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Health and Human Services Committee
September 15, 2011

[LR37 LR275]

The Committee on Health and Human Services met at 9:00 p.m. on Thursday, September 15, 2011, in the City Council Chambers, Norfolk, Nebraska, for the purpose of conducting a public hearing on LR275, and LR37. Senators present: Kathy Campbell, Chairperson; Bob Krist; and Norm Wallman. Senators absent: Mike Gloor, Vice Chairperson; Dave Bloomfield; Tanya Cook; Gwen Howard. Senators also present: Mike Flood.

SENATOR CAMPBELL: Good morning, everyone. I'm Senator Kathy Campbell, representing the 25th Legislative District, which is Lincoln, and I want to welcome you to the hearing this morning for LR275. As is the custom of the Health and Human Services Committee, we have the senators introduce themselves, so we will start on my far right.

SENATOR WALLMAN: Senator Wallman, District 30, which is Beatrice and part of Lincoln.

SENATOR KRIST: Bob Krist, District 10, Omaha and northwest parts of Douglas County.

MICHELLE CHAFFEE: I'm Michelle Chaffee, legal counsel to the committee.

SENATOR CAMPBELL: And Diane Johnson is the committee clerk. We'll go through a few housekeeping...before we have Senator Flood open on his interim study. I'd like to remind everyone to turn off your cell phones or put them on silence. It can be disruptive to the speaker if you're listening to a phone in your ear while you're trying to talk. We do use the light system here. There are lights in front. Senator Flood has no time limit, he knows that, but the rest of you will be on a five-minute time limit for testimony. So at four minutes the yellow light will come on, and when you're at five the red light will come on, so just to give you an indication. We know that there are a lot of people who want to

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testify and Senator Flood would like to have a demonstration outside at 9:50, so we'll be watching our time pretty closely. If you intend to testify today you need to fill out one of the bright orange-yellow sheets so we make sure that your name is correctly spelled for the transcript and record, and there are some over there next to Laurie. Thank you, good demonstration there. As a personal note before we start, I'm sure Senator Flood would find me very remiss if I did not say this, but Norfolk is my hometown, I grew up here. And I had to...my staff is with me and so last night I said, okay, you have to go on the Norfolk tour so I went past the old high school and my home and lots of landmarks and I'm very proud of Norfolk. You are growing considerably, so it was fun to come back to my home community. With that, we will begin the hearing on LR275, which is an interim study to examine Nebraska's behavioral health model concerning transport services of persons who have been placed in emergency protective custody, and we are pleased to have the Speaker here today to open on his resolution. Senator Flood.

SENATOR FLOOD: Thank you, Senator Campbell. Welcome home. [LR275]

SENATOR CAMPBELL: Thank you. [LR275]

SENATOR FLOOD: Welcome to Norfolk. We're happy to have you here. I am the senator for District 19. My name is Mike Flood, that's spelled F-I-o-o-d, and thank you also for agreeing to have a hearing on LR275, a resolution I introduced last session which concerns what happens with somebody that's mentally ill that's transported by law enforcement sometimes in an emergency protective custody situation, sometimes in a situation where they go from one hospital to another hospital to receive acute care for a behavioral health condition. As you know, Norfolk, and I want to take a second to talk about our relationship with individuals that have mental illness, has gone on since 1880 when we had one of the first state hospitals here. I think I speak for all of our law enforcement, our county attorney, our sheriff, our police department, all of the smaller towns around Norfolk when I say that we have, in my opinion, a very good relationship with those that suffer from mental illness and our police officers do an outstanding job of

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intercepting somebody that might be a danger to themselves or somebody else because of an illness that they have. I appreciate those officers and the county attorney being here today. For some time, though, I've raised concerns regarding the transportation of mentally ill individuals. First and foremost, I remain concerned that our behavioral health system in Nebraska relies on law enforcement to provide what is otherwise known as an ambulance service for those suffering from acute mental illness. Make no mistake, many situations do require the use of actual restraints, place them in a vehicle with a cage, or quite possibly other measures taken by law enforcement. The problem that I see is that we ask law enforcement to provide transportation in most every situation. When law enforcement takes an individual into custody on an emergency protective custody situation, the suspected mentally ill person is placed in handcuffs and, in some cases, leg irons. This in itself can be very traumatic for someone who is already paranoid or suffering from acute mental illness. Imagine if you were concerned that the government, because of your mental illness, is out to get you. And because you need help, because you're ill and you have not committed any crime, a law enforcement officer, doing his or her job under the law, decides that you're a danger to yourself or somebody else and takes you into custody, places your hands behind your back and puts leg irons on your feet. At a hospital, oftentimes these individuals are often walked through an emergency room while in handcuffs and leg irons where others can see them. That's embarrassing. These people are not criminals. They are sick. They have a mental illness. It could happen to any of us and I think we have to think twice about the steps that are taken. This is not somebody who's pulled over, suspected of a DUI. I've talked with Faith Regional Health Services and I've asked the new protocol be that these individuals be taken into the sally port where the ambulance goes and taken directly into the emergency room and they do not see the front room of an emergency department where there's a waiting room. Nobody should see anybody in that condition. It is important to remember that most of the time these individuals are not suspected of committing any crime; rather, they are suffering from a mental illness. If I had a heart attack right here at this desk today, the Norfolk (inaudible) would transport me to west campus at Faith Regional in an ambulance. If I had a mental

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health episode right here, Chief Mizner or Captain Hecker would take me into custody and place me in the back of a police car and go to the Faith Regional campus for treatment. I'm interested in a statewide discussion regarding the right balance between respecting those who are mentally ill and providing for the safety of others and individuals. I believe that every reasonable effort should be made to reduce the use of restraints where appropriate and believe that each behavioral health region of the state should investigate what steps can be taken to further respect those that are mentally ill that find themselves in this type of crisis situation. I am especially troubled that patients who are transferred from one facility to another, who have had their medication stabilized, