management or people above you trust that you were saying the right things and that they wouldn't check on the other individuals, you know, a half hour or 15 minutes before that shift quit to make sure that, you know, what you were saying was right? Was there ever anything done like that? You know, if your shift started at, let's say, midnight, why...and you said they weren't changed and, you know, at a quarter after 12:00 they were...everything was wet, or they were dry but everything underneath was wet, like you stated, why wasn't there ever anything of management to have trust in you that what you were saying was right? []

PAM MEYERS: I don't know. I went to my manager about a lot of things. She could have just thought, you know, I complained too much or whatever. But, you know, I'm getting older, I'm not getting any younger, and I'd like to, if I'm going to end up in a nursing home, I would sure like to find one that's going to check and change me every two hours and take me to the bathroom. These people out here don't deserve that. They don't know, you know? It's just not right. I work for agency staffing throughout Nebraska right now and I got to Hebron, I go to Lincoln and I go to Seward, at the time being, and I have traveled clear out to western Nebraska. This isn't the only place that you see it at. There's several places out there that you do. It just takes the people that really do care to try to make people understand, you know, if this was you, would you want to be this way? []

SENATOR STUTHMAN: Thank you and I really appreciate your testimony. []

PAM MEYERS: You're welcome. []

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SENATOR LATHROP: I think that's it. Thanks, Pam. []

PAM MEYERS: Uh-huh. []

SENATOR LATHROP: Have you had a chance to fill one of those forms out? []

BRIAN ADAMS: No, I haven't, but I'll... []

SENATOR LATHROP: You can...we'll let you fill one out after you talk, if you promise to. []

BRIAN ADAMS: Yeah. It takes me awhile because I shake a lot anyway. []

SENATOR LATHROP: That's all right. That's all right. Why don't you tell us your name and spell your last name for us, please. Why don't you tell us your name and spell your last name for us. []

BRIAN ADAMS: My name is Brian Adams, A-d-a-m-s. I work on 413 State. There's some things that I agreed with and some things I didn't. And to let people know right now, I got one of the biggest mouths out here. And as for being targeted, if...me and the CEO don't see eye to eye on a lot of stuff and if they targeted anyone I would have been gone a long time ago. As for Senator Harms, you know, as for staffing, staffing I'd have to say is not the best out here. We a lot of times we might schedule trips and we have to cancel trips because we don't have...and a lot of times we're told...we're told, well, we can't use that for an excuse, because we don't have enough staff, because we don't have...we have to cancel trips because we don't have enough staff, and we don't. We don't have enough staff. And the mandatory overtime, I have a wife. I work second shift. My wife works third shift. A lot of times there's been times where she'd get held over three days in a row. I mean that's kind of too much for one person, especially when she's held over to pass meds, pass medication. I mean that's not, in my eyes, that's not

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safe for the individuals when you're passing medication and you're held over and you have to pass medication to the individuals. That's not safe for the individual. Okay. But on the other hand, I have...the staff here, I have seen the staff, they treat these individuals top line. They treat them real good. They go out of their way for them. Myself, I have seen individuals were...say if the staff...there's something...an individual can't...is doing something where this staff don't...the individual is acting up and the staff can't handle them, the staff is smart enough to go, okay, well, I can't do nothing with this individual, but I know this staff over here is able to do it. And say I'm the staff that can take care of them. They're smart enough to come over and get me and I'm able to handle them. And there's been lots of times that's happened. They go out of their way for them, and I seen this many of times. I've worked two units since I've been out here, and I've been out here since 2001, and so it's been seven years I've been out here. I've been all over this country and I have been many different places, and this place, I've had my heart broken many times out here when I see the individuals pass on. You know, I've never cried so much when I see some of these individuals pass on. I just bawl my eyes out. And...but, you know, the staffing out here, you know, I'd have to say about 80 percent of it out here is lack of staff, and the other 20 percent is maybe the way the place is, you know, the place is...the way they handle the staffing, the way they (inaudible) the staff (inaudible). Okay. But as for retaliation, you know, if they were to retaliation on, you know, the staff, I would have been gone a long time ago. But they treat, you know, the staff out here treat their individuals great, unlike, I don't know if he's...yeah, right there, we go out of our way, you know, like what he said. We throw ourselves under them when they're falling, you know, so they that they don't get hurt, because that's what they expect from us. And, you know, and we...I mean, you can say a little and get a lot out of it, you know, and I don't have much to say, but, you know, you guys go ahead. []

SENATOR LATHROP: Good. Thank you for your testimony. We'll see if there's any questions for you, Brian. Yes, Senator Stuthman. []

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SENATOR STUTHMAN: Thank you, Senator Lathrop. Brian, when you stated that when one individual...when one staff member maybe needs help in a situation and you could call on another staff member and come over and help, would that other staff member ever be disciplined for leaving his area to assist you? []

BRIAN ADAMS: No, because they would...we'd switch over. []

SENATOR STUTHMAN: Oh, you would switch over. You would trade, in other words. []

BRIAN ADAMS: Yeah, on the unit, yeah. You know, we'd switch over. We had an individual...the staff would be over here taking care of somebody else and so that staff would come over and take care of this person. []

SENATOR STUTHMAN: But that other staff person wouldn't be disciplined for trying to... []

BRIAN ADAMS: No, because the individuals are still being taken care of. You know, we just...we're taking care of the individuals and it's better that the individuals are taken care of instead of...because if you're not switching over and that individual is...and that individual is getting upset, you know, he's going to hurt someone. You know, this individual can probably handle them better...or this staff can handle the individual better. It's better to have that staff over here rather than to see someone get hurt. []

SENATOR STUTHMAN: But you feel it's never happened where they've disciplined the two individuals for switching jobs or anything like that? []

BRIAN ADAMS: Not on that...not on the unit where I worked at, but I have...I have seen it on other units. You know, I have seen other people get disciplined on other units where it's happened. But on the units I work...on the unit I work, because I have, you know, on the unit I work it hasn't happened that way. So, you know,... []

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SENATOR STUTHMAN: That was the concern that I had, you know. And I think, you know, what you're doing in your unit, you know, is the common sense thing to do when you know someone else can maybe handle that resident. But you have...you did state that, you know, some other ones would probably get disciplined. That's a concern that I have, so...but I think you were doing the right thing and I appreciate that. []

SENATOR LATHROP: Any other questions? I don't see any. Thanks for your testimony.
[]

BRIAN ADAMS: Okay. I'll get this filled out. []

SENATOR LATHROP: Yeah, that would be terrific if you would. I think we'll take a ten-minute morning break just to give everybody a chance to move around and use the rest room if you need to, and we'll be right back. []

BREAK []

SENATOR LATHROP: Again, if you don't mind, if I can though...if I can have your attention for just a second, I am told that more people are getting forms and filling them out, which tells me that we'll have more than the few five or so people that raised their hands, which is really good. We truly...the more we hear from people that work here the more we'll learn. But the more people we have testify, the more we're going to ask you to try to keep it somewhere in the ten-minute range. Kind of tell us what you have to say. We do want to make sure that we have enough time through the course of the day. I don't know how many people are going to testify, but if you can kind of...we're not going to stop you or...unless it gets going on too long, but we want to make sure that everybody has a chance. So again, feel free to testify and fill out a form before you do. Okay. Thanks. []

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LINDA CULLISON: My name is Linda Cullison, it's C-u-l-l-i-s-o-n. I worked out here about...a total of 37 years. I've been a DT staff and now I'm in the developmental specialists office, which I do the schedules, their time. I set up every morning. I call the living units at 6:30 to make sure the staff is there, whatever, if I have call-ins and to make sure there's enough staff on the living units. When I started back in '67, the quota, you had about two staff on a living unit for 16-17 individuals. It's changed a lot, lots of changes through the years, lots of good things, lots of, you know, we went through a time, a bad time, but now I think we're getting back. We're getting more good staff. Our staff out here is awesome. They're awesome. They, you know, they are very good with the individuals. Out of my office, I'm seeing a few things different and I'll just tell you a thing that happened to me today about the freezing and the holding over. You're supposed to call in an hour before first shift if you're sick, two hours before second shift if you're sick, and that don't happen. I got a phone call at 6:00, 6:15, and 6:20 today, and I already had my setup for my staff on the living units where I wasn't going to have to do anything. I had to freeze at the last minute, at 6:20. Well, that's where you're getting where staff are not happy with you, but that's not our fault. The rules all have to be the same. All the staff have to understand the rules are the same. There are not any exceptions, like it has to be 5:30 when you call in, because if you don't, you make it hard for everybody else to get staff on the living unit. There's a...not a lot, I shouldn't say. There's some sick time abusers and I don't know what happens after we'd let them know out of our office. That's not...I just let the uppers know. But I guess when you set up, as for campus I did all myself today, you have to look at the whole picture, because all these individuals have to be taken care of. You can't just look at one unit and say, you know, we need four staff today. If they are only...need three staff, there is a pull, to pull to care for somebody else. But they, you know, and I understand the staff. They have their units, but it's the whole campus. It's all the individuals that need care. So I better stop because if I don't I'm going to go over ten minutes. []

SENATOR LATHROP: Well, that's not a hard rule, but it sounds like you have a very difficult job. []

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LINDA CULLISON: I do. []

SENATOR LATHROP: And you have folks that call in and... []

LINDA CULLISON: I had one at 6:00, 6:15, and 6:25 today. []

SENATOR LATHROP: What time does the shift start, at 7:00? []

LINDA CULLISON: It starts at 6:30. []

SENATOR LATHROP: Oh, 6:30, so people are calling in the last half hour saying I'm not coming in today. []

LINDA CULLISON: Yeah. And then you have people...one more thing. The mandatory thing, the overtime, it has gotten lots better. It's not like it used to be, and I think you ought to be able to see that if you get the things head ups down here. The holding, that is nothing that can be helped, because when you have living units that don't have one staff on it this morning, what was I supposed to do? []

SENATOR LATHROP: Okay. It sounds, no, you know, it's...I'm listening to your testimony and it sounds like you think we blame you for it. []

LINDA CULLISON: No, I'm not blaming. I'm just, you know, no, don't, don't, no. []

SENATOR LATHROP: No, we're not. We're not. I want you to know that. []

LINDA CULLISON: No. No. (Laugh) []

SENATOR LATHROP: I mean it's...but it does seem to be a fact of life. It does seem... []

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LINDA CULLISON: I want you to...I want you to know that it's a fact of life. When people call in that late to get living units covered, we don't have no other choice. I am not going to let a living unit with one staff take care of 15 individuals. I have to freeze. I think the staff...the staff don't understand the whole picture, the whole campus. It's just not their living unit or it's just not you need to go home at 6:45, your shift ended, because there have to be people that take care of these individuals. []

SENATOR LATHROP: Well, you've described your position and you are the development... []

LINDA CULLISON: Developmental specialist. []

SENATOR LATHROP: ...developmental specialist and, essentially, your job is to make sure that you've staffed all of the units adequately each shift. []

LINDA CULLISON: Yeah, I do. We do the schedules out of our office. They go out, most of the time, with fours on every day. []

SENATOR LATHROP: What's that mean? []

LINDA CULLISON: That mean four staff on each unit. []

SENATOR LATHROP: What's the proper staff for that? I mean what's the...if we were to do it correctly, is four the number or is five the number? []

LINDA CULLISON: Four is the number on some units, five is the number on some other units, six is a number on some other units. We have... []

SENATOR LATHROP: All right. And I'm shifting gears on you a little bit while I ask this

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question, if you don't mind, but when you start out, do you start out and do you have scheduled on each floor the proper number of staff? []

LINDA CULLISON: Unless we have call-ins. []

SENATOR LATHROP: So to start out with, you...to start out with... []

LINDA CULLISON: Most generally, we have four every day. []

SENATOR LATHROP: And what I'm looking for is are staff at four the ratio of staff to residents... []

LINDA CULLISON: Uh-huh. []

SENATOR LATHROP: ...is the correct ratio. []

LINDA CULLISON: Right. []

SENATOR LATHROP: That's what you... []

LINDA CULLISON: Yes. []

SENATOR LATHROP: That's the optimum. []

LINDA CULLISON: Uh-huh. []

SENATOR LATHROP: Yes? []

LINDA CULLISON: Yes. []

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SENATOR LATHROP: And the...so the overtime comes and the problems with staffing come with the call-ins. []

LINDA CULLISON: Oh, yes. []

SENATOR LATHROP: So people call in sick and you have to...you require folks from the previous shift to stay over another eight hours. []

LINDA CULLISON: Well, and this morning it was because three people called in after 6:00. []

SENATOR LATHROP: I got that. []

LINDA CULLISON: Okay. []

SENATOR LATHROP: Believe me, I understand. (Laughter) []

LINDA CULLISON: Well, because I... []

SENATOR LATHROP: No, I don't...believe me, I'm not making light of it either. And I understand that part of your world that you live in and the difficulties. I'm wondering is that something that we can correct by having standby staff or people that you can call to come in and work. []

LINDA CULLISON: Sir, I called everybody I could today. Matter of fact, none of the overtime is here anymore because I worked all morning before I came down here and got them out of here. []

SENATOR LATHROP: So that's instead of assuming that they work another eight hours, some of them just work two hours... []

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LINDA CULLISON: Right. []

SENATOR LATHROP: ...till you can get somebody else in. []

LINDA CULLISON: They were out of here all by 9:00. []

SENATOR LATHROP: Okay. You mentioned that you have sick...people that call in sick and abuse that. []

LINDA CULLISON: Right. But I don't know where that goes after my office. We let people, the higher ups, the managers and them people, know about that. []

SENATOR LATHROP: How prevalent is that practice? []

LINDA CULLISON: You know, I don't call them up and ask them what they've done with it so, you know, they might be, you know, disciplined and I don't know it. But the call-ins today are people that call in. You know, I have over 1,000 hours of sick time, you know, and I guess people don't understand, you know, when you have that sick time how important it is because if you'd ever get sick, I could be off a long time. []

SENATOR LATHROP: Yeah, if you had a chronic illness. []

LINDA CULLISON: Yeah, and my husband does so, you know, some time I might need that time. []

SENATOR LATHROP: Are you the person that calls, if I'm a DTIII working over on a particular unit, are you going to call me? You're the person that makes the phone call? []

LINDA CULLISON: They make the phone call if they need more help or something, yes,

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I'm it. []

SENATOR LATHROP: Well, let's say that somebody calls and they're supposed to be on unit number four... []

LINDA CULLISON: Right. []

SENATOR LATHROP: ...and they call in sick and you say, well, I got to have somebody because we'll be understaffed if I don't. Do you have to call over to that unit and say, hey look, Joe,... []

LINDA CULLISON: I call... []

SENATOR LATHROP: ...today is the day, you got to work. []

LINDA CULLISON: Today is the day. I call the living units every morning on... []

SENATOR LATHROP: How are you received when you make those phone calls?
(Laughter) []

LINDA CULLISON: Today not well because it was...I usually try to freeze at 5:30 when I get all my call-ins, but all my call-ins were after 6:00, so that's when it gets really difficult because you got to do it. Unless you... []

SENATOR LATHROP: I know you have to do it. My question was...no, and I really do, I appreciate what you're telling us and the difficult spot that you're in. My question, though, had to do with how you're received. And you're call... []

LINDA CULLISON: Not well. Not well. []

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SENATOR LATHROP: ...you're calling some mom who may need to get home to take care of... []

LINDA CULLISON: I've heard all that today. []

SENATOR LATHROP: ...get the kids to school. Yeah, I need to get my kids to school. []

LINDA CULLISON: Right, and I... []

SENATOR LATHROP: They don't have a ride if I stay. And you say, we don't have a choice; we can't leave the unit understaffed. []

LINDA CULLISON: No, I didn't tell them that. I told them that I'd get them out as soon as possible today, and one I got out really fast because I had somebody walk in, an on-call walk in my office. And, like I said, the rest of them got out by 9:00. []

SENATOR LATHROP: You did your job well, but my point is we're also talking about what it's like to work here and from the point of view... []

LINDA CULLISON: It is... []

SENATOR LATHROP: ...from the point of view of the person that gets that call at 6:15 that they now have to stay... []

LINDA CULLISON: Okay. You know, yeah. []

SENATOR LATHROP: ...they got 15 minutes to sort their family stuff out. []

LINDA CULLISON: Yeah. Okay. But I look at it, we're here to take care of all the individuals. I am here to take care of getting staff to take care of the individuals. Now I'm

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sorry that happened, I really am. I, you know, I had a terrible morning, but I really am sorry that it happened. And that's why I keep on working to get people out as soon as I can. And, you know, there was a unit with an extra today because they were having a terrible time with some behaviors, and I left them because the manager called me and asked me if I could, so I did. But, you know, that was the only extra person I had. []

SENATOR LATHROP: Do you sometimes leave a unit understaffed? []

LINDA CULLISON: Never. []

SENATOR LATHROP: So... []

LINDA CULLISON: In a situation...well, I can mention something that happened the other day, but I told the staff to go to a different unit. Well, it took her a little longer than just a few minutes, because I got a call from the manager, and we still don't know where she was at, but she finally got there an hour later. []

SENATOR LATHROP: She didn't go straight there apparently. []

LINDA CULLISON: Right. Supposedly, she took a lunch break. So that isn't something that can always be helped. You know, we do the best we can out of our office with the staff we got. []

SENATOR LATHROP: Do you do any of the hiring and the firing? []

LINDA CULLISON: Oh no. (Laugh) No. []

SENATOR LATHROP: Okay. Okay. It sounds like you got your hands full with the job you do, scheduling. []

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LINDA CULLISON: Well, I enjoy my job very much and, like I said, the DT are awesome. I mean there's very good DT staff out there. And some of the new hires that we're getting are, you know, are very good. You know, I teach the CRONOS (phonetic) class in orientation every Wednesday morning and get to meet the new staff and there's some really good ones. []

SENATOR LATHROP: All right. I'll see if anybody else has questions. Senator Gay. []

SENATOR GAY: Thank you. Linda, who is your supervisor? []

LINDA CULLISON: Rhonda Penner. []

SENATOR GAY: Okay. How long have you been having this problem? I mean it... []

LINDA CULLISON: What do you mean problem? []

SENATOR GAY: Well, when you have to call people in. []

LINDA CULLISON: I really don't have a problem. It's just the problem when... []

SENATOR GAY: It's not for you, (inaudible) for the employees when you call them and tell them. []

LINDA CULLISON: Huh? []

SENATOR GAY: Probably when you call them and say you got to work overtime. []

LINDA CULLISON: No, I don't...I just, you know... []

SENATOR GAY: Has it been worse or is it getting better? []

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LINDA CULLISON: Well, yeah, it's getting much better. It was worse when I had to freeze every morning, and I haven't froze for a long time. This has been the first day in a long time. []

SENATOR GAY: Okay. So (inaudible). []

LINDA CULLISON: We're getting staff, good staff. I don't see that it's a problem. It goes back to any...just like any other job. You have a job to do. You work at a factory and they say you have to work 16 hours. You know, it's to take care of these individuals. And my family all works at factories and they do that. They make you work Saturday and Sunday someday. It isn't that, you know, we want to, not at all, because I like people to have time off. But it's that we have to take care of these individuals out here. []

SENATOR GAY: Yeah, which I think your dedication is commendable, like everybody here. I think there's a lot of great employees. []

LINDA CULLISON: You know, we were short in our office. I was working 14 days straight, you know? So be it. []

SENATOR GAY: So how did...in your mind then, you're saying, well, we didn't...the problem is getting better. How did that problem get corrected and how could it continue to improve? []

LINDA CULLISON: We're getting staff. []

SENATOR GAY: So it's a staffing problem. []

LINDA CULLISON: Yeah. I mean, we've got quite a few new staff. I wouldn't have any number but, you know, a lot of first-shift living units are full. There's not too many empty

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slots on first shift. I'd say maybe ten, you know. []

SENATOR GAY: So are you feeling better about your position then, is what you're saying? []

LINDA CULLISON: Yeah. Well, you know, I like my job. []

SENATOR GAY: Yeah, I can tell that. That's great, by the way. That's awesome. So you're feeling better about the long-term problem. []

LINDA CULLISON: Right. Right. []

SENATOR GAY: All right. That's all I was getting to. Thank you. []

SENATOR LATHROP: I don't see any other questions. Thanks for coming down. []

LINDA CULLISON: Thanks. []

SENATOR LATHROP: Appreciate it. []

BARBARA HUDSON: My name is Barbara Hudson and I work on 412, and I also work part-time at Mosaic. I'm also a single mother of two small children. There was an episode where I was suspended. I was suspended for 30 days and what had happened was, was that somebody thought that I had said something I didn't say it. It was somebody else that said it. Okay. So he wrote up his statement; I wrote up my statement. And I had used a slang word. What I was trying to do was to get a client's attention. It was a very loud. It was very noisy. I could tell that he was about ready to fall down. And so I didn't...I said in a firm voice, please sit down, you're going to trip over your fricking feet. I used the word "fricking." Okay, there was a gentleman that I don't even know where he even came from and it was another person, I think, that had said it

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and I think it was the person who actually fell down that I was trying to catch had said, I tripped over my dumb feet. Okay, at that point in time, I got suspended. I wasn't separated or anything. I took care of the individual. He had a scratch and I...scratched his knee. I can't really remember now. But anyways, because I wrote up my statement and I used the slang word, I was punished for 30 days. During that 30 days, I was to stay by the phone and to wait. And because of this, I had to use six days of vacation time. I couldn't work at my other job, which is Mosaic, because I was labeled as an abuser. It doesn't feel good to be labeled like that. It doesn't feel good at all. What I was trying to do was to have him wait until I can assist him to stand up. Well, during break time, other people get up, they want their money for pop, people are trying to run programs. Harry is a very large gentleman and he did go down. But because somebody thought they heard me say something, that was the original reason why I got suspended. When I wrote up my statement, and I was honest and I did use that slang word, I was suspended for 30 days. During that 30 days, I want to know who was doing my job. I've been working out here...it will be 28 years in September, 28 years. Never ever have I ever been in any kind of trouble ever. I've always gotten really good evals. I show up for work every single day. I work with basically the same gentlemen I've had for many, many, many years. And I do, I volunteer...might not volunteer, I do get paid for it, but I also say I can work this day, I can work this day if you guys are short, I can do it, because I do have children at home and I don't make a fuss about it. It's a job and you got to do it. Somebody has got to take care of these people. But being as many years at I have worked here, who was doing my job? Who can do my job as far as the diets go, the toileting goes, dressing goes? Who knows those residents? Somebody that was pulled over didn't have a clue about what was going on and I was labeled as an abuser because I had used that word and because I was honest. I was honest and that's what I wrote on my statement. But there was a big investigation about what are we going to do; are we going to use here for an example so we don't have any more slang words being used anymore? What's going to happen to the gentleman who can't button his shirt and somebody saying, you need to button your shirt? I know he can't button his shirt or tie his shoes, but yet, you know, you have people there that are unfamiliar with

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that living unit. And I really felt terrible about this. I felt awful about the whole situation because it was a big misunderstanding. Not only that, it's that I couldn't even work at my second job because somehow or another they had gotten wind of it and because I was labeled, which I felt that I was labeled as an abuser. Never been in trouble before in my whole life out of all the years that I have worked here, never, and then 30 days for this, 30 days. You're paying somebody probably to work overtime for my absence. And I know my job and I do it very well. I've always gotten real good reports--thank you very much for doing this--you know. The history with the gentleman, I mean, I could say, hey, I remember this happened six years ago, you know, and maybe we need to go back and see what happened in his history, why he's sick again just like he was. You know, it's just the history of these people. I take them to activities. I go...I've been to Girl Scout Camp, I've been to Boy Scout Camp, I've been to Special Olympics. I support those groups. I try and make sure that the gentlemen go down there and they have their fun, their activities. I take them to the dances that they have here. I've taken them shopping. I do their menus: What would you like to eat this coming weekend? You know, it's just these kind of things, and this is just part of my job that I do. But being suspended for 30 days of using a slang word and that I wrote on my statement because somebody, somebody overheard something and they weren't even...they were unclear about what they even heard in the first place. But it's just things like this that people get labeled for. And then you get the phone call, you get to come back, everybody is really happy to see you, but it's not I'm really sorry for this; I mean, I'm sorry that this happened. There's no...I don't know what the word I want to say is. It's just you just come in. You just come into your job and...I mean, the staff are happy to see you, the clients are happy to see you, but it's...we don't get anything by saying, I'm really sorry this happened, you know, it's a big misunderstanding. Does that make sense to you guys? []

SENATOR LATHROP: Senator Stuthman has questions for you. []

SENATOR STUTHMAN: Thank you, Senator Lathrop. []

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BARBARA HUDSON: Oh. []

SENATOR STUTHMAN: Thank you for your testimony. I really appreciate it. The thing that I'm concerned about is when the management knows that there is a problem of staffing--and, you know, we realize there's a problem with staffing and it seems like we're always short of staff--and then they let an individual like you go for 30 days. That means that there's another individual short in staffing. []

BARBARA HUDSON: Yes, exactly. Uh-huh. []

SENATOR STUTHMAN: So they got to find one to do that or force other ones into more overtime... []

BARBARA HUDSON: That's right. []

SENATOR STUTHMAN: ...for something that I believe you're stating is, I thought I heard that. []

BARBARA HUDSON: Yeah. Yeah. []

SENATOR STUTHMAN: And that really bothers me. []

BARBARA HUDSON: And it really bothered me too. I mean I had a lot of phone calls when I was off saying, what happened; I can't believe this happened to you. And I was like, I don't know, you know? And at the time, I really didn't know what this other person thought that he heard me say when I didn't even say it. []

SENATOR STUTHMAN: Well, and the thing that management is just...someone says, I thought I heard that, because this guy said he heard it and that one said he heard it, and it's hearsay, and the top one says, out the door for 30 days, not even say, wait a

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minute, I got to find out for sure whether you said that... []

BARBARA HUDSON: Exactly. Uh-huh. []

SENATOR STUTHMAN: ...because you're important here and you're needed as staff. []

BARBARA HUDSON: Oh, well, thank you. Thank you. []

SENATOR STUTHMAN: So I mean that...I mean I'm jotting a lot of notes down but that does concern me when we're short of staff and then it's hearsay and you're suspended.
[]

BARBARA HUDSON: And, you know... []

SENATOR STUTHMAN: And that suspension will be on your record. []

BARBARA HUDSON: I know. I know. They tell me it won't be, but I have a feeling it probably will. And like I said, in September I'll be here 28 years and I think I'm a good employee. People tell me I've been a good employee. I show up for work every day. I run the programs. I do their medical needs. I've gone to check and change living units. I've gone to high behaviors living units. And it's just crazy, you know? And I think the investigator that had investigated me, I will say, was very kind and very, very understanding, you know, through the whole time that we were talking. He was an excellent person for me. []

SENATOR STUTHMAN: Okay. Thank you. Thank you very much. []

SENATOR LATHROP: Senator Harms. []

SENATOR HARMS: Thank you, Senator Lathrop. Robin (sic), do you think you were

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being targeted for any reason for this, with the suspension? []

BARBARA HUDSON: No. No, I do not. []

SENATOR HARMS: Okay. Good. Thank you. Secondly, if you are suspended, do you have the right to appeal the suspension? Can you, as an employee, appeal the suspension to a committee that could review this? Do you have any process like that? []

BARBARA HUDSON: You know, I suppose you...I really don't know, sir. I just don't know. I mean I was just glad that I could come back to work, that they found me innocent. []

SENATOR HARMS: You know, I just...what I'm really looking for is that if you feel like you've been unjustly treated as an employee, you should have the right to appeal that suspension, to bring it to the table. Do you have anything as far as the union is concerned that they can intervene to make this happen? Do you know anything...whether that's possible or...? []

BARBARA HUDSON: Yes, I believe it would be possible. I guess I just didn't really think of it at the time. You know, you just don't...I...for the first time ever being suspended, I really didn't know what was expected of me. I mean, basically they said, you know, I need to stay by the phone for phone calls. []

SENATOR HARMS: Would you had felt better if you would have had the right to appeal that immediately,... []

BARBARA HUDSON: Yes. []

SENATOR HARMS: ...to say, I would like to have this discussion, I'd like to bring people in? You ought to have the opportunity to face the person who is accusing you to say

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what was really happening here so that you could move this thing and get the truth on the table quickly. []

BARBARA HUDSON: Yes. Yes, exactly, yes. Yes, because I, you know, I wish it would have been done that very same day. []

SENATOR HARMS: Okay. Well, thank you very much for your dedication and I'm sorry that happened to you. []

BARBARA HUDSON: Thank you. []

SENATOR LATHROP: Senator Wallman has some questions for you too. []

SENATOR WALLMAN: Thank you, Chairman Lathrop. Yes, I appreciate your testimony here today. And regarding suspension, I can see where that is hard on employee morale and hopefully they take that off your record, and that concerns me a little bit. But it concerns me also the suspension, that a degree of verbal abuse, is that the same suspension as physical abuse or...? []

BARBARA HUDSON: I think abuse is just abuse. []

SENATOR WALLMAN: And that really bothers me. I mean, if you've ever been in the military, I mean, you've been called every name in the book. (Laughter) And so I think we have to look at the verbal abuse, but I guess that's a CMS policy probably. Thank you. []

BARBARA HUDSON: Yeah. []

SENATOR LATHROP: I think that's it. Thanks for your testimony. I appreciate it. []

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BARBARA HUDSON: Okay. I would like to say one more thing. When Mr. Potter was up here testifying, I had worked on a high behavior living unit just over the weekend and there was three gentlemen. For some odd reason, I don't want to get into it, but every one of those people had said, I can get...they weren't talking to me, but I can get so-and-so suspended, I can do this, I can do this. And so there are people out there, that's all they would have to do is just say, he kicked me, you know. But I just wanted to add that. []

SENATOR GAY: Hold on, I got a question. When you say "people," what are you talking about? Who can get who suspended? []

BARBARA HUDSON: The clients here. []

SENATOR GAY: The client knows I can get... []

BARBARA HUDSON: Yeah, the clients here, you know. []

SENATOR GAY: ...so I can get you suspended. []

BARBARA HUDSON: Yeah, they say, oh, I... []

SENATOR GAY: Okay. That's what I thought you meant but... []

BARBARA HUDSON: Yeah. And then that's it. Then you're gone. You're out the door. But I'll let you guys go, and thank you very much. []

SENATOR LATHROP: Thank you. []

TERRY BECK: My name is Terry Beck, B-e-c-k, and I work on 303 Sheridan, and I got a few issues of stuff. Senator Wallman's office has most everything I have here, so I'll

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cut it kind of short on it. We on 303 had problems with some of the DT staff. Like my coworker Pam, we both got suspended at the same time for...that's a long story. I worked with them one night on 1-23-08 and did not check and change. I worked overtime because I had worked the first shift, worked overtime till 7:00, but in the time they got there till 7:00 did not check and change, standing around clowning, and one of the guys was on the telephone doing personal time on rental properties and that, talking about rental properties and that. I brought it to the manager's attention. She tells me there's nothing she can do about it. Well, that's why I came to her. I mean, you're the manager; what are we going to do about it? Well, there's nothing she can do about it. I'll leave that there. Third shift, we got a third shift DT staff that brings her husband's work to work. He works in Wymore, reads meters. She brings his books and does his work on third shift, and that's why a lot of stuff don't get cleaned once in awhile. You watch her for days on end. Wheelchairs will still have some of the G-tube stuff spilled on it, not getting washed. That's been brought to people's attention too. And we seen, after we brought it to attention, she was still bringing those books to work. (Inaudible) have in here. We had a DT staff in there, one of the clients was...he had scoliosis in his back and sometimes when you feed him, he would refuse to eat that. Well, the DT staff would grab him by the forehead and say, I ain't got time for this, and he'd just start shoveling it in. And if he didn't want to eat then, then he'd take him, put him in his wheelchair, take him back to his chair and just plop him in the chair. Well, a guy that's old, frail, in his seventies, you don't just drop him in his chair, you know, especially when he's got a hunchback, you know? I'm just going to run through here fast. We had DT staff that has been there 20 years, you know, or so, one on one, with a client that had to be a one on one, falls asleep. You can't fall asleep with a one-on-one. When he's abusive, he hits people if he gets the chance. We have a client there that gets out the door once in awhile. He'll take off out the door. Well, I talked to the DT staff one night. I said, I hear he got out the door again. Yeah, but we're not supposed to tell anybody. Tell who, tell the people outside the unit or tell the people in the unit? People in the unit got to know so they know to watch next time in case he would want to get on. Well, he's done that many a times. One day we were running short on the unit and this DT staff, DTIII, he

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calls in, asks if we need a hand, and I told him, yeah, we could use an extra hand, we only had like two, three people there. And when you got a guy that's one on one, you know, most of the time, even with four people, one on one, that's three people there. Well, he comes in, punches in, asks them what guys he wanted to take care of, you know, and tell him we had this, this, this to do. Well, I ain't got time; I got to do paperwork for the manager and I got stuff I got to do for second shift. Well, then why did you call and want to come in if you're not going to help? Little overtime, you know, stops them from getting froze, you know? But do your stuff for second shift, then you ain't got much to do on second shift, which they only had one meal anyway. We on first shift, when I started going to first shift, we always got accused of we don't have nothing to do. We got two meals. We got training and stuff like that and haircuts we had to go do because when second shift would come on at 3:00 and that, they refused to take them down. Well, that's for you guys to do. Well, we got enough stuff to do, you know? Just running through quick. When I was suspended, we got a client there, has hearing aids, and we were doing dinner and I was up at the table feeding another client and this client, he sometimes is very demanding and he's not...he understands quite well a lot of times what he wants and stuff, and he was sitting there and the manager said she heard me from out in the hall. Well, a lot of times, even when a client has his radio on and turned up, I can't hear it out in the hall. People take break out there. Half the time you can't hear unless somebody opens a door. And I asked Charlie if he could wait a minute. Well, he has hearing aids and he, you know, acted like he couldn't hear. Well, they've been through the wash machine a couple times through his clothes and sometimes he plays with them. Well, maybe he couldn't hear that day and I had, you know, and I'm kind of loud anyway, but I had said a little louder, because there's noise going on in there, so he could hear me, asked him if he could wait a minute. Well, that's what caused me to get suspended, because I was yelling, I was screaming at him, which I wasn't. I was stating a thing, if he could just hang on a second because we were feeding other clients. Well, when I got suspended and then after I got fired, I was an on-call that worked 97 hours, 100 and some hours, worked a lot of hours. One morning I got called in to work first shift because they had two unfamiliar staff. I said sure. I come

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in. Well, that day I wound up working two shifts. I come in. Half the guys were at breakfast, only half dressed, some of them didn't have socks or shoes on, still in their PJs, some of them still in bed yet. I mean it was a total disaster that day. But I was an on-call part-time, but I filled in a lot because a lot of the other guys only ever did enough overtime so they don't get froze. Other than that, they always said, if I got to work overtime, I might as well get another job. And this is all on 3. The other units I don't know about. We just had a lot of stuff going on and we have turned it in, talked to the area administrator, talked to a manager, and just like nothing ever gets done about it. So when I got suspended, naturally, like I said, I got fired, you know. I went on unemployment. And I got a transcript coming in that if I can I would like you guys to listen to, because the statement that the manager gave over the phone--we had a court thing over the phone about the unemployment--they denied it because she came up with a whole new statement than what she gave the investigators out here. She said that she heard me say, but on her statement it says, I didn't hear what he said. She come up with a whole new one, you know? Other than that, just a lot. I said I was going to cut it short. There's a lot. Senator Wallman's secretary has stacks of papers on everything, basically, some of the stuff I covered here. And any other questions they know how to get a hold of me and... []

SENATOR LATHROP: Any questions? Senator Wallman. []

SENATOR WALLMAN: Yeah, thanks for coming. In regard to the suspension, you know, we've had some complaints about suspensions today. []

TERRY BECK: Right. []

SENATOR WALLMAN: And verbal abuse, is a lot of the suspension on verbal abuse, is it client abuse? []

TERRY BECK: Well, it was for me, but when you got a guy that has hearing aids that go

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through the wash machine, he plays with them all the time and you're busy at the minute, you want him to understand that he has to wait, how loud is too loud before it's yelling and screaming? And like the gal before me said, you know, there they go for something minor. But what about all this other stuff that nobody ever get...everybody gets turned in for that is major--checking and changing and that? I mean, I was just stating a thing to the client, if he could wait just a second, you know? And also, it got put on my termination paper about the scratches on his leg. Well, when you're feeding other clients and that, who looks at everybody's legs? I mean, you know? I'm sitting here looking at you. I'm not looking at your shoes or whatever, you know? I don't look at his legs all the time. But there was another gal right next to me that was feeding. Why didn't she get suspended? She was sitting there. She could have noticed that. But we got suspended for the verbal and the leg, so why didn't she? Or was she an "escapegoat," you know, for other stories going on to get us suspended? []

SENATOR WALLMAN: Thank you. []

TERRY BECK: Yep. []

SENATOR LATHROP: Think that's it. Thank you, Mr. Beck. []

DELVIN KOCH: My name is Delvin Koch, that's D-e-l-v-i-n and it's Koch, K-o-c-h. I'm currently the acting assistant administrator for area two. To give you a little bit of history, the campus is divided up into three areas, with three assistant administrators. I'd kind of like to shift the conversation a little bit and talk a little bit about some history first, and the first thing I'd like to say is I'm a 28-year veteran employee here at Beatrice State Developmental Center. When I began my employment here, I was 18 years old, basically I'll say a snot-nose kid who came in the door, college wasn't really an option at that time for me, and said I want a job. And I came in the door, hit the ground running, so to speak. I began my career at \$2.17 an hour and I thought I was going to be a rich man. But as I worked and I began to learn from the people that they paired me up with. I

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started as like the direct-care staff, worked several years at that. I was then given an opportunity then to work in the speech department, which was quite interesting. I learned a lot about sign language, a lot about audiology, that kind of stuff. I did that for a couple years and then I was able again, as that department was dissolved, I was able then again to go back and work on the units, working my way up to a DTIII type position. I was looked upon as a leader. I felt like the staff were comfortable enough to come to me to talk to me about any issue. I was able to resolve a lot of those issues without even going through management. We had a very cohesive team, not only on first shift but also on second shift, as well as third shift. We shared the responsibilities of the unit. We shared a lot of camaraderie. We even at times, occasionally, we socialized together and did things together. I felt through that experience and for what I contributed to that unit that I was able to move up to what we call an HSTS position. That's a human services treatment specialist type position. In that position then I was one notch up again further on the ladder and I was able to learn about writing different habilitation type programs for the individuals that we currently serve here at the facility, able to learn a lot about active treatment. I was able to learn a lot about scheduling, community awareness, and basic needs of all the individuals. I should back up. Also, when I started here, keep in mind there were approximately 1,200 individuals that lived at the facility and on an average day we had 38 individuals on one living unit with an average of three, maybe four staff. So you can see things have changed over the years. But again, as I was working as an HSTS, I came to a crossroads and knew that it was either go back to school or that's kind of where I was going to be. So through the facility, through the tuition assistance program and through other scholarships and stuff, I was able to go back to school and earn a bachelor's degree in human relations, which was...and I still don't know how I did it to this day because it was like working full time plus going to school on a three-quarter time basis finishing a degree within about five years. So it did work out well for me. The facility, again, was very, very good about I was working a lot of different flexible hours, I was working split shifts, anything to kind of make the classes work versus also continuing to do my job here. From that, once I earned my degree, I was able then to move into what we call the OAITs program, the Outreach and

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Intensive Treatment program, and I was able to get on the traveling teams, and that, I got to go out and I got to see community-based programs firsthand. What they would do is they would refer individuals to us with high behavioral needs and ask for our recommendations. That team consisted of a psychologist and generally two HSTSIs, which is, again, was one level up. So again, I got to see what I call the good, the bad, and the ugly. From that, I learned a lot in the two and a half years I was there. I learned a lot about the whole community awareness and the community-based type programs and how good they can be. I also learned how bad they can be. Along that way, too, then I also became involved with a parents' association and learned a lot about why they wanted their loved ones to be here and why they were scared of not having their loved ones here at BSDC. Through my experience with the OAITs program, I understood that very well. From that position, I worked that position for about two and a half years, and I was able to move up into what we call a QMRP position, qualified mental retardation specialist. And again, I began to learn how the team worked, how the team functioned, what they needed to do, etcetera, etcetera, to keep each living unit moving and keep each living unit on the right track. Very interesting position, lots of paperwork, learned a lot about the Title XIX standards and exactly what the facility needed to do to keep its doors open. At that time, I thought we were doing an excellent job. From there, I was asked then to step into an acting position as the area two acting assistant administrator. That covers eight basic homes that I have within a range of 12 to 16 individuals on each home, and a range of anywhere from 6 first-shift staff, 6 second-shift staff, to 2, sometimes 3 third-shift staff, 2 HSTSs, a QMRP, and a home manager. Now there's not a QMRP or a home manager for every home. Those are split. In the case (inaudible) those are split too. As we continue to downsize, we'll continue to do more of that. So you probably ask why am I telling you this story because it really sounds like, you know, really a novel story. What I want to say is, where did we go wrong? I was here in the eighties when this was one of the top-notch facilities. We had facilities around the country calling us saying, can you come and help us? You've done an excellent job. You've learned about five-hour programming. You've learned about active treatment. You've been through CMS. You passed CMS. What happened? What

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I want to say to this committee is I think that we began to rest on our own laurels. We got lazy. When I say we got lazy, in that, we had a lot of really, really good people that we were up in the...that worked up on the A Building, which is our administration building, as well as a lot of other good professional staff, and we began to rest on our own laurels. We didn't take that next step. Also, I kind of feel like our state surveyors let us down. There were a lot of changes coming within the Title XIX standards and how they were interpreted, and we weren't given that education. And by not getting that education, you can see where we are today. At one point, we were out six areas in the Title XIX standards. That is the worst and most unforgettable thing that I never want to see again. Why I say that and why I'm giving you all this information today is because I love this place. This is my career. I have a brother and I have a sister both at 27 and 28 years. It's their careers also. I have friends all through the town of Beatrice, Lincoln, all the small towns that come here. This is their career. And along with that career, this is their compassion. This is their...what I want to say is their...they have such respect for these individuals. I truthfully believe, now working with the hiring committee, that any staff person that walks through this door does not come through this door with a preset agenda to abuse someone. I truthfully believe that, yes, abuse can happen, but there is also a human behavior fact that factors into this. Example given: We had an individual who loved to play cards. She was pushed up to the group, handed some cards. She began to put the cards in her mouth. The staff person immediately redirected and took the cards away, and the individual began to cry. I truthfully believe that was a human reaction because she knew she didn't want the cards to be wet. Yes, some people say, no, that was mental abuse. You took that away from her. You took away something that she didn't...that she really liked. Again, it's an error in judgment call. Other abuse cases that I've seen out here, too: again, Barbara Hudson talked earlier, she used the word "fricking." In her family, she has, I know, ten brothers and sisters, that was a common term that they used--get the fricking heck out of here--because that was probably something that was ingrained to them by their parents rather than using the real word that you could use. So it's a human behavior. But again, she was once again accused of verbal abuse. These I know by the Title XIX standards though that abuse will not be

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tolerated. Each one is very well defined out in that we know exactly what they say by verbal, we know what they say by physical, etcetera, etcetera. And, yes, we do have to separate the individual immediately and, yes, sometimes those suspensions take up to 30-40-50, I've seen months where they go by. And it's very frustrating, it's very time-consuming, it's very upsetting to the employee. But right now our hands are tied. We have to. In accordance with standards, we have to do that. We have to do a thorough investigation. Yes, it's very, very frustrating. The other piece that is the confidentiality, a lot of times information is not given back to...maybe to the alleged abuser or to the other people on the team because of confidentiality. If I was accused of abuse, I would not want the information about my case going to everyone under the sun, yet it's a fine-toothed comb there of which way you want to go. As far as the good about BSDC, I wanted to talk a little bit about that too. I have seen many, many success stories. One that I will share with you: We had an individual who moved here from Lincoln in the early eighties due to the facility that she was working here being closed. She had some severe behavioral problems and lived on a unit here for a number of years. Her goal was always to come back out into the community. What we did is, on that unit she still wasn't have as much success, we moved her down to another unit. She lived there a year. We were able then to slowly integrate her back into the community for a wonderful success story. Now I also know some individuals that have lived here most of their life, have no desire to move. This is home. They do not want to leave this facility. Yes, we continue to try and place them. We continue to try and train people, the staff as well as the individual, for the skills that they will need to be able to live in the community, but it's a very difficult. I want you to know both sides of the fence here. It's very, very difficult. If today I looked at you and said, well, in the next year or so we're going to put you on placement, I'm sure most of you would say, forget that, I bought this home, I'm going to stay here, or I live here. But on the other side, I want you to be as independent as possible. What else do I have here. A lot of things, too, with the way that the abuse/neglect works, I think people have lost confidence in their own abilities. It's a very, very sad thing. We need to get people to get that confidence back and the only way to do that is to let them know that what they're doing is correct. Or if

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it's incorrect, we need to find another way, other than punishing, to correct the situation.
Questions? []

SENATOR LATHROP: Senator Harms. []

SENATOR HARMS: Thank you, Senator Lathrop. Delvin, I might have misunderstood you. I just want to clarify this. You said that you felt like you were let down by the state surveyors. Is that what you said? []

DELVIN KOCH: That's correct. []

SENATOR HARMS: Could you explain that too? I guess I don't understand. []

DELVIN KOCH: I felt like that they should have been coming in and for years we had fairly decent surveys. Nobody wants to be flagged or said that they did something wrong and that, and so then maybe we weren't quite learning. And maybe we were let down a little by our QI department, too, in that we thought we were doing well, and so maybe we weren't going the direction that we needed to go. []

SENATOR HARMS: Where do these surveyors come out of? []

DELVIN KOCH: Lincoln, out of central office. []

SENATOR HARMS: Okay. And they actually come in and look at the operation, is that what you're saying is what's going on? []

DELVIN KOCH: Correct. And they probably were let down a little bit by CMS, too, in giving them the training that they need. It all comes back to a training issue. []

SENATOR HARMS: I would like to ask you just one final question. If you...you seem to

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be pretty knowledgeable. You've got, what, 28 years? []

DELVIN KOCH: Correct. []

SENATOR HARMS: If you had the opportunity to fix this, what would you say you would do? []

DELVIN KOCH: If I had the opportunity. []

SENATOR HARMS: If you had the power just to fix what we think is some of the issues, what would you do? []

DELVIN KOCH: First thing I would do is re-empower the direct-care staff. I would empower them and allow them to make decisions. I wouldn't allow them to abuse anyone, but I'd allow them make decisions, and then I would stick by them and empower those decisions and build from the bottom up so we get a good foundation going again. []

SENATOR HARMS: That's probably a pretty good recommendation. Thank you. []

SENATOR LATHROP: Senator Wallman. []

SENATOR WALLMAN: Thank you, Senator Lathrop. I heard you mention the word "punishment," you know, like suspension. And that, I think, is terrible for 30 days, let alone 50 days, 60 days. I realize there's lots of stuff, but you can't category, like verbal abuse, I think a couple days would be plenty. []

DELVIN KOCH: Right. But again, our hands are tied by, you know, what we have to follow in rules and regulations. []

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SENATOR WALLMAN: Uh-uh, yeah. Thank you. []

SENATOR LATHROP: I would like to take an opportunity to have you maybe educate me a little bit on the disciplinary process, because, as I was reading the report...the reports, I...you know, they talk about all these examples of abuse and neglect and then the DOJ report really lists the truly unspeakable things. []

DELVIN KOCH: Uh-huh. Correct. []

SENATOR LATHROP: But that's...there are a lot of things that are labeled abuse and neglect that one may argue whether it truly is... []

DELVIN KOCH: Correct. []

SENATOR LATHROP: ...something that rises to the level of that label. []

DELVIN KOCH: Right, and that's why we have an investigations department, that needs to go through and really look at that. []

SENATOR LATHROP: You talked about your familiarity with the federal standards... []

DELVIN KOCH: Uh-huh. []

SENATOR LATHROP: ...and the federal standards you're referring to dictate how...first of all, that someone will receive habilitation while they're here,... []

DELVIN KOCH: Uh-huh. []

SENATOR LATHROP: ...that they will be treated in a particular manner,... []

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DELVIN KOCH: Uh-huh. []

SENATOR LATHROP: ...that...does that...do those standards also identify what is abuse? []

DELVIN KOCH: Yes, they do. []

SENATOR LATHROP: So this young lady that was here that said she used the term "freaking," ... []

DELVIN KOCH: Right. []

SENATOR LATHROP: ...in a statement to a resident, do the standards literally call that abuse? []

DELVIN KOCH: What it calls is...it gives you a definition of verbal abuse and... []

SENATOR LATHROP: Do you know what that definition is? []

DELVIN KOCH: Not off the top of my head. I don't have that with me. []

SENATOR LATHROP: Can you paraphrase it? []

DELVIN KOCH: It would say anything that was demoralizing to the individual that caused any mental abuse that...anguish that upset them in any manner. []

SENATOR LATHROP: Okay. So you can make a perfectly normal statement, if you typed it out it would not be abuse, but it's also in the tone? []

DELVIN KOCH: Correct, tone of voice, etcetera. []

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SENATOR LATHROP: Or it can be thrown in slang. []

DELVIN KOCH: Right. []

SENATOR LATHROP: And then that becomes verbal abuse. []

DELVIN KOCH: Correct. []

SENATOR LATHROP: Is that example that we saw, saying "freaking," you're going to "freaking" hurt yourself or trip or whatever the term was or the phrase was, is that treated the same as if someone kicked a patient? []

DELVIN KOCH: No, because that would then be jumped up. That would be physical abuse. []

SENATOR LATHROP: And so physical abuse is treated differently? []

DELVIN KOCH: Right. Well, abuse is abuse, no matter what. []

SENATOR LATHROP: Now I'm wondering about the consequences to the staff person.
[]

DELVIN KOCH: Right. And the consequences can be different, and those are defined out. We do have a set of definitions that we use in our abuse/neglect policy here. I believe is 4.1.1. []

SENATOR LATHROP: Oh, (laugh) we got the right guy here. (Laughter) If you remember the...if you remember the numbers of the different standards, that's pretty good. Here's my point. If you can, you can verbally abuse somebody by dressing them

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down and just really telling them that they're worthless and things like that, or apparently you can do that by using an angry tone while you're saying something like sit down. []

DELVIN KOCH: Uh-huh. []

SENATOR LATHROP: Fair enough? []

DELVIN KOCH: Uh-huh. []

SENATOR LATHROP: Are those treated the same in terms of the suspensions that will follow? []

DELVIN KOCH: Yes. Because everything is alleged and everything has to be investigated. That's why we have an investigations department. []

SENATOR LATHROP: Okay. So whether it's a... []

DELVIN KOCH: Whether I came up and I punched you in the nose or whether I came up and said, boy, you're a pain in the butt, it could potentially be treated exactly the same. []

SENATOR LATHROP: You will then be suspended. Your pay will be interrupted... []

DELVIN KOCH: Correct. []

SENATOR LATHROP: ...and you have to wait, pending the outcome of a hearing. And if I understand correctly, those hearings and that investigation may not be complete for...I think the average is 16.5 days or something? []

DELVIN KOCH: Right. The investigation is always completed within five days. Then it

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goes to what we call the investigations review committee where we look it over for thoroughness to see what's going on and then, if there are assignments to it, to make sure that those are fair and follow within the guidelines of our policies on that. And then it has to be carried out then depending on... []

SENATOR LATHROP: Here's...one of the complaints that I've heard from the employees' side of this, and again I have the advantage of having heard some of these folks testify in the Business and Labor Committee last session, but one of the concerns that they have is, as a professional, you can get the label of abuser, right? So if you want to go from here and try to get a job at Mosaic or a nursing home or somewhere else in the healthcare industry,... []

DELVIN KOCH: Right, I think... []

SENATOR LATHROP: ...you have that mark. []

DELVIN KOCH: ...what they're saying is, is if something is unfounded nothing will be placed in your file, but you still have that verbal rhetoric. Everyone on campus knows you were suspended. They may not know what you were suspended for and it can kind of follow you. []

SENATOR LATHROP: But it can follow you if your infraction is using a harsh tone of voice... []

DELVIN KOCH: Correct. []

SENATOR LATHROP: ...in communicating an everyday command. []

DELVIN KOCH: Correct. []

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SENATOR LATHROP: And then it makes it difficult for people to go get a job after they leave here. []

DELVIN KOCH: It can. It depends on what they put down for references. I know that our human resources department only releases certain information. You'd have to talk to someone there. []

SENATOR LATHROP: If you had...if you had somebody...do you do any hiring and firing? []

DELVIN KOCH: Yes. []

SENATOR LATHROP: So if you had somebody that was working at Mosaic and they had an abuse...a documented abuse in their personnel file at Mosaic, would you hire them here? []

DELVIN KOCH: No, it should go through our...it should be flagged after our personnel help do the records review and they also do a...I can't think what...it's a computer search so they can check to see if they've had any allegations against them. []

SENATOR LATHROP: Okay. And now it kind of comes back to this, in terms of why do I want to work at Beatrice if I'm going to get labeled as an abuser and... []

DELVIN KOCH: Exactly, and that's our biggest... []

SENATOR LATHROP: ...and now I can't...now I can't find a job anywhere in an industry that I went to school to be, say, a CNA? []

DELVIN KOCH: Right. People are scared. Why would I want to address my reputation on working at a facility that may accuse me of abuse? []

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SENATOR LATHROP: All right. Is the...is that label...when I was reading all this, it seems like we lump them all into abuse and neglect and there's no...there's no hierarchy, and it's abuse and neglect even if it's using a harsh tone to say... []

DELVIN KOCH: Right. []

SENATOR LATHROP: ...to say please sit down before you get hurt. Right? []

DELVIN KOCH: Uh-huh. []

SENATOR LATHROP: Is there a need for a different label, or is all of this dictated by the federal guidelines? []

DELVIN KOCH: I would love to see it all be broken out into various categories, but I think right now abuse is abuse. It's dictated that way, and that's the facility's policy also. []

SENATOR LATHROP: Okay. So there's nothing we can do as a state organization or an institution to change that. []

DELVIN KOCH: I'm not sure about that. []

SENATOR LATHROP: Okay. I think that's all I have. []

DELVIN KOCH: Okay. Thank you much for your time. []

SENATOR LATHROP: I see no other questions. No, thank you for coming down. You were very helpful. []

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LESA FAHRNBRUCH: Want lunch, or do you want short testimony? []

SENATOR LATHROP: Oh, it is noon. I was having...I was engrossed in the testimony and missed the fact that it's 12:00. How many more people do we have that are interested in testifying? Okay, about four or five, and I... []

LESA FAHRNBRUCH: Mine is real quick. (Laughter) []

SENATOR LATHROP: All right. Well, I guess we're going to testify before we go to lunch. (Laughter) We're an accommodating group too. []

LESA FAHRNBRUCH: I was just...I wanted to find out if there's any way we can get reclassified for, like, kitchen staff... []

SENATOR LATHROP: We're going to have to have you start out with your name and spell your last name for me. []

LESA FAHRNBRUCH: Lesa Fahrnbruch. []

SENATOR LATHROP: And, Lesa, why don't you tell us what you do or what you're...are you currently employed here? []

LESA FAHRNBRUCH: I'm currently employed. I work in the kitchen. []

SENATOR LATHROP: Okay. []

LESA FAHRNBRUCH: I've been here about 20 years. I feel...I worked on the living units for many years before I went to the kitchen, but the kitchen staff are getting robbed as far as pay increases. I don't know who makes all these decisions but there's a lot of people that haven't had raises in years. A lot of times things would come out and it's

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like, well, this area can get a raise and this area can get a raise but this area is not going to get one. And there's a lot of people that get overlooked for years. I don't know if people see the whole...the big picture of everybody. There is no incentives for being out here except for you love your job, you love the individuals you're here to take care of. There's no other incentives. There needs to be incentives. Somebody can get hired on the street and start making the same amount that I've been getting and I've been here 20 damn years, you know? We'd like to see our jobs reclassified so that we can get better pay. I'm not sure who would be responsible for that, but we'd like it looked into. And then as far as other testimonies that I've heard, coming from, in the past, working on the living units, I can testify that, yes, there is favoritisms and there is repercussions for things that you say. If you open your mouth and you say too much, there's going to be punishment to pay. It might be looking nice on paperwork that what they done to you was justified, but it's being done because you opened your mouth. The 303 incidents that were brought up by a couple of your past employees, I can pretty well say that, yeah, I fully agree with everything they said. Things get hidden on those living units. People team up with each other on different shifts. I just...most everything I've heard in the testimony is fully, you know, I agree with all of it. But my main thing was that we'd like to see reclassifications for the kitchen. The laundry department, that don't work with individuals even as much as us, they get more than us. How is that justified? I can't even begin to justify that. People get really upset, you know? And the suspensions, that's another issue. You can't say anything out of line because you're afraid you're going to get suspended, and you can't live without your paycheck. And you have a second job, like Bobby said, you're not going to have that second job if you're labeled. So that's it. []

SENATOR LATHROP: All right. Any questions? I don't think so. Thanks for coming down. []

LESA FAHRNBRUCH: Thanks. []

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SENATOR LATHROP: Now we need to deal with lunch. I think that...are there...is there a shift that's going to get over? Do you expect other people to come in that will want to testify in the afternoon? []

(WOMAN): Yes. []

(MAN): Second shift starts at 2:30. []

SENATOR LATHROP: So do you expect...if we broke from noon to 1:30, for example, are there going to be people who didn't raise their hand come into the room and want to testify? They're shaking their head yes in the front. []

(MAN): (Inaudible) 1:30? []

SENATOR LATHROP: No, between 1:30 and the rest of the day. []

(MAN): It's certainly possible. []

SENATOR LATHROP: Okay. Then rather than try to skip lunch and go through it, let's take a break. Okay, let's make it 1:00. I think we can probably get lunch in, in an hour. All right? Thank you. []

RECESS []

SENATOR LATHROP: We're, of course, having hearings. We're going to start with the afternoon. Again, the process for those of you that might have come since lunchtime, you're welcome to testify. We encourage you to. You have to fill a form out that gives us your information so that we can make sure the record properly reflects who's been here and testified. And when you take a seat, if you can give us your name and spell your last name for us. And the one thing I didn't say this morning that we should...I should

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pass along, especially given the beeps that were going off, if you have a cell phone, we'd like you to turn it off or at least turn it on vibrate so it's not interrupting or showing up on the audio. And with that, I think we'll start with our afternoon. []

JILL McCONNELL: I'm going to jump right up here before I lose my nerve. []

SENATOR LATHROP: (Laugh) Well, we're glad you had enough nerve to get to the table. []

JILL McCONNELL: (Laugh) To get to the chair. []

SENATOR LATHROP: Yeah. []

JILL McCONNELL: My name is Jill McConnell, M-c-C-o-n-n-e-l-l. I've worked at BSDC for 32 years and am looking toward retirement in the near future, if it doesn't come sooner than I think. But I wanted to, like Delvin did this morning, I wanted to give a little history because I think it's relevant in looking to the present. And I'm going to do it this way, starting with a very short letter I wrote to George Hanigan, Ron Ross, the then-Governor Johanns, Denny Byars in 2003. Some of those names might or may not be familiar to you. []

SENATOR LATHROP: Why don't you tell us who they are. We know who Johanns is, and I happen to know who Senator Byars was. []

JILL McCONNELL: Senator Byars from this district. Ron Ross, at the time, I'm trying to...was head of...in the way things were arranged at that time, which is different from now, I believe was head of DHHS... []

SENATOR LATHROP: Okay. []

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JILL McCONNELL: ...or the equivalent. And George Hanigan was, at that time, in charge of DD services in the state. And the letter says, addressed to Mr. Hanigan, do you know what...this is 2003, five years ago: Do you know what's going on at BSDC? If not, why not? And if so, is it okay with you? Is anyone going to stop the destructive process that's hurtling along like a runaway train, or are you just going to wait for impact and see what's left when the smoke clears? In almost 26 years at BSDC, I've never seen such inept management given free rein to create such havoc to the detriment of the people who live here. I have a sense of foreboding that it will end of tragedy for one or more of those individuals, as we struggle to provide care under increasingly uncontrolled circumstances brought about by recent restructuring and zone initiatives evidently approved by you. And I'll define those in a little bit or at least tell what I'm talking about. There are numerous details and observations which lead me to make these statements, but I won't describe them here in all their complexity. I figure if you are in the know you don't need to hear it from me. And if it's okay with you, what's the use? I'm driven to write this out of deep regret over the deterioration of BSDC from a once proud facility, with every reason to be so, to a very scary place for all. I'd be going through the chain of command with this communication, but the upper links of that chain here at BSDC are quite broken and useless. Every so often the thought occurs to me that there may be ulterior motives to this whole disastrous situation--perhaps a cowardly way of shutting this place down by letting it self-destruct. There wouldn't be any truth to that wild notion, now would there? Well, whether on purpose or by accident, it appears to me that the damage will be permanent. Those thoughts persist to this day and that situation persists to this day. In 2003, I mentioned zone initiatives and whatever it was called at the time, restructuring, and what those were, without getting really specific, were flippant changes in the organizational structure and service delivery here that were really similar to what Ben Nelson did, as he was leaving Nebraska, with Health and Human Services, and that was both here and there to provide or to create a system that was so convoluted, disconnected and top-heavy that accountability and excellence became qualities of the past. In each case, both with Health and Human Services at that time and with BSDC, I was struck by the impression, which I still hold, that many of

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those who landed in all the newly created, upper level positions were there because of self-interest and the buddy system, not because of education or experience or expertise or management skills or commitment to those needing state services and support. That is what...I could start as people have, you've already heard lots of the separate issues, separate problems, separate concerns here at BSDC, and people have expressed those very well, but my...over the past three, four years, I have come to the conclusion that unless we have a leader who has strong credentials and experience, who has creative energy and management skills to identify and work with us to solve problems and to set a direction and clearly communicate how we're going to get there, and who is unhampered by less qualified bureaucrats above him or her, the discussion of separate problems is going to get us nowhere. You have been really generous in finding money to fix problems. Now we have to find the person who spends that money wisely so that it really knocks out the problems, which I guess I feel pretty lucky that I was here when BSDC was growing into a superior facility. I was lucky. Now I am absolutely heartbroken to see that excellence go down the tubes. I believe that there has been some recent improvement in certain areas, but we're awfully reactionary with money and with decisions. They don't last more than a day or two. I believe the money is spent in a way that will not ensure that there's a solution at the end of the expenditure and that's very distressing. I think I will end with one little exchange between two people who have a long involvement with BSDC and this exchange has to do with the amount of money from your constituents, that includes me, that has been spent on consultants here at BSDC when, in fact, we have some superior people right here who could be doing the job for a lot less money than consultants have bilked us for. The exchange goes like this, and it was...took place in April of 2008: One person said, we certainly have been bleeding money that hasn't fixed any of the problems. Went to the goody shop today. The place was as crowded as I've ever seen it in years. All the temps, the extra staff that had been brought in from who knows where, were there eating lunch because it's part of their contract. I'm sure it's cheaper than giving them an allowance. Liberty, another...these...if these aren't familiar, stop me. Liberty will be gone by the end of the week, one lady leaves today, another Friday. Anthony Abboud, the abuse/neglect

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consultant, hasn't helped or at least it didn't take. Catherine (phonetic) and the other lady who came as consultants to QI didn't cause much of a stir or change. I'd be surprised if any of Liberty's changes will be kept for a month. (Editorial comment: Prediction correct.) Michael Smolz (phonetic) in-servicing has stopped. Haven't seen Amanda George (phonetic) who works for Smolz (phonetic) for a few months. Somebody else is coming back to BSDC tomorrow to do another investigator in-service because the first one didn't help us enough, and then there's always Randall Heinz (phonetic), who'd do the most damage, or was it John Worley (phonetic) or Vince and Conrad (phonetic), and then there are two names mentioned of people who are still here. The reply from the second individual says, I think you at BSDC are past a wound. Hopefully it's not a severed artery. I guess my main point is that as much as I appreciate your time and your willingness to take a look at this situation, and as valid as everyone's concerns are that they have enumerated, without proper management nothing substantial will be done. And when you have a mess to the degree that we have a mess here, you have to look really high as to where the source of that mess is. That's it. []

SENATOR LATHROP: I'd like to ask you some questions, if I can. You said that you have been a 32-year employee, yes? []

JILL McCONNELL: Correct, I'm sorry. []

SENATOR LATHROP: Okay. We can't make a record out of you nodding your head. []

JILL McCONNELL: I know. I think with all technology we ought to be able to, but... []

SENATOR LATHROP: Yeah. Not yet. What your position? You're still here now and you're looking forward to retirement, so I assume you're still working here. []

JILL McCONNELL: As yes...correct. []

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SENATOR LATHROP: That's also a yes. Okay. What's your position here? []

JILL McCONNELL: Speech pathologist. []

SENATOR LATHROP: And how many of the 32 years have you been speech pathologist? []

JILL McCONNELL: All. []

SENATOR LATHROP: Okay. You have...let me start with the letter that you wrote. You said you wrote a letter in 2003. You told us to whom that was written. Did you get any response to that letter? []

JILL McCONNELL: I got immediate response from the parents because I did include on my list I CCed the president of the Friends and Family of BSDC Association president. I got an immediate response from that group. []

SENATOR LATHROP: Did you get any response from anyone else? []

JILL McCONNELL: No. []

SENATOR LATHROP: You've told us everyone you sent that letter to. []

JILL McCONNELL: I think so, yup. []

SENATOR LATHROP: Okay. Senator Harms has asked this question of other witnesses, and I'm just going to ask you and maybe steal his question. But what if we're looking for not just the problem, but the solution. And you sound like you've spent some time thinking about this. And you've also directed some of your criticism at the management and you are a little vague, but maybe not so vague, about where you think

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the problem is. But why don't you tell us what your judgment is about what needs to be different. []

JILL McCONNELL: I believe that the solution lies in the right management. It's kind of hard because I don't think that's within your responsibility or anything you can do. But right now the process we used to have...do you mind if I go back to comparisons? []

SENATOR LATHROP: No, no because the one thing that we have heard is that this was an example of the way an institution like this should be run, and now it isn't. In fact, we have a lot of problems. And so someone that can give us a historical perspective on what happened to us between being the example of how to do it correctly to where we're at today, any insight would be appreciated. []

JILL McCONNELL: And I...just to preface this, I'm not saying that everything we did back then was good and there were no problems, and I don't mean to say that everything we do now is bad and it's nothing but. But back then after the lawsuit, Horacek v. the State of Nebraska, we started the process of building ourselves up to correct the situations that led to that. And what we ended up with was a place that had very firm policies and procedures. They weren't restrictive. They actually in a lot of ways were freeing because everybody did the basic things the same way. You could cross over living units or units and it was all regulated paperwork. And the ways you had to...the people you had to go through to get something done and the way, eventually, all the members of the IDT, interdisciplinary team, had to relate to each other or to work together for the benefit of each given individual. Every individual had an IDT made up not only of direct care staff, but also of the nurse, the speech path, the physical therapist, the teacher, and on and on. And for each person, those people were identified. In the process of the changes I mentioned, the convoluted outcome, being able...especially for someone like us, the professionals, I'll say, but I've always considered everyone here whether housekeeping or...we're all professionals, DT staff for heavens sakes. But the ways we were required to work together for an outcome

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were set. That doesn't mean that we didn't have a lot of freedom to create with each other or to try new things, but we didn't have to take time to worry about how certain things should be done. Now my observation is that we have policies and procedures, but they change daily. We've had QMRPs, qualified mental retardation professionals, and every week--and I can't tell you for how long, it has been a long time--every week the list of clients that this QMRP is responsible for changes. So every week you have to look at this list and say, well, who's that person's QMRP now? This is not efficient. It's not effective. It does not work not to have...to be able to make decisions, to disseminate the decisions, and to have everyone on the same page with those policy type daily care kind of things. It's like getting up in the morning and not knowing whether you're supposed to brush your teeth first. I mean, you know, we have certain set ways we go through our day. We can certainly change. But if we had to think about everyday how to do every thing, it would be a very wasted day and that's what it's like. If decisions are made, they don't get to where they need to be. When they get whipped to where they need to be, you can kind of count on the next day or the next week it's going to be different. []

SENATOR LATHROP: Okay. You mentioned that the interdisciplinary team approach, and you mention that as something that took place regularly in the past. Is that not the case now? []

JILL McCONNELL: It is supposed to be the way things are done, but it is because of the way people have been...I mean, the different positions, QMRPs, managers, the way things have changed so rapidly and so frequently, it is difficult to...decisions are made unilaterally sometimes by one individual. They're not appropriate sometimes. But no matter whether they are or not, no one is solely responsible for making a decision about an individual. It is supposed to be a group feedback input kind of thing. []

SENATOR LATHROP: So you'd sit down and talk about a particular individual who lives here and say, I think he needs this and I've noticed this about him, and maybe we need

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to have speech pathology come in and do this with him, and that's missing. []

JILL McCONNELL: That is much more difficult and it not necessarily the common practice that it was. It is more difficult...if I don't know who the QMRP is today, first I have to search and see who that might be. That just does not lend itself to a coordinated approach for these individuals. []

SENATOR LATHROP: You provided this information in response to my question, and the question was what's different or what do we need to improve. Is that one example or is that it? []

JILL McCONNELL: That's one example of how difficult it is to know where you stand to find out what the decision making was on any given day. Decisions are made or not made and they never filter down. And if they...in the past, there was a structure so that decisions that were made about programming, which is active treatment. Each person who was part of the programming team. There were the unit directors, and they had the responsibility for a unit full of living units and of staff. There were the professional services, each education, OT, recreational, all of those, and that was it, the support services and the unit systems. They came out of that meeting and all of their staffs were apprised of all the decisions immediately in the same way so that the information that everyone got was the same, which led to somewhat of a stable consistent work environment. I...oh, I'm sorry, go ahead. []

SENATOR LATHROP: Well, that's so...are there any other observations about, you know, the way it used to be when it was done well versus the way it is today besides that? []

JILL McCONNELL: Yes. []

SENATOR LATHROP: I think you've made your point with respect to the continuity of

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care, the consistency, and the teamwork. []

JILL McCONNELL: I think maybe another important aspect is job satisfaction that it...and you've heard this before today. But I can happily remember DT staff--and you've heard from some of those today--who I absolutely...who were professionals. There are lots of those left, not as many as there used to be. And I don't think they get the rewards, and not monetary, that they got in terms of respect, being a very, very important part of the team and made to feel that way. I remember even before I had kids and after, I looked at BTs and I looked at this place and I said, if ever I needed a place for a person in my care it would be BSDC. And I was never ashamed, despite over the years there's always somebody who thinks institutions should close down. Well, what is community placement also? That's another way the state provides services for people who are appropriate to be in the community. But I would stand eyeball to eyeball with anyone over the years and argue and maintain that BSDC was a place that I was proud to work; and perhaps they might want to learn a little more about it before they made some off the wall thing about shutting everything down. But I must say that in the past three years I have been uneasy about the state of BSDC. And I will maintain that when you see the kind of things that have been going on and the steady...well, I first noted it, not noticed, but noted it in 2003 that has to be systemic. You can always have some incidence with employees. But if it is so widespread, if problems and issues, not with employees, but with problems are so widespread, it has to be systemic because if you aren't taking care of them one at a time and they get to this level of difficulty, then it goes beyond here. []

SENATOR LATHROP: Okay. I think that's all the questions I have, but I'm guessing there will be others. Senator Wallman. []

SENATOR WALLMAN: Thank you for coming here. And I know you worked here a long time and a good employee and I've always been proud of this place also. And you think this suspension thing is hurting morale. Has it helped the clients, you know, the

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residents any? []

JILL McCONNELL: It has hurt the morale. I know that when we had a temporary...one of the temporary fill-in CEOs, and this suspension business just blossomed, and his statement was, well, I don't know what they worry about. We just have to do this. I don't see why they're so upset about this. Well, because they're told...you know, you heard. []

SENATOR WALLMAN: Yeah. []

JILL McCONNELL: You go stay by the phone, don't do anything else, and when we're ready after 30 days or so, we'll call you. But I also know that in...I know CMS has changed, requirements have changed, and I may be wrong about this. But CMS defines abuse. They don't tell you what you have to do about it. My impression is that we have tied ourselves up so tightly by our policies, and I don't mean to say that you can just let it go, but we have never...this may be wrong, but again my impression is we haven't been cited for not attending to abuse. We've been cited for not following policies on abuse. We have made those policies so restrictive, and then not followed them that we've backed ourselves into a corner. It isn't that you don't have to pay attention to it, but you do have...I believe if you had a reasonable policy you would be all right. I mean, again with the abuse and neglect policy, these figures are not correct. But just like the QMRP list, there were several years when there were 27 revisions of it. First of all, how can you remember; and second of all, if you have that many revisions, you haven't gotten it right yet. []

SENATOR LATHROP: Senator Gay. []

SENATOR GAY: Thanks. Jill, I'm going to ask you on your experiences, Senator Wallman talked about those suspensions. What percent of the direct client staff do you think has faced a suspension or is in fear of a suspension? It seems to me that everybody coming up here, even long time employees has dealt with this issue. Is it just

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walking on pins and needles around here? []

JILL McCONNELL: Yeah. If you combine those who have been on suspension and those who are probably afraid of being on suspension, it would be 100 percent. []

SENATOR GAY: One hundred percent of the employees. []

JILL McCONNELL: If you include those who know the possibility and are afraid of it and those to whom it has happened, it would probable be 100 percent. Nothing's 100 percent, but I'll bet...I mean, you'd have to be in some other world not to be worried about it. []

SENATOR GAY: Well, concerned, but...okay. On another thing, you talked about the policies and I had talked about this earlier as well. Are these policies then...are these federal policies that CMS is making us do or is this things we have imposed upon ourselves as state? I mean and I know you're probably not an expert on every policy. But just your opinion, I guess. []

JILL McCONNELL: My impression is that the definition of "abuse" is federal, and certainly the requirement that something be done about it, but that would be all of our requirement. It is my belief that what we have set out selves to do about it is what's getting us in trouble. For instance, just for instance if you have a wart on your foot, do you cut it off or do you do something about that? We are so reactionary about abuse, neglect that we set ourselves up in many ways not to be able to follow our own policy when in fact we could certainly address the issue satisfactorily with more rational policies and still be okay with the feds, I believe. []

SENATOR GAY: Okay. You talked about the abuse and neglect policy. I want to talk about all policies from showing up to work to whatever. We all know government. We've added, every year, more and more rules, regulations, policies, whatever. But I mean are

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these things that we're, as a state, saying we need to do or is it federal? And I'm not just talking about abuse policies. That's a very important topic, I know. But just, you know, when you walk in there's a policy manual everyone has. Do they go from here to here because of the federal government or because we've done this to ourselves? []

JILL McCONNELL: I think...we used to have, okay, lots of policies. They were...okay. Now, I'm trying to think what I want to say. They were so reasonable and so rational that you knew from day-to-day. You could keep yourself out of trouble from day-to-day because there wasn't anything that was shot out there today. This is the new policy, start it. And any policy that came about new or was changed it was within this...you know, it wasn't federally mandated. It was mandated by rational...by the need to have a standardized dependable work environment. So the things that I'm thinking now are not mandated, that I'm thinking in my head are not mandated by the federal government; they're mandated by a reasonable workplace, especially a workplace where such important work is done. So if a policy was going to be changed, it was changed with the input of all interested or involved parties. And out of those informed people came a new policy that was communicated to everyone. []

SENATOR GAY: So you went off the experience, I guess. And thank you very much for that. I guess that's the question I will ask later of upper management then because it is an interest to me why, you know, many time they're forced to change policies because it's topped down federal government. But we'll deal with that later. Thank you very much. []

SENATOR LATHROP: I think that's it. Thank you for your testimony and for coming down here and talking to us in spite of the fact that it makes you nervous. []

JILL McCONNELL: You can see why. []

SENATOR LATHROP: Thank you. []

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JILL McCONNELL: Okay. []

KAREN GIRCH: (Exhibits 3-4) And I volunteer. I do have copies of what I'll mostly say for each of you. []

SENATOR LATHROP: We'll have you sit where the mic can pick up what you're saying, and then give us your name. []

KAREN GIRCH: Hi. I did provide testimony to each of the senators here. My name is Karen Girch. I'm an employee at BSDC. I started here in 1975 working as a summer teacher and...no, I started in 1975 as teaching staff while I was in college. I was care staff through my college career in order to pay for college. In 1979 in May, I started as a summer teacher here. That fall, I then took a full-time teaching position, and currently I'm in a human services treatment specialist position that's essentially an adult educator. So I'm basically doing what I was doing when I started work. BSDC is an educational entity. Our funding requires that the individuals who live here have learning opportunities every day, all the time. In my position, most of usual case load is eight individuals. So if I were to spend my entire eight hours that I'm here everyday with my eight individuals, I could devote to them an hour a day. Five days a week they would have an hour a day of being taught. As a person that's most responsible for teaching and educating those individuals that live here, I know that the standards require we provide continuous education. So the greater part of my job is to teach people how to teach and to provide the procedures for those folks. I communicate those to the team based on what that team has decided for that individual that's important for them. I see frontline staff working with individuals everyday. That's how I know what they need to be taught is because those staff that are with the individuals eight hours a day, they know what...though the individuals that know what they need. There are, however, a number of staff here at BSDC who don't have the time or responsibility to directly spend with the individuals, and to me that's something that's very wrong with BSDC. When Hugh Sage

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was here...you all know that time. We were that model facility. One of the suggestions I took to him during the '80s sometime, I don't remember exactly when it was instituted, but he approved and developed a voluntary program that allowed employees in any position here at BSDC to spend up to two hours every two weeks of paid time with an individual that they chose to work with and spend with, be their friend, do normal things that people would do. And many people have developed long lasting relationships because of that. Lots of people go in...they may go from a direct care position to another position where they don't have those direct responsibilities. But we still wanted to make it so that they could spend time and remain friends with people they knew. I worked on trying to get this program more of a mandatory program for people. I fully believe that everyone who works here needs to know and spend time with the people who live here. They're why we're here. I'm not here to push paper. I'm here for the people that live here, and I wish everyone else were too. My most recent attempt at this evolved through a work group. I presented our proposal to the leadership team, and it happened to be last Halloween. That's why I remember it is because it was Halloween. A member of that group made the comment, if I'm out with clients I might get suspended. That absolutely appalled me that those people making those policy decisions had that attitude. John Wyvill happened to be at the meeting. He gave us a little pep talk at the time. I didn't know whether that pep talk was directed at maybe one person in the room. I didn't think it was. He didn't make it seem that way. But he said some things that we all needed to hear. The work group that I was on, trying to get that program so that it was more formal, continued for a while, but so much resistance kept coming. So many regulators came in and said you need to do this by next week, you need this done and this done. Ron, our current CEO, has made it very clear to leadership that they need to be out. He has said that. I see some staff who are listening to him and following that direction, I see others who aren't. Just so you know who I am and where I come from, I do a number of things at BSDC. I'm cochair of the local safety committee. I'm cochair of the Department of Health and Human Services Suggestion Committee. I'm member of several committees here on campus, family style dining, labor management. I teach and mentor the people who are new in my position to teach

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them how to do the things they need to do in their position. I'm a member of the statewide safety committee. I'm also a steward. I'm a member of the bargaining team that bargains and negotiates the wages and other benefits and rules and regs for the union. I'm on the board of directors of NAPE/AFSCME. I'm a member of Friends and Family and MRAN. So I've got that aspect, too, and that knowledge. Unfortunately there are a number of people at BSDC that have talked to me in the last few weeks about being afraid to come talk to you today. They're afraid of repercussions. They're afraid they will be targeted. I did give Senator Wallman a statement, and you are all welcome to it, from an employee that did not wish to disclose their name. When they gave me the statement, I asked them if they would sign it, and they chose not to, but they were willing to write my name on the statement as if you have questions for them and you need to contact them, you can do that through me. And if you have any questions for my now or later, feel free. []

SENATOR LATHROP: All right. We'll see if there's questions. I don't think so. []

KAREN GIRCH: Okay. []

SENATOR LATHROP: Very helpful Thank you. []

PAM SPIER-EDMOND: Good afternoon. I'm Pam Spier-Edmond, S-p-i-e-r-E-d-m-o-n-d. I have several things that I would like say. I started here in 1987, two days after I quite college thinking that I wanted to work for a living. Within a day, I was like why did I quite college. But I was lucky enough to have several staff that told me, give it six months, you'll love it, and then go back to school if you want to. Six months came, two years came, and I left in 2001 to return to college because I wanted to move up. And I worked in a group home and I remembered distinctly saying, when I returned to BSDC after working in that group home, to--I think it was the area director at the time--unit director, I told him that I have never felt more secure and safe in a facility as I did working at the state home. I loved our training. I thought we trained our staff very well. And when I

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worked at the group home I was told you're very well trained. And so that's...I mean, the safeness was there in the institution. I don't even like using that word, so. But on the flip side, I liked working in a group home. It's just the resources that if there is an emergency behavioral incident or anything, it was me and three other staff of four behaviorally disordered borderline intellectual adolescents with severe violent behaviors. Of course after 12 clients, that can potentially harm you, and in fact brought a gun into that facility. I was scared. So I came back here. I eventually received my four-year degree and I came back to work at BSDC because I have the opportunity to be a part of several great teams. I mean we functioned, we go things done. I'm still part of several good teams. And as an assistant administrator, I have several areas that need more help at time than others. And my area is the behavioral disorder area classified. I like what it do. I like where I work. I like community providers. I like community providers. I like BSDC. I think there's a place for both. I like the fact that our clients can choose one or the other. I have several individuals that do not want to be in the community. They don't want to go no where near it, they've been there, done that, and they feel safe here. I also worked in OTIS program, so I have been in the community in the community-based homes. I've also had those people tell me, how can you help us? We need help. They're out in a house and they have an individual that's going off. The only thing that they know they can do is call the cops. They're staffing issue are just as bad as our. I'm not saying that our staff...and we have staffing issues. But again I like the fact that our individuals can choose where they want to live and they can work on their problems while they're here, and if so they're ready to leave, then they can go. I would like address...Karen had brought this up and several other people had brought this up, support to our staff. A I said, I think we have some of the best training here. I think there's always room for improvement definitely. If you think you know it all, you're wrong. And I've said that to many people. Everyday here is a new learning experience for me and, you know, I learn from the staff, I learn from the clients, I learn from the great people that I work with, the people that help me through the day. I like to look at this place as we're continuing to move on. I don't want to live in the negative here, and I've been accused of being too happy at times or being too optimistic. Pam,

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don't you know that we're going to go under? Why do you keep trying to fight? Because I believe in BSDC, that's why I will always fight. Optimism? Absolutely. We have to look at what we do now. It did not...the problems at BSDC, and I agree, did not happen overnight and it will not be fixed overnight. Absolutely. I mean, this has been, you know, several years in the making. You know, CMS, they flip those federal guidelines on us, and you know the responses, the arguments that we have had with CMS...I was there. I have heard them. We tried to argue. We tried to say, well, we're doing this. We tried the different degrees of abuse and that's where we, you know, it came up--abuse is abuse. Let me see, just (inaudible). Again, I believe in both the community and the institution. I will give you an example of why I believe in the institution and it happened last night at 7:00. I was working with Ron, our CEO, on a home that was having some major issues yesterday, and issues is actually an understatement--violent behaviors. We had a staff that was bitten and blood drawn. I mean, he was bleeding. This staff will also need cosmetic surgery for his bites that he has received from one individual. So this home is having some major issues. I'm working with Ron. Ron's being called by the team. We're deciding what we can do. We're trying to implement some things in this home. Great group of people, newly formed team, but they're working, they keep coming back to work everyday. I call, I see if things are going okay. They are. At that time around 7:00, I see three staff walking, following a client who is in a major violent episode. He is throwing whatever he can find at these staff. They charge. I'm walking up to the scene thinking I'm going to help out, and this individual bulldozes through me like I'm a wet noodle and throws me into a metal pole and throws me down. I get back up. I didn't notice that my right knee was lacerated. He runs out into the street. He is threatening to get us all suspended. He knows how to do it. He will do it. He runs and he grabs onto a pole and he is saying I'm going to hurt myself and I'm going to say you did it to me. He ends up on a deck throwing rod iron chairs at the staff, and we eventually had to put him into restraints. I was just in a meeting where restraint usage is down, but the number of staff injuries are coming up. This is sometimes can be a daily occurrence for these staff. I still hadn't really notices what happened to my knee, and I ended up in the emergency room with sutures. I have a bone bruise, and those staff did an excellent job. They did

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what they needed to do. They attempted to back out. He would swing at them. On my direction, they attempted to back out. He attempted a head butt. He attempted to bite. And they were worried. They're still worried. I'm worried. He threatened to suspend me. But they're here again today, these staff are coming back today. What are we trying to do within this home? We're trying to support them through training. Unfortunately staffing is a major issue, but there's some very dedicated and devoted staff in this home. And I, you know, as I called them at 10:00 last night, I told them that I appreciate everything they do. To touch on professional staff support, I also am in the living unit pool, and I do anything...because I started out as staff, and I've been in different roles out here. I do anything that they ask me to do. I also work with them and train with them and role model. They train me, they keep me going. And so I work with the unit pool on Saturdays and Sundays usually. And I will...you know, I'm willing to support anything that they do because I know that the staff out here tried their best. And we have added a lot, a lot of things to them, so much so in a sense that I don't know how they do it. Our supervision policy typists ties us up a little bit, but it's a needed policy. We need to know what our clients are doing. We have been working on it to try to not be so restrictive. But sitting in some of the meetings with the federal government, you know, they've tied us, they've tied our hands. And that's really hard to communicate that, and the unknowing is always very disheartening out here. You know, the confidentiality...you know, I wish I could tell people what's going on, but I can't. It's a confidentiality issue. You know, I do take the time to talk to people when they come to my office. I'm not really in my office. Many times I usually go hunt them down. But professional support, I believe that I'm there. I believe that my staff know that I support them at all times. Again, I think there's several things that we can do. But this problem didn't happen overnight and it's going to take a while to make a change, and we need a cultural change. We need to change some of the ways that we do things. We know that and I believe that we need to empower the staff more to feel confident in their jobs because they do not. Their skills are lacking because I don't think they have felt that they can use their skills. And that is something I seen last night. If you're so scared to intervene with somebody because it's a safety issue, would we let people in the community throw rod chairs at other people?

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No. But if you're so scared to get suspended, then you're not going to intervene, and sometimes...I know that's what's happening right now. So that's all I have to say. Any questions? []

SENATOR LATHROP: Very good. Thank you, Pam. Senator Stuthman. []

SENATOR STUTHMAN: Thank you, Senator Lathrop. Thank you for your testimony, Pam. You've been here quite a while already. Do you think things are improving? Are things better as far as staff being in management now as it were six months ago? []

PAM SPIER-EDMOND: I look at cover sheets every morning. In fact, I'm very proud of looking at my cover sheets because I usually know where the staff are, who stayed over, who volunteered to stay over to help us out. So as I've seen those cover sheets, I see less and less mandatory overtime. And so yeah, I do believe that in staffing and some of those issues, yeah, I do believe some of those things are improving. Management, yes, I do believe that we're supporting more, there's a feeling like we're being supported more in some of the decisions that are made. I have a great group of people that I turn to with some of those issues. If an issue arises, I call and i, you know, kind of throw things past people and see, you know, can we do this, should we do this, how's this going to affect the way we do things daily. So yes, since six months ago, absolutely I think things are better. That's my opinion. []

SENATOR STUTHMAN: So in other words, you know, we've heard a lot about communications, people are just scared to talk or anything like that. Do you think that's getting better? []

PAM SPIER-EDMOND: The people that I interact with are not at all scared to tell me what's going on or ask me what's going on. In fact, I'm very proud of the people that I work with especially the DT staff that are willing to come forward and just tell me, I don't agree with this, I don't like this. I actually meet with the DT3's, which are the leads on

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the home, every two weeks. We had a great discussion this last Tuesday on supervision and seniority and lead staff, who should be in charge and, you know, they really had a lot of valid, very valid points and we worked with them on that. They taught me some things. []

SENATOR STUTHMAN: Okay. Thank you very much. []

SENATOR LATHROP: Senator Wallman. []

SENATOR WALLMAN: Thank you, Senator Lathrop. Thank you for coming, Pam. I appreciate what you do. I'm sorry about your injuries. But as far as the residents here, have you seen more violence or what...do you have the authority to dispel somebody or move somebody out? []

PAM SPIER-EDMOND: We're a teaching facility, so that's out job to teach people. We have at times worked with other facilities in attempting to support teams and the individual in trying to work them through behavioral issues. There are different places we can go to, but not many. You know, that's out job here is to teach people how to control their anger. []

SENATOR LATHROP: Senator Gay. []

SENATOR GAY: Pam, you've been in this field for a while. We know, for instance, the negatives and you got to talk about those to get them out and find out where we're going wrong. What is the measurement though? How do you measure...I heard from earlier somebody that came here that said I saw the good times Jill talked about. I've been here, I've seen when we were great, and now you know I feel bad. What do you measure against? What is the ideal measurement out there in your industry that says we want to be here or we may be here and we want to be here? What's your goals here? You're in management. I mean... []

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PAM SPIER-EDMOND: My personal goal... []

SENATOR GAY: No, I want to know what's the facility's...what are we reaching for here when they talk to you about...management talks to you, what are we going...where are we going right now, I guess? What are we shooting for here? []

PAM SPIER-EDMOND: I think right now we're shooting for a standard of excellence in supporting individuals and making choices for their lives and in all aspects. You know, that's our vision is to teach and that's where we're going. I think that we can get there too. I mean, how to measure that, are people happy? Are the clients happy? Are the staff happy? You know, in a perfect world, everybody could be happy. But you know, do people want to come to work and you and see if people want to come to work by the decreased amount of sick time. We had an average of 20 people calling in a day on all three shifts. When you're already at bare minimum staffing and then 20 people call in, wow, that's a big punch. You know, and so it kind of gets back to are things getting better, and you can see the things getting better by the decreased number of sick time. Even you know...are people passing the programs, our BMP programs? You can see that through decreased restraint usage. I know of several individuals in my area that have graduated their BMPs. Something's going right. You know, the staff are doing something good. Those teams are in there doing some good work. And you've got to see that and you've got to celebrate the positives. Yes, people are calling in. Yes, people are being (inaudible). But you know on an average of 20 people calling in every day and now I'm not sure if that's the same number, but from the cover sheets I don't see that. So I measure things by what I can see and, you know, what power in my managers interact with me and tell me what's going on on the living unit daily and how the QMRPs are telling me that they're individuals are graduating in their programs. You know, some people have never thought that they would get there. They did. That's a measurement tool that we use. I don't know if that answered your question the right way. []

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SENATOR GAY: Well, it's a tough one to answer. But I just wondered, you know, sometimes we face performance on these measurements, and I just wondered if some of them would pop into your head and said we're doing this, this, and this because that's our goal. That's what we're all striving for, and... []

PAM SPIER-EDMOND: We're adjusting our sick time through some different guidelines hoping that that will provide the boundaries and, you know, set some standards within the home and within your own person. People work better knowing boundaries. People work better having limits or not necessarily limits, but setting guidelines. If I can come in everyday and not do anything, I'll probably come in everyday and not do anything if nothing's expected of me. []

SENATOR GAY: Well, you wouldn't do that. You sound like a very positive... []

PAM SPIER-EDMOND: No, I would not. []

SENATOR GAY: ...very positive employee. []

PAM SPIER-EDMOND: I'm very passionate about what I do. []

SENATOR GAY: You are, I could tell. []

PAM SPIER-EDMOND: And I've very passionate about the field that I work in. []

SENATOR GAY: I could tell. That's awesome. []

SENATOR LATHROP: I think that's it. []

PAM SPIER-EDMOND: Okay. Thank you. []

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SENATOR LATHROP: Thanks for your testimony. []

SHELLY WILES: I wasn't planning on speaking today, but...my name is Shelly Wiles. []

SENATOR LATHROP: Can you spell your last name, Shelly. []

SHELLY WILES: W-i-l-e-s. I am a DT staff out here. I just spent the last 15 months on the behavior unit that Pam just got done talking about. I've... []

SENATOR HARMS: Shelly, would you speak up please? []

SHELLY WILES: Yes, yes. I spent the last 15 months on the behavior unit that Pam just got done speaking about. I've never been suspended, no allegations, never been hurt on that unit. I've tried to explain to managers how to fix that unit. They don't want to listen. I'm no longer on that unit. I just transferred off because I feel that is was hopeless to fix it. I care a whole lot about the clients out here. And there is a solution to fixing BSDC. Unfortunately I don't know if we have the staff or the resources to do so. I would like to say yes, but until people start listening and not just listening but doing something about what goes on out here, it won't be fixed. I do know how to fix it, but this isn't the time or the place in front of everybody to discuss the changes that need to be made. About a year ago, I brought up what needed to be done, and in return I have been retaliated on. I have been harassed by coworkers, by managers, by A building, by payroll, by a lot of people. I'm not from this town. I'm not related to anybody. And from what I see, nobody wants to change anything, nobody wants to be held responsible for anything, and that's unfortunate because I care a lot about these clients. I love these clients. I'd also like to say that John Wyvill has made a huge difference in the way BSDC is now operating. If we could have 50 more of him, we would be on easy street. Unfortunately we still have to go through John Wyvill to get anything done around here. We can't just go to managers and, you know, say hey, this is what needs to be done.

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You know, they'll listen, and then they'll just pat you on your head and send you on your way. You know, they don't...they lie, you know. I've been lied to so many times by managers out here, and I think that's the worst, you know. As a DT staff, we can take it when they say, no, sorry, we can't do it this way. But when they sit there and drag things on and on, you know, it makes DT staff very hard at heart, very resentful. And in return, I think a lot of times I think clients get the brunt of the way DT staff are treated out here. I guess that's all I have to say. But I do thank you for appointing John Wyvill to helping out BSDC. []

SENATOR LATHROP: You may be giving the wrong people credit for that one, but...(laugh) []

SHELLY WILES: Okay. Well, whoever appointed John Wyvill, he has... []

SENATOR LATHROP: We have heard people say nice things about John and we're glad that that's working out well. And Shelly, thanks for coming down. I would suggest to you, and maybe you're not comfortable offering your ideas, but this is the time to do it, this is the place to do it if you're comfortable with that and if you care to. We're not here to put you on the spot, and I... []

SHELLY WILES: Oh, it's not the matter of caring. It's the matter of my job, and it's not just the job because I can get a job anywhere, I can get a paycheck anywhere. It's losing my clients. If I get fired from this place, I will not longer see my clients, and one of them I have known for like 23 years. I mean, he...you know, there's a lot of history there. And for that to be ripped away would be unimaginable to me, if that makes any sense. That is why, yes, I want to stay here. I want to fix this place. But I'm not willing to lose my job because if I lose my job, I will lose my clients. []

SENATOR LATHROP: Senator Harms. []

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SENATOR HARMS: Thank you, Senator Lathrop. Shelly, have you...you talked about being harassed and treated poorly, have you filed any kind formal complaints on any of these? Have you gone to your supervisor and complained? []

SHELLY WILES: My first one was filed about 16 months ago, and life has not been pretty since. So no, not formally. []

SENATOR HARMS: So have you... []

SHELLY WILES: I tried one other time about the payroll issue and the union did not accept the grievance that I had written out. They didn't want to have anything to do with it because of the people that it concerned. []

SENATOR HARMS: Going back to your...the one that you recently filed, did you file that with your supervisor or... []

SHELLY WILES: The union steward. []

SENATOR HARMS: No, not the union steward. The other one that you mentioned earlier. You had filed a complaint about...oh, I think I asked the question. Maybe I'm not hearing you. The question about whether you have taken on the issue about being mistreated, harassed, that sort of stuff, and you did say you, not formally, but you did visit with your manager, is that correct? []

SHELLY WILES: Oh, yeah. They are well aware of what is going on. []

SENATOR HARMS: Okay. Have you ever gotten a reply to any of that in any form about how to correct that or anybody getting between the issues? []

SHELLY WILES: I corrected the situation. I transferred off of 108. I feel like I'm in a

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safer position now, a safer area. []

SENATOR HARMS: The question is you really shouldn't have to do that. Did your supervisor in any form or manner make any attempt to correct that? []

SHELLY WILES: No. []

SENATOR HARMS: Thank you. []

SHELLY WILES: Thank you. []

SENATOR LATHROP: Thank you very much for coming down. []

TED BURI: Good afternoon, Mr. Chairman, lady, gentlemen. My name is Ted Buri B-u-r-i. I am a contract administrator with NAPE/AFSCME located in Lincoln. I have worked with NAPE here for about six and a half years. I'm in my 32nd year doing essentially the same types of functions. The prime focus of my duties assigned now involve providing support to our leadership and stewards in the field, including BSDC, processing and handling grievances at the upper level of the grievance procedure, and conducting administrative hearings, personnel over hearings and arbitrations, and some other duties that are not necessarily (inaudible) to what we're doing here today. After that last testimony, I feel kind of like I'm following George Carlin and George Burns. (Laugh) I had prepared a reasonably lengthy statement to go through today, and I've decided to scrap that because most of the issues that I was going to address have been addressed very clearly, very forcefully, and I think in a much better way than someone from the outside could relate to you. I think you hear the emotions and you hear, you know, the personal effects of those issues on people and, you know, I don't have to live with that every day. What I would like to do is I noticed that there were some questions and issues that I thought it might be helpful to clarify or amplify upon. And that's what I'd like to do just very briefly, and if there are any questions that I can help you with, I'd be

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happy to do that. Some of the...I lost a piece of paper here somewhere, some of the issues that I think could be revisited just briefly are there were issues related to the subject of investigations. And I believe it's been made clear that nearly all the references made today were to investigatory suspensions. When we talk about suspensions, there are investigatory suspensions, there are also disciplinary suspensions where the employee is suspended without pay as a part of the disciplinary action. One of the questions was does the employee have any recourse or any upheaval to those investigatory suspensions. And the answer to that question is yes. An investigatory suspension is nonetheless a suspension precedent that that issue has been clarified through the procedure. An employee does have the right to grieve an investigatory suspension. Now in reality, that doesn't change much. They're still going to be sitting at home. They're going to be sitting at home without pay for the first six days, after which it automatically converts to suspension with pay. And You've heard some of the examples today of the amount of time that it takes to complete this investigatory process. And so what happens is you have people sitting out there for an inordinate amount of time being paid to watch Oprah or read books. Now they're admonished to remain available to return to work. They basically remain readily accessible. For the most part I think people comply with that, some don't. But you know, it becomes a bad business practice. You know, why, if there were any reasonable alternative, why would we want to pay people to sit at home and do nothing? It makes not sense. So in regard to this issue of the investigatory suspensions. I personally have some issues with the amount of time it takes. One of the gentlemen said that we have to be thorough, and that's true. They do have to be thorough. But what happens is it seems like there's very little effort to do an immediate review, my personal opinion. An event occurs, an employee is accused of some form of abuse or neglect. There is a very cursory determination made. If the agency is following their own policy, they immediately remove that employee from the work environment, rightly or wrongly. There's a very rescreening process and the employee is sent home. Most of the people who testified here today that were on suspension will tell you that they had very little, if any, input, you know, before that process occurs. Okay. Now if you're going to take 45 or 60 days

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or even 15 days to investigate the situation, you know, one of the key components is you need to talk to that employee. That employee needs to have their opportunity, somebody said earlier, to confront their accuser. I don't necessarily know that you bring the person in and then they have a face-to-face. But that person has the right to know specifically what they're accused of, why they're being accused, you know, who are the witnesses, what was said, what was done. That very rarely happens. I won't say never, but it's rare. That person is called in. They're sent home. Their questions are not fully answered. They lose six days pay, and then they sit around and do whatever they're going to do with pay for a couple of more weeks. Now are the people that are doing the investigations here, are they doing their best? Are they trying to be expeditious? I'm sure they are. But most of the people that are doing that are not necessarily trained investigators. Many of them, it's a skill many that many of them have to acquire as they go along. And I don't mean to be negative of them, but the result of the process is that people are out of the workplace. Continuity of care is disrupted. The workplace is disrupted. Everybody and their grandmother knows what's going on. We talk about confidentiality. Confidentiality is a joke. Everyone knows what's going on here on a case-by-case basis. And I'm exaggerating only slightly for a fact. So they go home. Their families are disrupted. There's a question in the family's mind and the kids and the spouse. You know, what did you do? Did you do something? You know, there's always a lingering doubt there. It gets out into the neighborhood. So that person is damaged. You know, even if they're brought back and completely exonerated, you can't go back and take that back. Okay. Now is the agency required, obligated to investigate any allegation of abuse and neglect? Absolutely. I'll repeat what several people have said today. I'll characterize this as my own personal opinion, but I don't think anybody here would disagree, and that is if an individual conducts, engages in a willful, knowing act of abuse and neglect, then they need to be gone, no questions asked. Okay. It's everything between that person saying "freaking" or raising their voice, it's between there and the actual physical abuse or the deliberate embarrassment of a client through verbal abuse. There's so many different things that range between those two points. You've heard...I won't go down that rabbit trail, you've heard over and over again today

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the fact that there's not way, at least no way that's being utilized, to try to sort through those issues to apply some common sense to that specific issue and try to find the appropriate level of interaction and corrective action that needs to take place. It's a one size fits all with very, very few exceptions. You've heard a couple of examples today of the types of things that bring about that automatic suspension. Just to give you a couple of examples: Staff are on duty. They're all doing their assigned duties. They've checking on clients. They've changing clients. They're doing laundry. They're doing paperwork. And while they're doing that, you know, with no deliberate actions on any of the staff part, a client gets out of the area where they're supposed to be. And they walk around and they get into another client area or they're in an area where they're out of sight, where there's potential for client-on-client harm or potential for the client to harm themselves and it's inadvertent. It's a momentary oversight while people are doing the best that they can. You're suspended. That's abuse and neglect. There's so many things going through my head I tend to freeze up. But an employee in the institutions...some of the 24-hour institutions are more formally structured in terms of their patient checks. But in any of these facilities there are regularly scheduled times when you're not in direct one-on-one interaction with the client when you have to check on those clients to make sure that they're okay, to make sure that they're breathing. Sometimes that's even more critical at night because they're in their rooms. You have to go and physically check on them. And there's a record kept of those. Okay. Well, maybe sometimes in the nature of the work the amount of duties that have to be done during that shift, client interactions have to be taken during that shift, well, maybe you forget to mark down your checks on that client to make the appropriate record. You know, that has been interpreted as neglect. If you go back and say, oh, gee, I forgot and you go back and show later that you made those checks at a certain time, some people describe that as falsification. You know, there are people who do very stressful work who make hopefully one-time errors, you know, errors that do not result in harm to the patient or harm to the mission, but they're neglect and abuse. Why are they considered neglect and abuse? You've heard a number of people today talk about the relationship between CMS and the agency and CMS and this institution. I don't think anybody would

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disagree with the importance of the oversight role that's provided by CMS and JCAHO. This committee now is a part of that mix. The client advocacy groups, they all have an appropriate role and they all help to ensure the ongoing welfare of the clients. Okay. And that's good. But there has to be some point at which management, whether it's at BSDC or Lincoln Regional Center or wherever it might be, has the right to carry out that authority that they have at the discretion of the Legislature and the Governor and the statutes to do their job, to make appropriate decisions in the day-to-day operations of their facility. What's happened is the directives, the fear factor brought about by the continuing thorough oversight by particularly CMS has created an environment where everyone from the agency heads on down are having to live everyday with this threat of losing \$28-29 million. Okay. Would that really happen? I hope not. Could it happen? Certainly it could. I think that the state's reaction would have to be pretty drastic for that to happen. But the other thing that's happened, not only is that a potentially real threat, there are individuals in the state who have latched onto the that threat, have used it for their own purposes. It's become a very handy foil for people to intimidate and threaten and harass people with whom they have problems. Every time...and I'm on the top end of this process, so all the grievances come up, complaints and appeals, and every time without fail the one thing that you hear in every hearing is, well, we didn't have any choice. HHS doesn't have any choice. We had to do this because if we don't do it, CMS is going to take our money away. Well, you know, I hope they...I often accuse them of not really believing that. I hope they don't really believe that. Okay. I hope that I'm partially correct and that part of that is just using that threat as a foil to, in their minds, get to the point that need to get to in terms of employee control and corrective action. I hope to me the only immediate hope of making any short-term major changes, not just in this institution...and by the way, personal opinion, there are bigger fish to fry in this agency than BSDC. That's my personal opinion. But the only immediate hope I can see is if the state, the state meaning the Governor, the Legislature, the agency, DOCS is a part of that mix 24-hour facilities, is to find a way to have CMS and JCAHO, that advocacy groups, HHS management, BSDC management, the union, nonrepresented employees have people sit down at the table and find some way to do what was talked

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about earlier a number of times, and find a way to separate wilful conscience abuse from inadvertent errors or minor errors that have not resulted in harm to patients. That's just got to happen because if that doesn't happen, nothing's going to change. I'd like to just very briefly compliment Mr. Wyvill too. Among a lot of other qualities that he has, Mr. Wyvill is a good soldier. Okay. When we complain to the agency about the overreaction to the threats from CMS, Mr. Wyvill doesn't hide from the issues. He takes the responsibility. He says, I'm the director, I make those decision. Okay. And I believe that John is a person of good faith. I sincerely believe that. Not just John and I don't mean to criticize by reference other administrators. Chris is still sitting back there I think. She's a person of good will and good faith, but that's not helping much. Okay. And I think...and I really believe the only way it's going to be resolved is through legislative...what's called an interaction with the Governor. There's just got to be a way to make the feds want to sit down and rationally discuss this thing. And I believe if you get to the table with CMS, CMS will say essentially, why are we here? One of the ladies said earlier, we just want you to enforce your own policies. If you don't like your policies, change them. I really think that's a part of what you're going to hear. And so what I think is happening is an overreaction in one part. An overreaction to the tone of the criticism from CMS, and on the other hand and opportunity to use that pressure for people's own devices. Okay. Are things getting better here? I would say it's somewhat better. And I'll say again, this is not the biggest boil on our backside. But again, what of the other issues, mandatory overtime, is it getting better? From what I understand, it is getting better. But we have to remember if you look back at this and all the other facilities, it tends to be cyclical. And some of the things that can cause mandatory overtime to drop for a period of time and then come back is money. You know, when we have money to spend on hiring temp staff and pool staff and bringing them in, that can ease your mandatory overtime figures. And so hopefully this is not just a temporary dip in the process. Hopefully it's permanent and hopefully as they continue to fill vacancies, it'll get better still. Filling of vacant positions: I'm afraid that if you filled every vacant position that you have here at this institution today, you're still going to have problems because...and again, my personal opinion, I'm not a budget expert. But I think most

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people would agree with me that certainly over the last eight to ten years staffing at this and other institutions, what that means is the minimum number of people that we can get by with that we can afford to pay is not full staffing. Full staffing is a staffing--Mike said it this morning--full staffing is a staffing that allows you to be prepared in advance for a reasonable number of illnesses or reasonable number of injuries, for vacation time, for whatever else might come up. And it doesn't mean that you need to have an overabundance of staff. But full staffing means exactly that, you have some cushion. And so when most people say staffing, they're really talking about bare bones staffing. I think those are...I think I've recalled all the things that I had written down on the piece of paper that I managed to misplace. I'd be happy to help with any questions that I can. []

SENATOR LATHROP: All right. Thanks, Ted. Looks like we have less questions as the day goes on (laughter). []

TED BURI: I think you have prudent committee members. []

SENATOR LATHROP: That might be the case, that might be the case. []

SANDY ZABOKRTSKY: Hi. I'm Sandy Zabokrtsky. I'm a parent of a handicapped adult. I'm the home manager on 106/108, and I used to be the team leader on 406, so I kind of got all sides of Area 1 (inaudible) behavior. Just have a couple of quick things to say. I suffer from a lot of frustration. My frustration is as a parent. I won't put my son in community services. I will not subject him to the quality of staff that I have seen there, that I have worked there because I've been an employer there. I won't put him there. I've met people that I used to work with that were clients in OMNI that were employees at the facility. Excuse me. That's putting my son at risk. I realize he's not...he's mildly retarded. He's got a plethora of other things going on with him, would only get a few hours. But I'm not going to put him there. They're not screening their staff correctly. They're not training their staff correctly. I've seen the quality of training that they give to their staff. It's atrocious. It's unforgiveable. And these people are supposed to be then

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taking care of the handicapped. It's not happening. It's putting individuals at danger. I have a daughter who works in community services in Iowa. I know that she got a lot more training than what they do in Nebraska, and it's really sad. We heard a lot about suspension, and I kind of can float among all of them because I'm one of the few managements that have managed to butt heads with enough behavior individuals that have had false allegations put against her. It is frustrating. One of the most frustrating things is we're here to be a therapeutic community. We're here to serve these individuals that have not learned...that have got themselves put here because of their inability to deal with their anger, with their frustrations. And the way they handled it is by very, very criminal means, very, very dangerous means. I've had two surgeries courtesy of individuals here. We by responding as quickly and as inside the box is what we are doing now to the false allegations. We're impeding any kind of therapeutic process for these individuals. We need to think outside the box, but we need support to do that because I've also been on the grilling side of CMS. I've also been in that area and watched how they've tried to catch and they've tried to find mistakes. It's none of it's pretty and none of it's easy. But it's a wide variety and it's not just at BSDC. That's kind of my real quick spiel. I'm going to stick to my ten minutes (laugh). Now what question? []

SENATOR LATHROP: You might just be under it (laughter) which is fine. We encourage that too. []

SANDY ZABOKRTSKY: Hey, I've been accused of being very long winded and I promised everybody I'd be very short winded this time. []

SENATOR LATHROP: Thank you and I'm going to ask you just a couple of questions... []

SANDY ZABOKRTSKY: Sure, no problem. []

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SENATOR LATHROP: ...to help clarify and put in perspective. You said you have a son that has mild disabilities. []

SANDY ZABOKRTSKY: No, he has major disabilities, just mildly retarded. []

SENATOR LATHROP: Okay. []

SANDY ZABOKRTSKY: He's got XY... []

SENATOR LATHROP: Is he here at Beatrice? []

SANDY ZABOKRTSKY: ...no, he is not. He's at home. We are providing services for him and attempting to find a job for him that he'll be happy with. []

SENATOR LATHROP: Okay. And how long have you worked there? []

SANDY ZABOKRTSKY: How long have I worked here or how long have I worked in the field? I've worked here I think five years this time. I've worked here several years about five years previous, had to quit because I had to take care of a husband that got struck by lightning. And then...I don't know why I said that, and then I've come back. I've been in the field since I'm 19 and I'm 55, as much as I don't like to admit it. []

SENATOR LATHROP: But didn't you notice nobody here asked you that, too.
(Laughter) []

SANDY ZABOKRTSKY: I don't care. And you're not allowed, it's against the rules. I learned that. []

SENATOR LATHROP: Well, no politician would. All right. []

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SANDY ZABOKRTSKY: But yeah, I've been in the field since I was 19 years old. I came up through it, although I have the degrees, I did come up through it through the hard knocks. So I've been from the beginning to the end. []

SENATOR LATHROP: All right. Thank you. []

SANDY ZABOKRTSKY: And whatever, questions? []

SENATOR LATHROP: I don't see any. []

SANDY ZABOKRTSKY: Okay. []

SENATOR LATHROP: Thank you. []

RHONDA BOHLING: Hi. []

SENATOR LATHROP: Hello. []

RHONDA BOHLING: Hi. My name is Rhonda Bohling, and I've been here 26 years. I work on a high behavior female unit. []

SENATOR LATHROP: Can you spell your last name for us, Rhonda? []

RHONDA BOHLING: B-o-h-l-i-n-g. I'm one of these people that they talk about with the suspensions, been there about five times, so. In fact, I'd just come back last Friday from a suspension and found out today that they want to freeze me to that unit tonight that Pam was talking about that she got hurt on last night. They want to freeze me there tonight because I don't have my overtime in. Normally I have more than my share of overtime. Every pay period, I always sign up for overtime. I can't sign up if I'm not here. So now they want me to stay because I don't have my overtime. So if you're not here

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you get penalized because you're not here. So... []

SENATOR LATHROP: So your testimony is by way of example of the difficulties people have after a suspension. []

RHONDA BOHLING: Right. []

SENATOR LATHROP: And then they get frozen. []

RHONDA BOHLING: Or even vacation. You can go on vacation and come back and if you don't have your overtime in, you're going to get froze. And it's to units that you sometimes don't feel comfortable working on. I mean or don't know anything about. To me, that's putting me more at risk of getting suspended again because I don't know anything about the unit. And I know nothing about that unit, other than I know who the guys are and what their names are. But I don't know a lot about them, not enough to put me in the position Pam was in, you know, so. []

SENATOR LATHROP: Thank you for your testimony. []

RHONDA BOHLING: You're welcome. []

SENATOR LATHROP: And I don't see any questions and you'll fill one of those sheets out for us? []

RHONDA BOHLING: Yes. []

SENATOR LATHROP: All right. Thanks. []

CHERYL TRIMM: Hi. []

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SENATOR LATHROP: Hello. []

CHERYL TRIMM: My name is Cheryl Trimm, and I am a QMRP at 106 and 108, and I have been an employee here for 11 years. About a year and a half ago, I was put in the acting position of team leader at 108 back when things were kind of blowing up. I just wanted to talk about some of the positive things that have happened. One hundred eight a year and a half ago was a mess. We had lots of restraint usage, lots so suspensions, lots of injuries. And, as an example, cut our restraint usage in half in the last quarter. We have an individual who you could about set your watch by. Every three to five days, we would have a behavioral episode that would end in mechanical restraints. Now we can go 35 to 40 days without that type of instance. I just want to say that I think there's a lot of really good things going on. We have a lot of really good staff. We're not perfect, but we're all working really, really hard. And I think John and Ron aren't perfect, but they're working very hard to, so. That's all I have to say. I just wanted to bring something positive up. (Laughter) []

SENATOR LATHROP: Well, that's good too. We need to hear that. Senator Stuthman would like to ask you some questions. []

SENATOR STUTHMAN: Thank you, Senator Lathrop. Cheryl. []

CHERYL TRIMM: Yes. []

SENATOR STUTHMAN: In the 11 years that you've been here do you feel that when you came here 11 years ago there was a few years that it was getting worse, and is it getting a lot better now or since your very positive-type of a lady? Can you just kind of...do you think thing are moving in the right direction now? []

CHERYL TRIMM: I do. I know that we didn't get to this point overnight. I know it's taken many years to get to this point. It's going to take us a while to get back to where we

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need to be, but I think we're moving in that direction. There's a lot of us who are working really, really hard. []

SENATOR STUTHMAN: Do you feel that the communications is better now than what it has been in the past? []

CHERYL TRIMM: I think it's getting better. I think there's always room for improvement. I mean, there's glitches, there's hiccups. But I think as long as we continue to adjust the communication problems and be aware that there are deficits, I think we can continue to improve it. []

SENATOR STUTHMAN: Okay. Thank you, Cheryl. []

SENATOR HARMS: Are there any other questions? You're off. []

CHERYL TRIMM: Okay. Thanks. []

SENATOR HARMS: Thank you. Um-hum. Do we have anybody else who would like to (inaudible)? []

LYNETTE REINKE: I won't take up much of your time. I'm Lynette Reinke, and I had been with the state for 35 years. []

SENATOR HARMS: Would you repeat your name again? []

LYNETTE REINKE: Lynette Reinke, and I first started working at Hastings Regional Center and have transferred here. And so I probably put 10 years at Hastings and 20 years here. I worked ten years on the living units and then transferred to food service. I have had experience with nursing homes, which some of our individuals had been transferred out to. And sometimes I have questions in my head, are we trying to better

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BSDC or are we trying to better our individuals? My experience in nursing homes was not good. It was horrible. The staffing there is worse than here. It's a nightmare. You have maybe 12 or 13 individuals to 1 person that's taking care of them. My husband was in a nursing home for six months. Within six months, he had a bed sore to his bottom full of staph infection, sores on his feet. And at times he was also supposed to be repositioned every two hours, was not. They would come up to me at times and say, we don't have time to put him back in after we've done feeding him. What do you want us to do? Well, at that time they had finally given him a bed that moved himself. Well, what choice do you have? You have to leave it in. So I'm hoping that the individuals that are being rapidly discharged from BSDC is for their better and not for BSDC. And I have one more comment, and that is salary. My children would not dream of coming here and working, not because of the rumors and stuff that are here. It has taken me 35 years to reach the peak of my pay scale. I am now .016 over the top of my scale. My salary still sat. No pay raise this year because I'm at the top of my scale. No cost of living raise the last two years. And I could speak for my sister who's been in housekeeping who did not get a raise for the last two years. Now we all know where gasoline's gone, where food had gone up, everything's gone up. And my one son in comparable wages, but not to this department, but a convenience store starting out at \$9 and hour, and five years later he's making more money than me. That's not an incentive. I've taken two pay cuts in my 35 years, one being a year ago when I had my hours changed due to CMS wanting us to change our hours. So I had to take another pay cut. Thinking, oh, this is an incentive, 35 years dedication to the state and having to take a pay cut. A lot of the people in the food service are upset at their salary. There is a lot of frustration mainly going on on that. I've done comparative job listings that compare to different state-run institutions who perform the same job descriptions as I do, and their wages are different, they're making more money and my question is why. Why are not we, if we're an equal opportunity, why are we not an equal pay between the organizations? And I guess that's my input on the...any questions? []

SENATOR LATHROP: Very good. Senator Harms []

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SENATOR HARMS: Thank you, Senator Lathrop. Have you talked at all with your union or the folks that might be able to help you look at that scale and see what can be done with that? []

LYNETTE REINKE: Well, my coworker was in here earlier and that's where we wanted to know if our job titles could be reclassified. No, because they were too busy. They were negotiating last year for some other employees that deserve a pay raise and were underpaid with comparable wages with other states. []

SENATOR HARMS: And does that work through the union or does that work through management? How does that function for you here? []

LYNETTE REINKE: Well, I'm assuming that it works for through union, through the negotiations. []

SENATOR HARMS: Okay. Do you have someone here who negotiates for you? []

LYNETTE REINKE: Yes. []

SENATOR HARMS: Who determines the priorities of the negotiations? []

LYNETTE REINKE: That I couldn't tell you. []

SENATOR HARMS: Okay. Thank you. []

LYNETTE REINKE: You're welcome. []

SENATOR LATHROP: I think that's it. Thank you. []

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LYNETTE REINKE: Thank you. []

RON STEGEMANN: Good afternoon. I'll fill one of these out when I get done, I promise.
[]

SENATOR LATHROP: That's fine, Ron. Thanks. []

RON STEGEMANN: (Exhibit 5) My name is Ron Stegemann, S-t-e-g-e-m-a-n-n. I am the Chief Executive Officer of BSDC. I had the opportunity to speak with this group the last time that they met up in Lincoln. I appreciate your efforts in coming down to Beatrice today and in giving the employees and folks here in Beatrice an opportunity to speak with you. I applaud everyone who has come up to provide you information today. I think it's important for you to be able to do the task that's been set before you that you have all the available information at your disposal in order to make some of those decisions and recommendations that you've been asked to do. So I appreciate that. I just wanted to address a few things that have been brought up today and let you know how we can get you additional information on some issues. One of the things...some of the investigations that have been brought up today. I know that you've requested information and Jodi Fenner will be able to provide you investigative information for some of the issues that were brought up today. You can look at the investigative reports. You can look at the administrative reviews for those. If you would so choose, we could make the investigative files available for you also, some of which are quite thick and lengthy, but we would certainly get those and make those available to you as well. The abuse and neglect issues that have been brought up today, certainly it is a concern for the facility and for the staff that work here as well. The idea that zero tolerance for abuse is necessary is absolutely true. Within the agreement we have with the Department of Justice now, one of the items that's in there is that we need to develop a policy for zero tolerance for abuse. That policy has already been developed. It's been implemented for quite a length of time. One of the things that's included within that is we also have to report and investigate all injuries of known and unknown origin.

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Based on the level of that severity of the injury, whether it be known or unknown we have to also have to investigate those that rise to a severity level three or four, and we get you those definitions too as well if you'd like to have those. The point had been brought up earlier today about looking at a range of abuse that might be able to occur. When it comes to physical abuse, the standards are very clear. The only option for us organizationally is termination, and the reality of it is whether or not that was a slap that possibly came out of anger from a staff person or a push or a trip or a shove, if abuse is substantiated out of that incident, our only option is to terminate. So whether it would be as much as someone throwing a chair at someone and injuring them or something that we might consider minor could substantiate a physical abuse that is our only alternative. Talked a little bit about failure to report abuse and neglect. We've done a lot of training here at BSDC on recognizing abuse and neglect. The reporting that occurs within the facility are done for everyone that works here. They see things in the course of their daily routines and the course of doing their jobs that make them uneasy, that make them question whether or not that was an appropriate interaction, whether or not it was appropriate words that were used, whether or not it was an appropriate tone of voice. Within that training we do mandate that they do report that to a manager, and then we investigate that fully. Another issue that's been brought up many times is that of allegations being made against staff by the individuals we provide services for. The term "false allegations" has been used a number of different times. We've had lengthy conversations with people from CMS, the surveyors that was here that had been here several different times about what we need to do in those issues. And the reality of it is, and I see it very plainly all the time, is the CMS words are when you find an individual who will make those types of reports that you may think are false, that you may think they're making it up out of anger or because they want to control their environment or they're angry with a staff person, and you don't pay attention to those and you don't do a complete and thorough investigation, what you are doing in reality is creating a perfect victim. We need to be doubly vigilant in making sure that we investigate fully all of those allegations that are made by the individuals who live here. So I wanted to share that piece with you as well. We talked a little bit about the investigations, just kind of some

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information. The investigations themselves, we have a requirement within standards that the investigation pieces have to be completed within five days. We can ask for them receive an extension of that, but it can't be a matter of business. It has to be an extraordinary circumstance, and I would say a huge majority of our investigations are completed in that five-day time frame. That means the investigation is done, the administrator review takes place. Within all of that, then we have to review that investigation, we have to make sure that it was complete and thorough, that all the facts have been brought forth, that all the time lines have been put together, and that is done by review committee. And until that committee has an opportunity to do that review, which typically is the next business day to do that, and then can forward that information to me, if it's an unsubstantiated allegation, then we have the opportunity to bring that employee back. There's steps we've had to put in there ensure that we are being as complete and thorough as possible, that we are making the very best decision based on our knowledge and understanding of what the standards are and how CMS are interpreting those standards to make sure we're making the right decision. And it has to be the right decision every time. We talk about a perfect world sort of situation. CMS does not seem to want to give us much leeway from that perfect world. We need to be as absolutely complete and thorough as possible every time we make those decisions. The additional time that has been talked about...and I think this was given to Senator Lathrop in a letter, I've got some additional copies that I can share that the rest of the committee can have. I think one of the questions was what's the average number of work days to complete an action from date of incident to final completion. Some numbers have been put together between January 1 and August 15, and it was 16.63 days, and that includes all of our suspensions and investigations that take place for abuse, neglect allegations. So some do take very much longer than that based on a number of different issues that arise. And some typically, if it's unsubstantiated, can take shorter periods of time than that. But all of our investigations are put into that average number. There was an issue of budget that was brought up earlier. Just for clarification of those numbers, our budget for fiscal year '08 was approximately \$52,500,000, and for fiscal year '09 is \$53.6 million as indicated in LB321 and LB960. []

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SENATOR HARMS: Ron, could you repeat those numbers? []

RON STEGEMANN: Sure. Fiscal year 2008, \$52.5 million, fiscal year '09, \$53.6 million. Another question that I believe came up from one of you earlier, it may have been Senator Lathrop, was that of the scheduling situations and why we would need to use mandatory overtime. So call ins have been brought up within all of that. We do put out a schedule. I can offer you to be able to see what those schedules look like. I thought I had one with me, but as I look now I don't see that I do have it. But typically that schedule is set up in such a way that it includes regular DT staff and the voluntary overtime, and that our numbers show at least minimum and usually desired numbers of staff across the board within those. What happens though that requires the use of additional voluntary overtime, of the use of mandatory overtime when we absolutely have to are issues such as call ins. Things arise in people's lives and those things happen. The other issue is situations where suspensions take place due to allegations of abuse, neglect. So there are things that arise even after we put that schedule out that does have typically the adequate numbers that we need to run the facility that cause that schedule to be disruptive and that, at times, require us to have to use mandatory overtime. One more thing, and I'm not sure how close I am to my ten minutes, but... []

RON STEGEMANN: You're fine, you're fine. []

SENATOR LATHROP: You get a pass on the ten-minute piece. []

RON STEGEMANN: I get a pass. Okay. I was hoping you wouldn't ask me questions for any longer than ten minutes, but... []

SENATOR LATHROP: That probably isn't going to happen (laughter). []

RON STEGEMANN: I see. Okay. The last issue has to do with administration and

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management of the facility. I, this facility, this administration have been running basically short four very key positions for about the last six or seven months. We are on the process of hiring for those positions. I agree with a lot of what's been said about BSDC and what needs to be done with the organization in order to move forward. One of those things is that we need people to come into this organization who have skill and experience in operating and running ICFMRs. That is my goal overall in filling those four positions that are in the areas of Active 3 Administrator, Quality Improvement Administrator, Neighborhood Services or Residential Administrator, and for the area of Investigations and Client Protections. I have one individual who has been hired. He will be arriving on September 15. He has been recognized by the state of Ohio for his work in ICFMRs there. He is currently in a facility in Florida. He came up and visited with us about three weeks ago, and he will be joining us in the middle of September to provide direction to what we call maintenance services, which provides direction to the assistant administrators, a couple of which have spoken to you today. The managers, the QMRPs, the HSCS, human services treatment specialists and developmental technicians. That will be his area that he will be dealing with when he gets here. I have an interview scheduled with a gentleman from Indiana who will be here a week from today. He is interested in our active treatment services administrator position. I have also been in contact with two different individuals for area of quality improvement, which is a huge undertaking. We want to make sure we get someone in here who has qualifications who has operated within and ICFMR, who has the skills and abilities we need in order to put out a good QI plan so that as we move forward in what we want to be and what we want to do here at BSDC we have accurate measurement of how we know that we're making progress in those areas. The other area that has to do with abuse, neglect investigations and investigations administrator, I'm having more difficulty in finding someone who meets the qualifications we're looking for in terms of someone who has the amount of experience that we're looking for, someone who has recent experience with Centers for Medicaid Services and what they're asking for in client protections and investigations. But we are working diligently on filling those positions so we can continue to move forward. I believe that's all that I have to present. So any

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questions? []

SENATOR LATHROP: Sure. (Laugh) We'll start with Senator Wallman. []

SENATOR WALLMAN: Thank you, Senator Lathrop. Hi, Ron, good to see you. In regards to anger management, we have people that work involved with situations. Do you have anger management courses here? []

RON STEGEMANN: What we do is we employ a system called The Mandt System who's run by David Mandt and Associates. And it is a system of how to interact with people in both difficult and nondifficult situations. But it provides information for how to engage people in deceleration, how to get them to the point where they can manage themselves through a behavior rather than you ever actually having to physically intervene. It does also provide physical intervention techniques when absolutely necessary to protect from harm. So we do do that training here. []

SENATOR WALLMAN: Because I might need it. And going on from that, when you get hurt like that, does he have any medical expense at all? []

RON STEGEMANN: I don't believe so. []

SENATOR WALLMAN: Okay. []

RON STEGEMANN: Since it was at work, I don't believe so, no. []

SENATOR WALLMAN: Okay. Thank you. []

SENATOR HARMS: Thank you, Senator Lathrop. Ron, you're the CEO, correct? []

RON STEGEMANN: Yes. []

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SENATOR HARMS: What are your responsibilities or how do you define your responsibilities? []

RON STEGEMANN: My responsibilities are to provide direction and leadership to the organization. There are a number of different decisions that need to be made throughout the day that rest on my shoulders that have to do with things like abuse and neglect, that have to do...every unknown injury that occurs 8:00 to 4:30, Monday through Friday gets reported to me. All abuse, neglect allegations get reported to me. So it's those things that are day-to-day issues that need to be dealt with. CMS is clear in my responsibility as the administrator of the organization that I need to be involved with and responsible for those. []

SENATOR HARMS: Thank you. So all the complaints that we have read, all the complaints that we have...all the discussions we've had today you have ownership of, is that correct? []

RON STEGEMANN: Yes, sir. []

SENATOR HARMS: If you have ownership... []

RON STEGEMANN: Hang on, can I back up just a little bit? []

SENATOR HARMS: You sure may. []

RON STEGEMANN: Certainly for the last eight months, yes, sir. []

SENATOR HARMS: Pardon me? []

RON STEGEMANN: For the last eight months, yes, sir. []

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SENATOR HARMS: Okay. So we're addressing the issues and from what I've been able to see here, at least what I've been able to read about and then listening to the staff pretty much confirms my thoughts about it, there are major issues in regard to management here. From in between maybe your office and throughout the process people don't feel like they're in power. People don't feel like they've been able to communicate. Their staff live in fear of being suspended. The staff development, there isn't an appropriate staff development. And they also I think just from my observations, they don't know where the organization's going. They don't how we're going to resolve these issues, I mean, how are we going to deal with these issues. You have a lot of people here who are very unsettled, who live in fear, and unless that culture changes, these four people that you're going to bring in will make no difference. They'll help to a certain degree, but there's a lot of work that has to be done in changing the culture and getting back the confidence of the people who are here and knowing that they have good leadership. And I think it's so important or we will fail again. And so I guess what I'm really asking you, what are your goals in these areas and how are you going to get the staff back together to where they can support the mission? You've got great people here. I mean, I was excited about just listening to them and through the miasma. But they're pretty much crushed, and how are you going to get that back as a CEO because that's tough? I've been there once myself and I about didn't get through it. I did finally when I finally wised up. So how are you going to get through this? []

RON STEGEMANN: In what you're bringing forth is true. It is a very difficult situation. One of the things that's been positive in my sitting in here today and listening is that nearly all the BSDC employees that came up here and several of you asked the question, do you think it's getting better. A majority of those staff that came up here and presented information said that they did feel like it is improving. We have a long ways to go. I fully understand that, but we are improving in many areas within the organization. We haven't got to that tipping point yet. We are still working to get there. My best approach to be able to do that is working with each individual that has those issues,

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spending as much time as I can, based on what my requirements are for my position, out speaking to people, interacting with them, becoming involved and knowing what happens out on the living units, talking to the professional discipline staff, working with them on their problems. Is probably going to be the way that I'm going to be able to address that cultural aspect of what's going on quicker than by any policy changes than by anything that gets into the newspaper or anything that comes out from the media in general. It's that interaction that's going to make the bigger difference in how our culture can turn to one of people having confidence in the organization, people having confidence in the ability of the managers, the professional discipline staff, the developmental technicians. I think that's really where the key to that issue is. []

SENATOR HARMS: Well, a lot about your organizational structure here, do you feel that the structure that you're operating from is appropriate and will actually address these issues you're talking about? []

RON STEGEMANN: Excuse me just a minute. []

SENATOR HARMS: And are you...that's okay. You can see I stayed at the Holiday Inn last night. []

RON STEGEMANN: Probably one of the calls I have to take everyday. I forgot to give that to someone first. Could you repeat that, please? []

SENATOR HARMS: Well, I'm just asking basically how you might deal with these issues. []

RON STEGEMANN: Could you repeat what the issues are? []

SENATOR HARMS: Yeah. Well, let's just go back to the aspect of the people who have the unrest. You have people here that have been here for 28 years and they just don't

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feel comfortable at all. People who have been here 30-some years don't feel comfortable that there's enough communication, there's enough flow here. And I guess what I'm really trying to come to grips with, how are you going to get that back and how are you going to make these people feel comfortable? And then on top of that, you have an organizational structure that I want to really ask you about. Is that organizational structure, do you feel comfortable with this structure and will this structure bring you out of the issues you have because you can have these four people that you have, but if a structure doesn't function for you, you're going to have difficulties addressing the issue. []

RON STEGEMANN: I'm reasonably comfortable with the structure that we've designed now. The reality of it is that those people that I've talked about will be the administrative leads within those structural areas. So bringing in people that have experience, that have knowledge in those areas I think is going to be an effective way to address the issues that you've referred to. In essence, what's happening now is we have the good people that have come up and spoke to you today as well as myself filling the void for those few administrative positions at present. And I will be relying somewhat on those folks that I bring in to assist us as we move forward with those cultural issues, with the fact that people have to work in an environment when there is unrest, they're unsettled, they're unsure about their actions. We've been through a huge amount of stress over the last two years. Everyone behind me who works in the organization, myself, all the way up through Chris Peterson, head of Health and Human Services. So I don't think it's unusual that people would feel that unrest at this point. We are still trying to make sure that we do everything perfect so that when CMS returns to BSDC we have our best efforts out there and they can see our best opportunity to make sure that we can continue this organization. []

SENATOR HARMS: Well, just one final question and then I'll leave you alone for a while, okay? []

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RON STEGEMANN: Okay. []

SENATOR HARMS: When I see what you're doing administratively, then I look out here and see the rest of your staff, are you going to make any attempt at all to fill these other positions because people who really are doing the work here, are dealing directly with clients are pretty much beat down, they're pretty much overwhelmed by all of this. What relief are you going to give them and what is your goal there? And then on top of that, what kind of a budget impact is that going to have? []

RON STEGEMANN: What positions are you referring to? []

SENATOR HARMS: I'm talking about the people who are doing the daily work here with staff who indicate there's a shortage. I don't know all the different initials and stuff that were there, but you have a shortage here. How are you going to address that issue so you give them some relief, so you get away from all these issues where they're frozen or however that works and people, you know, don't want to work the kind of overtime they have to work, and so it's evident that you're short. So how are you going to address that issue? []

RON STEGEMANN: We are continuously recruiting and hiring for developmental technicians which are those who provide direct care to the individuals. There is recruitment in retention bonuses that are available for staff that come on board. We've done a very nice job I think since January of bringing people on board that are of a good quality. a good percentage of those individuals have remained. I don't have those numbers here now. But since January 1st, we've had a lot of our new hires that have remained within the organization. We found out that the first six months is very critical to that hiring piece. We have hired an orientation facilitator that will work through that orientation process with those staff. We're in the process of hiring four mentors who can work with and follow those newly hired developmental technicians through at least the first six months of their employment or afterward if needed. They can also provide

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support to veteran staff that are out there to work through issues to assist them with problems within that. For some of the other positions that we have vacancies for, things like nursing, speech therapy, psychology, psychiatry, neurology, a lot of those vacancies the reality of it is the current pay scale that we have available to us will not attract those people to BSDC. []

SENATOR HARMS: So then if we were able to do what's necessary here and that is needed for the clients, have you done any kind of budgetary review of that and what it would entail and how much increase it would take to staff this appropriately? Because I think all these positions you're talking about that you say is because of pay scale does not pay. These are critical to what happens. When you look at all the review...when I read the reviews of the federal government and the things they were saying by the fact that you don't have enough and there's no communication and discussion in regard to meds and follow up and where there's any issues there. These are all serious issues, and people may very well become...you know, can lose (inaudible) in regard to that aspect. And so what are your thoughts about that, and what do you think that budget would take? []

RON STEGEMANN: We have done an additional review of what we think may be necessary based on what's in our Department of Justice agreement. John Wyvill, myself, Jodi Fenner, and others have been working on what we think that increase will need to be. I don't have those exact figures in front of me, but we have done that work, yes. []

SENATOR HARMS: Could you give me just a guessimate? What do you think we're looking at? I'm not going to hold you to it. (Inaudible) Appropriations Committee. []

RON STEGEMANN: You may not, but someone behind me might. (Laughter) I'm not exactly sure. The number that's coming to mind is somewhere in the neighborhood of \$3.7, \$3.8 million per year first year, and then it does decrease slightly after that due to

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recruitment issues and some of those things. But the reality of it is that the state of Nebraska has not kept up with what some of those skilled professionals. And when I say skilled, I guess I mean educated professionals that are licensed and certified, people like psychiatrists. Dr. Zlomke who provided testimony to you folks, I had asked him to do some research and make contacts and figure out if he had anyone who could come to the Beatrice State Developmental Center and provide psychiatric services full time. He was speaking to a colleague that he knew and he said somewhere in the neighborhood of \$300,000 a year, and the guy said I won't even talk to you on the phone for \$300,000 a year. So those people are rare in the state of Nebraska, they're rare nationally, and we're going to have to figure out a way to get them into this organization so we can provide those services to keep people safe. []

SENATOR HARMS: Thank you. []

SENATOR LATHROP: Senator Gay. []

SENATOR GAY: Ron, it sounds like you're making some changes, trying to do some recruiting. But to follow up on Senator Harms, what he's after, I guess I asked earlier Pam or...what do you measure yourself against still? Even if you go higher, some new policies...some directors, whatever the case may be, what you measuring yourself against? Is there a center in the region that's the best? Is there somewhere around the country that's the best? What do you look at? What are you shooting for, I guess? Or are you just trying to stay out of CMS's target? []

RON STEGEMANN: At this point in time we're...I mean, we're doing a lot of things to make sure that we're meeting what's in the standards. And that's what CMS is looking at. I'm not aware of the best. I don't know where it exists. We do a lot of research. We ask a lot of questions. We have organizations that contact us to ask us what we're doing. So nationally, there is a hunger for what is the best. How do we know that we are doing our investigations the right way, that they're complete and they're thorough and

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that we're protection clients as best as we possibly can? At the present time, most of the people that have that information and that knowledge have been involved with CMS on some level, either as a CMS surveyor, a CMS official. And they set themselves up once they've completed that portion of their professional careers in consulting companies. So those are the people that we go to and access for best possible information and best practices when it comes to those situations. We measure ourselves through our QI plan. We have a number of different indicators throughout the organization, throughout the various disciplines in departments that we have to try to make improvements to things like our active treatment audits that we do. It has to do with: mandatory and voluntary overtime hours; the restraint usage, we're always looking for a downward trend in terms of frequency and duration of restraint; mealtime audits, making sure people have access to their items of everyday use and throughout their home. So there's a number of different measurements that look at organizationally through our QI plan that tell us if we're making a positive difference and that we can make decisions based on whether or not that difference is being seen or not. But as far as I know, utopia doesn't exist. []

SENATOR GAY: Well, then how did we know in the '80s that we were one of the best in the country or why did people say that then? []

RON STEGEMANN: Because that's what was placed in the print. I've read the stories. []

SENATOR GAY: Okay. So it's a perception is what you're saying. []

RON STEGEMANN: Right. Well, no I've actually seen in, you know, in different media things and in some books. When I started here in 1989, that's what I was told and so I believe that. And we were a standard of excellence facility for that period, that time. []

SENATOR GAY: Okay. And then on these measurements you're talking about, are those then disseminated throughout the staff that they know exactly, gee, in this measurement we're doing better, we're doing worse? In Children and Family Services

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Divisions there's measurements you can go on-line and check. You know, we're doing better in placements, we're doing better in this. They through it out there and kind of challenged the employees. If I'd ask one of these employees how are you doing on your whatever measurement, is there any way that they can check, that they can take pride in, gee, we went from 20 percent to 80 percent in the last year? Do you share that information? []

RON STEGEMANN: Well, what we do within our QI program is that we ask for that information to be analyzed and collected at the lowest possible point within the facility. So each one of those teams in each of the homes should be looking at their restraint use over time, they should be looking at their active treatment audits. So that information should be available to the team, and that's how they should be moving forward and making those decisions. We also want to accumulate that and make facility information or that data, we bring that together and summarize that, and that's available in a quarterly QI report. I don't know that it's available electronic like on the Web or those things. But we do put out a QI report that anyone can access that they can take a look at. []

SENATOR GAY: So is there competition amongst the teams then that we're doing better than you or is there any...I mean, it's good to have those indicators. But I guess you're not going to act on...I mean, sometimes you've got to share those is what I'm saying. []

RON STEGEMANN: Sure. []

SENATOR GAY: You can collect all the data you want, but no one wants to know or people need to know. Another one, I just got what you handed out, number of employees placed on suspension is 87 since the beginning of this year. []

RON STEGEMANN: Right. []

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SENATOR GAY: As a percent, is that based on...how many direct care employees do you have then? []

RON STEGEMANN: We have at present there is around 290. []

SENATOR GAY: Okay. []

RON STEGEMANN: That's not just direct care staff. []

SENATOR GAY: The suspensions aren't... []

RON STEGEMANN: No. []

SENATOR GAY: Okay. Who else would be (inaudible)? []

RON STEGEMANN: Anyone, including myself, could be involved in a situation where suspension might... []

SENATOR GAY: Are most of them direct care staff? []

RON STEGEMANN: I would guess that they are, but I can't tell you that for sure. []

SENATOR GAY: Well, I ran that through... []

RON STEGEMANN: That's our largest number and they're directly with the clients, so. []

SENATOR GAY: And I guess the question is that I took 87, divided by the 293, it's 30 percent of the employees would be on some kind of investigation or suspension. The question I asked earlier, is that...when we set these policies, what's abuse, what's

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whatever, are we setting them as a state or are we just following CMS guidelines? []

RON STEGEMANN: CMS will tell us that we need to develop policies to address certain things, and one of them is abuse, neglect. And their indication is that you have to, when an allegation of abuse and neglect is made, you have to provide safeguards during the course of the investigation. And the most complete and ultimate safeguard that we can provide is that suspension to separate the staff from the possibility of contact with any of the individuals. We've talked to them about different things we might be able to do other than that. They caution us in doing other things because we place ourselves on, as they refer to it, a very slippery slope when we do that. If we would not suspend someone, if we would maybe move them to a different living unit, let's say there's a false allegation against staff on a unit of very capable individuals that are verbal and maybe have some behavioral issues, and so we say let's have you work in an area where we don't have those difficult behaviors. That's not acceptable. They don't make policies for us, but they tell us what policies we have to make and what they need to address. []

SENATOR GAY: So the policy is better safe than sorry, you're out of here, we'll clear it up, then come back to work. []

RON STEGEMANN: Sorry happens to mean immediate jeopardy, so. []

SENATOR GAY: Yes, exactly. So better set in all the policies basically when it comes to any of these. []

RON STEGEMANN: They shape those policies, I would say that. []

SENATOR GAY: Do we ever review them then and go sit down with CMS and say, you know what, we think we can do it better by this, this, and this? I probably know the answer to this is. No, you can't... []

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RON STEGEMANN: CMS... []

SENATOR GAY: ...since we're paying the bills here's what you're going to do. []

RON STEGEMANN: CMS says we are not consultants. They will tell you if they like it or if they don't, and then they walk away. []

SENATOR GAY: Which is frustrating. []

RON STEGEMANN: Very much so. []

SENATOR GAY: Thanks. []

SENATOR LATHROP: Ron, you said that you started here in 1989. []

RON STEGEMANN: Yes, sir. []

SENATOR LATHROP: And what was the position you started at? []

RON STEGEMANN: At that time I was a psychological services assistant. I had actually worked here one summer in 1985 in recreation also. []

SENATOR LATHROP: What's it mean to be a psychological services assistant? []

RON STEGEMANN: It's the same position now that we call a human services treatment specialist. It functioned a little differently then in that we were under the professional supervision of the psychology staff. []

SENATOR LATHROP: So your education or your training was...what was it before you started? []

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RON STEGEMANN: Bachelor's degree in education. []

SENATOR LATHROP: All right. Then you've worked here since '89 up till eight months ago, and then you became the CEO? []

RON STEGEMANN: Right. []

SENATOR LATHROP: What other positions have you held here besides CEO? []

RON STEGEMANN: That position of PSA evolved into different things over time. We now call it a human services treatment specialist. But I worked with a team at a living unit. As Karen Girch had stated previously, they typically have a case load of about eight individuals do assessments, write the learning programs, teach the staff how to run them, and then monitor their progress within those. At one point, I became what they called a programing PSA for that position at which time whenever anyone new in the organization came into that position, I provided them training, mentoring until they came up to speed with the job and they felt comfortable doing that. I also got involved with the hiring of that position at one point. Following that, there was some restructuring that happened within the organization during the time of a previous CEO which ultimately lead me to the position of a program specialist in our quality improvement department. And the majority of my focus at that point in time had to do with the position of human services treatment specialist and the learning programs that they write and how do they meet the Title IX standards and those types of things. From that position, in September of 2006 when CMS...12 of them arrived on our door on a Monday morning, I became involved very heavily in what the organization was doing in response to and trying to improve services based on that first CMS visit. []

SENATOR LATHROP: So in the year and a half before you became the CEO, you spent your time essentially responding to the surveys from CMS? []

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RON STEGEMANN: Yes. []

SENATOR LATHROP: The population...I have this sheet here you did provide me with different documents in the last week or two, and one of them is staffing information, shows that at first the population of people at Beatrice is down; 329 was the number at the end of last year, and it's now at 364. So you're down 65 people? []

RON STEGEMANN: Okay. []

SENATOR LATHROP: Am I doing the math right? Does that sound right to you? []

RON STEGEMANN: Is that...I don't know what the original date is. []

SENATOR LATHROP: December 1st of '07 versus August 1 of '08. []

RON STEGEMANN: Okay. Yes. []

SENATOR LATHROP: Is it down further from that? []

RON STEGEMANN: Two hundred and sixty three, is that the number you have? []

SENATOR LATHROP: Two sixty four. []

RON STEGEMANN: Okay. I believe it's at 263 at present. []

SENATOR LATHROP: How long has it been at that 263-264? []

RON STEGEMANN: We've been gradually decreasing our census since that time period where the information starts, first of the year. []

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SENATOR LATHROP: Yeah. I'm trying to think. It seems like we got this in June and it was about the same number. If you kind of...well, let me do it this way. When the DOJ report came out, we were still in session, we received information, and the census then was at 308. Am I right? []

RON STEGEMANN: Okay. I don't know when you got out of (inaudible). []

SENATOR LATHROP: And it was the goal of the administration to have the census done. But was it 200, the right sizing thing? []

RON STEGEMANN: Ultimately by the end of 2008. []

SENATOR LATHROP: So by the end of 2008 you want to have it down 63 more people. []

RON STEGEMANN: Correct. []

SENATOR LATHROP: Okay. And I guess my question is in terms of reducing the census or the population at Beatrice, the simpler residents to move happen early. []

RON STEGEMANN: Yes. []

SENATOR LATHROP: You can go to the families and if some raise their hand, then those are the first to be relocated. []

RON STEGEMANN: In very simple terms, yes. []

SENATOR LATHROP: Yeah. But it's kind of a simple process in terms of choosing people. You find the people that are willing to leave first and select them and they leave.

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[]

RON STEGEMANN: Yes, sir. []

SENATOR LATHROP: So your down to 264 and it's getting harder to find people who are willing to leave Beatrice, am I right? []

RON STEGEMANN: Harder to find people that are willing to leave Beatrice and also harder to find adequate services for those folks who do want to leave. []

SENATOR LATHROP: That's an important point is that no one can leave here unless there's services out in the community, and that's one of the difficulties you face in terms of reducing the population here. []

RON STEGEMANN: Very much so. []

SENATOR LATHROP: Do you intend by the end of the year or otherwise in your effort to get down to 200 to have people leave here when their guardians or their parents say I don't want them to go? []

RON STEGEMANN: No, sir. []

SENATOR LATHROP: So everyone who leaves to get your population down to 200 is going to be a voluntary situation. []

RON STEGEMANN: Yes, sir. []

SENATOR LATHROP: And will happen only when there are adequate services in the community. []

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RON STEGEMANN: Yes. []

SENATOR LATHROP: That same sheet shows that it has direct care staff and nondirect care staff. And I think we have an idea what direct care staff might be, some of the folks we've talked to today, the people that are face-to-face with the residents. []

RON STEGEMANN: Yes. []

SENATOR LATHROP: Who are the nondirect care staff which seem to outnumber the people that are actually providing the care? []

RON STEGEMANN: That's everyone else in the organization at BSDC. That's housekeeping, food service, lawn maintenance, the professional discipline staff, all other positions included in our approximately 750 employees. []

SENATOR LATHROP: So is the direct care, is that only the direct care techs? []

RON STEGEMANN: Developmental technicians. []

SENATOR LATHROP: Okay. So the speech pathologist lady that we talked to, she'd be nondirect care staff? []

RON STEGEMANN: Yes. []

SENATOR LATHROP: Okay. If we go back to December of '07 when we started to see really the acute problems with CMS--I won't say that was the beginning, but certainly it was expanding into a threat to your certification here--Did you or the administration retain consultants? []

RON STEGEMANN: Yes. []

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SENATOR LATHROP: And did you hire some outfit called Liberty? []

RON STEGEMANN: We did. []

SENATOR LATHROP: When did Liberty come on board? []

RON STEGEMANN: We anticipated that CMS would have to come back end of February, first of March. So it would have been approximately 60 to 70 days prior to that. []

SENATOR LATHROP: So before the certification, before CMS informed you that you'd lost your certification, Liberty had been on board for a couple of months? []

RON STEGEMANN: At least 60 days. []

SENATOR LATHROP: And did Liberty Mutual...or not Liberty Mutual, the Liberty (laughter) consults, did they provide you with...were they providing you with expertise as in this is what you need to do to right this shift? []

RON STEGEMANN: They were providing recommendations, yes. []

SENATOR LATHROP: And were those recommendations provided to you in any kind of a report? []

RON STEGEMANN: Weekly reports, yes. []

SENATOR LATHROP: Pardon me? []

RON STEGEMANN: Yes, in weekly and a summary report at the end, I believe. []

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SENATOR LATHROP: All right. Did Liberty also provide you with temporary employees? []

RON STEGEMANN: At the end of the time that they were here, yes. We had three of their employees in administrative positions. []

SENATOR LATHROP: Any direct care staff? []

RON STEGEMANN: No. []

SENATOR LATHROP: Did you at some point or another, and we'll say since the first of this year, use a temp agency to bring in direct care staff? []

RON STEGEMANN: Yes. I believe we use five different agencies. []

SENATOR LATHROP: And at what point did you have the most temporary staff working at Beatrice? []

RON STEGEMANN: I would say approximately 45 days ago, 45 to 50 days ago. []

SENATOR LATHROP: And at 45 to 50 days ago, how many direct care temporary staff did you have? []

RON STEGEMANN: Total or here at any point in time? []

SENATOR LATHROP: Total at your peak, 50 days ago. []

RON STEGEMANN: I would guess we had available to us approximately 65 agency staff. []

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SENATOR LATHROP: Sixty five individuals... []

RON STEGEMANN: Yes. []

SENATOR LATHROP: ...that were provided to you through an agency? []

RON STEGEMANN: Several agencies. []

SENATOR LATHROP: All right. Are those people generally from here? In other words, the temp agency goes out, they advertise for this job, and they draw people from northeast Nebraska or were they coming in from Florida and New York and Kansas? []

RON STEGEMANN: They were coming from as far as Mississippi and as close as Beatrice. []

SENATOR LATHROP: Out of that number of folks, were most of them from around here? []

RON STEGEMANN: I would guess it's probably about a 50/50 split. []

: All right. So when the temp agencies wanted to get people on board, they could advertise and get them on board and make them available to you. []

RON STEGEMANN: Right. []

SENATOR LATHROP: That was your experience? Do you use any temporary direct care staff anymore? []

RON STEGEMANN: I believe we may have three or four still left on campus and they're

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still here based on their individual contracts that we have with them. []

SENATOR LATHROP: I look at this sheet now. In December of '07 you had 318 direct care staff. You now have 293, so you have fewer people. But in the meantime you've had as many 65 of these temporary people available to you. Why are you not using them any longer or why did you need them before? []

RON STEGEMANN: We needed them before because we want to be able to provide temporary relief for our developmental technicians, those direct care staff who have been working so hard and so many hours. We wanted to reduce the mandatory overtime that was taking place, and we were able to accomplish that. That was a period of time in which we were reducing our census and thereby closing some of the homes that we had on campus which allows us then to redistribute those, the staffing resources from those homes out into other areas. So it was used a temporary measure in order for us to do some of the things we needed to do organizationally to get our numbers down, to close the homes that we could to reallocate those staffing resources that we had on board. And then once we had gotten to a more stable situation in terms of staffing, then we could release those. []

SENATOR LATHROP: I'm looking at...you also provided a list of overtime. []

RON STEGEMANN: Yes. []

SENATOR LATHROP: You're familiar with that document? []

RON STEGEMANN: Yes, sir. []

SENATOR LATHROP: And you say that you used these 65 people to get your overtime down and this then that you were at you peak 50 days ago, but I don't see that going down on this. I mean, it went down, but marginally so. []

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RON STEGEMANN: Mandatory overtime, sir. []

SENATOR LATHROP: Well, the mandatory overtime as I understand it is when people...when somebody's been frozen. []

RON STEGEMANN: Right. []

SENATOR LATHROP: So what we heard this morning was everybody's...a lot of people are signing up to get their overtime out of the way so they don't get frozen, right? []

RON STEGEMANN: Right. []

SENATOR LATHROP: And they end up in the voluntary overtime. []

RON STEGEMANN: Right. []

SENATOR LATHROP: And it's voluntary in a manner of speaking because if they don't voluntarily overtime, they're going to get frozen and end up in the mandatory column. []

RON STEGEMANN: It's a possibility, yes. []

SENATOR LATHROP: So ultimately what's important to us is the total amount of overtime which didn't really go down when you had all those folks here, did it? []

RON STEGEMANN: Not necessarily, no. []

SENATOR LATHROP: Not necessarily you agree with that statement or you disagree with it? []

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RON STEGEMANN: I agree with it, I agree with it. []

SENATOR LATHROP: You also have a statement of applications received from January to August of '08, that's another document that you've provided. []

RON STEGEMANN: I've seen that. []

SENATOR LATHROP: You've not only seen it, did your office generate this? []

RON STEGEMANN: I believe that was generate in Lincoln through human resources. []

SENATOR LATHROP: All right. You have presently, this document would suggest, to have a total of 134 full time equivalent employee positions in direct care that remain vacant. []

RON STEGEMANN: Yes. []

SENATOR LATHROP: In other words, if you were going to have all the direct care staff you needed, you'd need 134 more people. []

RON STEGEMANN: That number is based on the number of FTEs that have been allotted for the developmental technician position. []

SENATOR LATHROP: And that was based on a population of 263? []

RON STEGEMANN: No. That's based on the numbers of FTEs that have been allotted for several years. If I had to determine the number of developmental technicians, I would need on board today based on the 263, I would estimate that to be about 385 developmental technicians in order to provide for... []

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SENATOR LATHROP: So almost 90 more than you have. []

RON STEGEMANN: Right. In order to provide for some of the things that have been talked about today, days off, sick time, ongoing staff training during which time they wouldn't be on the floor doing the work that they do, I would estimate that figure to be about 90 people short. []

SENATOR LATHROP: What did the temporary agency do to get 65 people available to you that you haven't been able to do? []

RON STEGEMANN: Pay them more money. []

SENATOR LATHROP: All right. And how much more money did the temporary folks get? You know, what did the temporary agency offer them to get them here? []

RON STEGEMANN: I can't tell you what each of the employees were given by their agency. []

SENATOR LATHROP: You have no idea? []

RON STEGEMANN: No I don't. []

SENATOR LATHROP: No rough idea. []

RON STEGEMANN: I can tell you, you know, relatively what we paid the agencies. But what they paid their employees, I can't tell you. []

SENATOR LATHROP: And temp agencies make money off the difference between what you pay them and what they pay their employee, and you don't know that is? []

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RON STEGEMANN: No, I don't. []

SENATOR LATHROP: Okay. There wouldn't serve any purpose to spread that around, (laughter) right? []

RON STEGEMANN: I don't believe so. []

SENATOR LATHROP: How about the professional positions that remain vacant. Can you share with us what those are? []

RON STEGEMANN: Sure. I have vacant...I do not have a psychiatrist on staff nor do I have one under contract at present. []

SENATOR LATHROP: So if you need psychiatric services, what are you doing? []

RON STEGEMANN: Our medical staff is covering our psychiatric needs. []

SENATOR LATHROP: These are the medical doctors who are not trained psychiatrists, but maybe a better residency or a rotation during the residency in psychiatry? []

RON STEGEMANN: Yes. []

SENATOR LATHROP: And they're essentially writing the scripts for the medication? []

RON STEGEMANN: We have also...we're in the process of recruiting...we had a psychiatrist that was here last week. We have a new medical director on board, Dr. Alfred Harrington (phonetic). He brought Dr. Todd Stole (phonetic) down for a look at the facility and an opportunity to sit in and see what we do. We have another psychiatrist who is coming down within two weeks to look at the facility as well. We also... []

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SENATOR LATHROP: So you're hopeful you'll hire a psychiatrist. []

RON STEGEMANN: Yes. []

SENATOR LATHROP: What other vacancies do you have, Mr. Stegemann? []

RON STEGEMANN: Neurology. We do not have...we have an contract with a neurologist, but we do not have enough hours in all likelihood based on what we need to do within that contract. We need speech therapist. We need occupational therapists. []

SENATOR LATHROP: How many speech therapists are you short? []

RON STEGEMANN: I don't have those numbers right here. Five. []

SENATOR LATHROP: Okay. Speech therapist, how about physical and occupational? []

RON STEGEMANN: Guessing, I would guess we probably need three more physical therapists, three more occupational therapists, and we also need a team of what's called...to do dysphagia, which has to do with swallowing disorders, and that requires the use of a nurse. I believe an occupational therapist, a speech pathologist is needed to do those things as well. []

SENATOR LATHROP: Did we cover all the professional or licensed positions? You're shaking your head no. What other ones would there be, sir? []

RON STEGEMANN: Nursing, psychology. []

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SENATOR LATHROP: How many more of these are we talking about? []

RON STEGEMANN: I believe we would have seven or eight vacancies for RN positions on campus for registered nurses in nursing. Psychology, I believe we have three or four vacancies in the area of psychology. Current psychology directors, like Dr. Zlomke, is with us a little less than half time and he's contracted. We are working on bringing those folks on board as well. Other positions...off the top of my head, I guess that covers the majority of where we're very short. There may be others. I apologize if I missed any of those. []

SENATOR LATHROP: No, no, I think you've given me an overview enough so that I can hopefully make a point. And that is as I read the reports, it wasn't just about abuse and neglect. It really is about whether people are getting what they deserve when they get here. And a lot of it's these very services that you're describing that you don't have because you don't have the staff to do it. It's not just about the direct care staff. It's about having enough speech pathologists, it's about having enough physical therapists and occupational therapists and so forth. []

RON STEGEMANN: Absolutely. []

SENATOR LATHROP: Now let's just say since the first of the year, what efforts have been made to fill those positions? Is it a funding thing? You don't have enough money even if all the nurses and the speech pathologists you needed showed up on a bus, could you pay them? []

RON STEGEMANN: Based on the budget I have now, I don't believe so. []

SENATOR LATHROP: You don't believe so? []

RON STEGEMANN: No. []

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SENATOR LATHROP: So is that effecting your recruiting? []

RON STEGEMANN: Yes. The fact the we can only offer a certain amount of money for a position, yes. []

SENATOR LATHROP: But are you even recruiting for those positions if you can't pay them once you hire them? Isn't that what you're telling me? You don't have the appropriations to pay those people if they showed up today to start work. []

RON STEGEMANN: No. What I'm saying is a little different. We don't have appropriations to fill all our current vacancies, no. That's absolutely true. What I'm saying is we're not able to offer, even on our advertisement, an amount of money that would be attractive enough for some of those licensed or certified individuals to come to work here. []

SENATOR LATHROP: What efforts are you making to fill those positions right now? []

RON STEGEMANN: Most of what we're doing in those areas is looking at bringing folks in on contracts. []

SENATOR LATHROP: So going to the expensive temp agency, like an interim or what of those outfits, and paying them over the market for a nurse, and then they find you a nurse and send them in and pay them less. []

RON STEGEMANN: Right. []

SENATOR LATHROP: But you're paying the temp agency more than you pay the nurse if you had just hired her straight out, aren't you? []

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RON STEGEMANN: Absolutely. I can only pay what's based on the pay scale, what's in the structure. []

SENATOR LATHROP: Excuse me, but that doesn't make any sense. (Laughter) []

RON STEGEMANN: I absolutely agree with you. []

SENATOR LATHROP: No, it doesn't, I mean, just as a matter of trying to run the place. Where do you have to go to get the pay scale adjusted so that you can interest a RN or a speech pathologist in coming to Beatrice and working here? []

RON STEGEMANN: I believe that goes back to the Nebraska Legislature. []

SENATOR LATHROP: Do we set the pay scale for the folks that you're going to hire? []

RON STEGEMANN: As I understand it. []

SENATOR LATHROP: Okay. Well, whether it's us or somebody else... []

RON STEGEMANN: Somebody. []

SENATOR LATHROP: Okay. I think that's all the questions I have, and I don't know if that's...Senator Gay's got one or two I think. []

SENATOR GAY: So Senator Lathrop's making a point which if you're on the health committee you understand us or if you live in Nebraska. There's not enough healthcare workers to go around even if you would pay them. I don't think at this point. So you can recruit all you want. We're in a bind if you live in western Nebraska, northeast Nebraska, Omaha, Nebraska we have a shortage. So I don't know paying more, training our younger people to stay in Nebraska. We have all sorts of programs to do that where we

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will give them scholarships, come work in an area. Maybe this is an area that we need to look into in the future... []

RON STEGEMANN: Um-hum. []

SENATOR GAY: ...to come work. Senator Lathrop is getting to a point that if you could get them all in here in a bus and you got your...you said 90 full time, but it sounds like a few more than that, what's the cost of that? []

RON STEGEMANN: What would the cost be? []

SENATOR GAY: What would the cost be if you could go higher than...let's say you did 45 a year for the next two years, what's the cost of that to the pay scale right now that you have? If you could fill those positions, which is sounds like you're having a heck of a hard time. []

RON STEGEMANN: Sure. []

SENATOR GAY: What's the cost? []

RON STEGEMANN: I'd have to have a calculator here in front of me. Forty positions, I would guess somewhere in the neighborhood of \$750,000 to \$1 million a year to fill those positions when you're talking about pay, benefits, training. []

SENATOR GAY: Yup. I'm talking about the whole thing, pay, benefits, training. And that's direct line staff. And then you said you had a few more others you were trying to recruit that they were very hard to recruit, I mean basically. I was just in a...earlier I was in a behavioral health meeting, and the same thing. They're having a hard time recruiting there too. So like I say, this isn't a...I don't know if it's a problem we can fix right immediately. But we can get you...so when it comes down to it, you need the bucks

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to get something done as well. Quality of life. []

RON STEGEMANN: You need dollars to get things done well. We need to do our job organizationally so this is a place that people want to come to work at. And we have to do our job once we get them here in order to make them feel comfortable in their jobs, in order to make them feel secure in those jobs, and so they feel like they're doing good work while they're here. []

SENATOR GAY: Well, and I guess you don't want a ballpark when we talk about money. We don't want to do that, but I would be interested if you can get that information of what actual cost would be to go fill these positions that we say we're trying to fill, and I know you are. I don't say that in a negative way. We're trying to fill them. I'd like to know coming up because we're going to do a budget what's the cost, so. []

RON STEGEMANN: Okay. We have done some preliminary work on that and we should be able to get that information for you. []

SENATOR GAY: Thank you. []

SENATOR LATHROP: We are not going to make CMS happy or satisfied before we fill these positions, are we? []

RON STEGEMANN: We haven't been able to to this point. []

SENATOR LATHROP: But that's...I mean, it's right, it's central to the problem that we face with CMS and it's not...we can't wait until the next legislative session, right? []

RON STEGEMANN: Absolutely. []

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SENATOR LATHROP: No. Whatever we need to do to get the pay scale where it needs to be so that you can hire these people, it seems to me we need to do it. []

RON STEGEMANN: Yes. []

SENATOR LATHROP: Or we're going to be making another promise to CMS that we don't keep and irritating them even more than we already have. []

RON STEGEMANN: And we've already made a promise to the Department of Justice that we need to be keeping right now. []

SENATOR LATHROP: Okay. Thank you. Senator Stuthman. []

SENATOR STUTHMAN: Thank you, Senator Lathrop. In just doing a little bit of a calculation, do you think you could hire one of these individuals for \$50,000 a year, these 40 people that you needed? []

RON STEGEMANN: Forty direct care staff? []

SENATOR STUTHMAN: Yeah. []

RON STEGEMANN: Fifty thousand a year? I think so. (Laughter) []

SENATOR STUTHMAN: Think you could? That'd be \$2 million. (Inaudible) that'd be \$2 million, so. []

RON STEGEMANN: That's why I'm in health and human services, numbers (laugh). []

SENATOR STUTHMAN: Okay. Thank you. []

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SENATOR LATHROP: Okay. I think that's it. Yeah. Thanks, Ron. []

RON STEGEMANN: Again, thank you for your time, thank you for coming to BSDC. []

SENATOR GAY: Thank you, Ron. []

ROGER GIRCH: Excuse me, Senator Lathrop, are you finishing up the session with John? []

SENATOR LATHROP: Well, I don't have to, but after John, we'd like to keep it pretty brief because... []

ROGER GIRCH: I'm not brief, but I did want to speak. []

SENATOR LATHROP: Okay. We came here to hear everybody. []

JOHN WYVILL: Senator Lathrop, members of the committee, my name is John Wyvill. I'm the director for the division of Developmental Disabilities. Again, I (inaudible) want to comment that appreciate you all being down here. There's several things I would like you to look at when you're doing your study about trying to address some of the issues. We have issues in terms of recruitment and retention of direct care staff that have a direct bearing, and I would leave it to you to form your own conclusions of whether or not they're valid. Obviously one of the challenges and barriers to employment at BSDC, if you're a direct care staff (inaudible) we're talking about a developmental technician or developmental technician II is relate to the possibility of being suspended and put in your professional life in jeopardy if you come to work here. There is also, not as criticism, is the very fact of the seniority system here with the direct care staff is that the senior direct care staff have preference for vacation. Then that makes it very hard for direct care staff coming on because sometimes they don't get holidays or time off that they want, and that is a challenge for the direct care staff. I think you may have been

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provided earlier information. If listened to the providers they will tell you that they get paid less for their direct care staff than we do. So some of the challenge is not saying the pay is perfect, but we're saying that some of the challenge is in the context of the area. And the challenge is the context offer on the professional arena. But we have found out with the temporary agency folks and with the temporary agency HHS staff that has come here to volunteer that they general they will fear for a nurse or a professional jeopardizing their professional license. So you have that risk for a nurse or a medical professional has gone through school, they're saying no job and their career in line. And that is a really very real fear. So I just want (inaudible) as you embark on your quest is that you realize that not all the solutions to the problem is necessarily monetary. We believe that some of the challenge is that we have hiring here may even be the location. But we would have the challenge even if it was this facility within Omaha or in Lincoln. So as you go through these things, we certainly will provide you with additional information. But don't want you to believe the way here that some of the issues depending on professional care staff and direct care staff is somewhat complex. We certainly welcome suggestions. One of the reasons that the temporary agency staff was brought here was the very dire straights that we were under at one time in terms of mandatory overtime. And that was the issue that was paramount on the direct care staff. It was also a fine line when we talked with other direct care staff that not only had the dilemma that Ron and others get complaints about. They're concerned about their overtime being cut back. And as we deal with the staff and as we deal with the reduction of the census and we're dealing with the other issues, there's going to become a point in which you will be getting inundated with concerns about the reduction of overtime. And I just want you to be aware of that and to share that with you. I don't want to take anymore of your time, but just make you're aware of that and because you're here for the BSDC staff today. []

SENATOR LATHROP: Thanks, John. I think you'll be our last testifier. Is there anyone else? Oh, nope. It looks like we... []

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ROGER GIRCH: I apologize, Senator Lathrop. I... []

SENATOR LATHROP: You don't need to. We're glad to have your input. []

ROGER GIRCH: (Exhibit 6) Thank you very much. My name is Roger Girch, and I presented written statement in case I didn't get a chance to speak. But I also have been listening quite a lot recently, and I do want to make some additions. And my written comments are simple. My name is Roger Girch, spelled G-i-r-c-h. I think you heard from my wife earlier. I came in when she was speaking. I've been an employee here for nearly 30 years. I started here when I graduated from college. I had a bachelors degree in psychology from UNL. I came here to get some experience, to learn what I might want to go on for a graduate degree. I came here and I fell in love with the people who live here. I was treated well by my supervisors. I was...the first day when I came for an interview, my future supervisor took me out to lunch. The administration at that time was very supportive of everything that was done. I was hired very quickly, and when I loved this place right away, I didn't need to get an additional degree. I wanted to spend my time with other things, so that's what I did. I've been in the same job, and HSTS, started as Ron said, it used to be PSA. The reason it was psychological services assistance, and I did put that in some of my comments, was that that was a correction for another thing that many of you might remember, Horachek v. Exon. It was a settlement...my job was created, the PSA position was created in 1978 as a...I believe it was special appropriation even, by legislative action to resolve a problem that was noted then that there wasn't active treatment. In the old days it was called "day programming," it was called things...day programming, day services, that was all a part of what was happening 30 years ago. I believe in my position. I'm not one of those direct care staff. I'm one of those so-called professional staff. We all do the same job. Our job is to care for the people that live here in the best way possible. I get my reinforcement primarily from every day when I come to work and get a smile. I worked with almost every population out here, every population out here, including the severely physically disabled, the behavioral problem...the behavioral issues people currently. Some days it

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was just a blink of an eye from some of my more severely disabled people like my wife Karen works with now. I really do get that reinforcement. That's what I see as a problem. I see the issue that need to be fixed most starts with the Governor. Our Governor does not respect his employees. He has hired administrators who do not respect his employees. Chris Peterson may be part of that. John Wyvill may be part of that. I hope they're not. I trust them at this point in time. So far I have not seen any reason not to trust them. But there is my constant hyper vigilance regarding the possibility that we have people here who may want to close our facility from the Governor on down. The problem John...and John is the one who said this, recently it was noted to me by an administrator that some of our expert consultants felt that they didn't understand why we had the people we had there. They thought we have psychologists, social workers, nurses who are poorer quality because they work here for the low pay. That isn't it. That is a symptom of the real problem in this state regarding services for developmentally disabled. We are not here because of the money. We are here because of the service. That's what human services means to me. Instead of praise and support and positive reinforcement, which is what we are supposed to use to teach the people we care for, the prevailing attitude of the administration has been one of intimidation and punishment. There are two things that I want to bring out, both of them are personal. I use sick time. We recently in this month we had an attendance policy that was implemented. I am a member of NAPE/AFSCME, I'm a member of the board of directors, and I'm a bargaining team. And Senator Harms, several of your questions I could answer, many of those that you asked Ron regarding those bargaining issues. The attendance policy should be bargained. It wasn't. Chris Peterson decided to enact it, and her administrators decided to start it in August. There are guidelines in that policy that are going to punish people for having sick children, that are going to punish employees for oversleeping because they worked two shifts yesterday. The first shift employee that may have worked until 11:00 last night if they come in 10 or 15 minutes late today, that's going to be counted as a tardiness. So we have this attendance policy that doesn't work for the people that work here. That to me is intimidation. All that policy talks about is how we can discipline the employee, not how we can reinforce them. If

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attendance is so important to our administration, then why are so many employees on extended leave, i.e. investigatory suspension? I didn't want to be repetitive, but I have to be repetitive because that's the important part of what I wanted to say. It happened to me personally last year. I heard Rhonda talking about here fifth time. I work with Rhonda. I've only been on suspension once, last September, October, and November. It was for an incident of client abuse, neglect. I would be very happy to be very specific about that, except for the person's name of course. But what happened was I was investigated. The process...it was a minor...fairly minor issue of a person who was locked into his home. People left and he was in his room, and he had the right to be in his room. But someone locked the door to the home on the way out. I wasn't the one, but I was the first one accused. I spent that month on investigatory suspension, month plus six weeks, waiting for my sentence as any convicted criminal. It was not a good feeling to me. It was not a good feeling. It was not good for my emotional and physical health. It was not good for my family. It was not good for my coworkers because they didn't know what was going on, although of course the rumor mill tells you everything. And it was definitely not good for the individuals I serve because they care about me. They ask about me. When I came back to work today with this, everybody wants to know what this is from. They're concerned. They knew I had surgery. They know what was going on with me. But I did return to work after a second investigation that was brought on because some outside agency didn't feel like BSDC had done quite a good enough job of investigating this horrible crime. I wish that other people were not afraid to speak to you, and I think maybe some of them aren't. I've been working very hard to get many people to talk to you today, and I really do appreciate hearing from some of my coworkers. I'm very grateful for the opportunity to talk today. Your attendance here shows that you care about us, and I as an employee really respect that and want you to know I'm supporting you. I look forward to your report in December. I'm really looking forward to see what kind of recommendations because I think that what your findings and your recommendations are will make the difference at this facility. We've got a good CEO. Ron is good. I think some of your questions, Senator Lathrop, were questioning his level of expertise and his ability. He's got the skills. He just needs the support from

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above him. He also needs the support from us too. I hope I can do that. John Wyvill also has been very positive here. But we do need you. You guys are going to probably hopefully come up with some recommendations for legislation that I will be at your debates next year when you're debating those bills that I hope you guys introduce. Thank you so much. And of course if you have any questions... []

SENATOR LATHROP: I don't think we do. []

ROGER GIRCH: Thank you. []

SENATOR LATHROP: Thank you. []

ROGER GIRCH: And I'll fill this out from back. []

SENATOR LATHROP: Great. []

ROGER GIRCH: In case someone else needs to speak. []

NETTIE GRANT-SIKYTA: (Inaudible) a little bit short. My name is Nettie Grant-Sikyta. I'm here to provide my testimony of support for BSDC. Thirty-five years ago today my son Corey Pen (phonetic) came to live here. Today's my birthday. He was three months old. Kind of ironic that it happened to be...that I would stand here or sit here before you and give this testimony, but it's appropriate. My son Corey (phonetic) was born diagnosed with mental retardation due to rubella. I lived back on the home reservation, northeast Nebraska. We were members of the Omaha Nation of Nebraska. I'm also an employee of BSDC, been with the state 21 or 22 years. My son Corey (phonetic) when he was born, he was severely profound physically and mentally retarded, mentally and physically retarded. Corey was born in one of our IHS hospitals, resources were pretty limited. When Corey (phonetic) was born, he immediately had to go into intensive care. He had very limited movement. Of course he had to go to University of Nebraska, and

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then I really didn't know what mental retardation was until about a week later. I was too sick to go to the hospital with him. But during the next couple of weeks I got to go home, he got to come back to our local IHS hospital and I learned a little bit more. What I did learn is that after I gave birth to my son they were going to wheel him out in a little cart, put him on his little bitty ambulance, and take him down to the university, and I pleaded with the nurse and doctor if I could hold him. I got to hold him for about a minute. They had to wheel it in, bring him out, I got to hold him, that was it. Next couple of weeks I learned what mental retardation was, I learned what rubella was. I had a whole scan of tests and diagnosis done on myself and my husband at that time. During that next couple of weeks, they explained to me that Corey (phonetic) wasn't able to swallow. He had a breathing difficulty. His face was disformed, his ears and his limbs. He can only move right here. Couldn't move his head side to side. His body was very small, fragile. He looked like a little bird, even though he was, you know, full term. Went to the university a couple of times, brought him home. They explained to me that I would have to learn how to tube feed him. Okay. I was married early, barely...didn't even finish my high school diploma at that time. Tried to take him home, tube feed him, take him back to IHS hospital, 30 miles every night. I did that for three days, and the second night I messed up, I didn't know what I was doing. We got him back on schedule, kept him, let me take him home next day. I did that for three nights. It was really difficult. I didn't have the skill. I didn't have the knowledge. I didn't have the know-how. And I realize that I didn't really know what I was doing, except that I had a son that was born with disabilities. When we made the decision to come to BSDC, Beatrice State Developmental Center, I was very happy and to this day publicly will acknowledge the work and dedication, not only in this facility, but also one particular social worker. Her name is Nancy Mayfield (phonetic). If it wasn't for her beside me as a family, I don't think I could have done it. Nancy (phonetic) was very caring and knowledgeable, patient, and she helped us through that. I could barely sign my name (inaudible). And with that, having a child that's disabled or any type of (inaudible), what I've been told is a marriage will either become stronger or become weaker. I have since (inaudible) married for a number of years, 27 years. I'm happily married and my husband is very supportive of me and also works

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here. Thirty-five years ago when Corey (phonetic) was not able to (inaudible) survive, he couldn't swallow, he couldn't move. But we had 24-hour care here. It was called "pizza nursery." It was on 203 Kennedy. It was large. Thirty-five years ago when I came here I was scared. I'll be honest with you, I'd never really had any type of involvement or introduction to people that were developmentally disabled. But since that time things have changed. Thirty-five years ago when I come on campus I was...it was all new to me. You go to different parts of campus. It was all new to me, and I was scared. Different types of individuals with different types of disabilities and (inaudible) and knowledge and behavior problems. And if it wasn't for Beatrice State Developmental Center my son would have died. I attribute my son's survival to this place. We thought Corey (phonetic) as not to live past six years old, and I counted the years. I (inaudible) I'll just come here to see him. I would send a social worker and we would come in by phone. But I worked diligently to find out about the community. What is mental retardation? What do I do? There was no doctors out there. You know, there were really no doctors to know really what developmental disability was, mental retardation. But with the team that we did have and Nancy (phonetic) helping me understand my role in my life and the support that I can give to Corey (phonetic) while he lived here. I had an active role as much as I was able to do so. We had a special friend for him at the time. I had to give my permission and, you know, dot my eyes and cross my tees. With Nancy's (phonetic) help, I wanted Corey (phonetic) to participate in that program, and he thrived. It was a good program. I think that program needs to come back in place. My son was able to go home with his special friend here in this community as well as that person's home community. People in the community knew my son. He was able to go outside, outside of BSDC to function. He grew. (Inaudible) able to swallow because he can eat (inaudible), he was able to move. I have pictures of Corey (phonetic) when he was able to be in a walker. They even had him in a good ole tricycle with a support back. He was able to wheel himself. Physical therapy. He learned sign language. There was so much here that Corey (phonetic) benefited from. He has a psychologist on staff. The team at time...I didn't know everybody. I didn't even know their roles. That was a little bit confusing to me, a little bit intimidating. Since that time as I served as an HSTS

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here, health and human service (inaudible) specialist, I advocate for parents. I'm not going to shy about that. I advocate for parents. I advocate for the guardians because they are a major piece of that team. They are. We need to hear from them more often, not to feel like if I say anything, they might make my son or my daughter leave. I don't have the support at home to take care of them, and I am a part of other groups of parents. I have done work outside of BSDC. My son did live past six years old, and staff...I didn't know the staff at 203 Kennedy. I went to school, I went back to school, finished high school, finished my college. I wanted to come back to BSDC. I wanted to come back to 203 Kennedy. Who are these people? Who took care of my son the first nine years of his life? He turned nine in May of June 1, I took him home. There is no education raising a child with developmental disabilities. The ride home was my first experience and I can tell you that he learned sign. He was able to walk. He was able to see at that time. He grew and I'm very thankful for BSDC for taking care of my son. And I don't mean bath and feed him, that type of daily care. I mean take care of him, help him to grow and to survive and nurture him to the degree of where Corey (phonetic) knew sign language. Corey Pen (phonetic) may not be able to answer a questionnaire, but Corey Pen (phonetic) certainly can tell you what he wants and doesn't want, what he likes and doesn't like, and what his skills he has and doesn't have. And I attribute that to BSDC. BSDC has been a strong influence in my life and in my son and in my family's life. It drove me to go to school, to come back to BSDC to go 203 Kennedy, meet the staff that took care of my son. I had the opportunity to go up there and find out what is this place about, who are these people. I had a chance to meet one, two people that remembered him. And best of all, I got to work for some of the individuals that lived with my son. That meant an awful lot to me. I consider BSDC my home agency. I'm not shy about it. I realize that we're not where we were before. I know that. I know that we've had some difficulties, to say the least. But I do know that we can go back, get back to where we were, even better to where we were 35 years ago, 37 years ago. But in order, in my opinion, in order to get to where we were before is to go back to what did work, find out (inaudible). Why did it not work? Or find out the things that didn't work about it and make the changes. Right now currently as an HSDS we put an awful lot in direct

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care staff. When Corey Penn (phonetic) lived here, we had 24-hour nursing care that took care of the individuals that get their nutrition by tube. We have direct care staff doing that. We have direct care staff can only be responsible for the medication, the nutrition, everything, checking their refrigerator temperature to their daily chair needs to their programming money. We put an awful lot in direct care. I think we can't overstate that. We do have a need for direct care. We have need for qualified, knowledgeable trained staff. We need to have back in place a system of where management or administration will start support staff to go back to school, provide that type of training, validate our staff, help them become better at what they can do. Recently I found out...I'm sort of upset about it, we have individuals that have left campus that have gone into the community. With the decrease of individuals in the homes, we have a mandatory staffing. For example, seven. Well, the number of individuals that have left campus for certain homes I've learned that, oh, now the mandatory is not longer seven to six. Okay. But it wasn't issued before. Was it issued before to provide the adequate and staffing for this individuals. So why did that number go down? Why did it not provide the right staffing ratio that we needed before the individuals moved? I think it should have saved mandatory staffing for the individuals for that unit should have stayed what it was at, not change it. I think there's a lot of things that were in place here that would benefit to come back, which in my opinion is to found that committee and find the knowledgeable historical staff that have (inaudible) years. Because you've worked here a long time doesn't mean that you are the ideal staff. Staff that really have dedicated staff, knowledgeable staff to help you, help us to get back to where we were because we can be. We can be a state of the art the way we were before. Staff don't only help to provide individuals with their daily care, they run programs, they help individuals become more independent, what we are all about, the active treatment. We also have staff and management that really don't understand what active treatment is. They don't. I'm sorry. We also have some staff that do have a (inaudible) to active treatment. Active treatment is not just a word on a piece of paper. Active treatment is 24/7. I have some concerns (inaudible) management. I think what we need to do is evaluate whether our...that the individuals, the staff we have in place really have that knowledge, the training, the

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expertise to be at the helm. And I'm not saying Ron. I'm saying management to be at the helm of the facility to get us back to where we need to be. The individuals that live here and the individuals out in the community, we're all on the same page. We should be. But there is going to always be a need for a place like BSDC. You'll see that an option is (inaudible) for BSDC should ever close. Ron needs our support. Roger's correct. He needs our support. I, too, have my reservations for our leadership at this point. I have my reservations and my concerns, my apprehensions. But you also have staff here, and I'm not just saying direct care staff. We have staff here across campus that are knowledgeable, across all disciplines, all disciplines. You've got staff here for example in this center, in this center here that have been here for many years that know what works and what doesn't work. You've got staff here that know individuals that have been here when they were babies. So you have the longevity dedicated staff. And I really ask that you form a committee of where you can have staff that can give you that right type of input and make a safe environment for staff to speak freely and not worry about any repercussions. I'll close with that and I'll apologize if I duplicated anything that someone else may have said. []

SENATOR LATHROP: No, you did fine and we appreciate your testimony. Thank you very much. []

NETTIE GRANT-SIKYTA: Thank you. []

SENATOR LATHROP: It doesn't look like there's any questions, so I think that wraps it up. Thank you all for coming out today and participating. I know that there was in some cases folks had some apprehension, some of it very natural, some of it maybe happened to do with public speaking. But we're all glad you stepped forward because the more we hear, the better informed we are and the better able we are to make judgments and policy. So thanks again and we'll see you soon. []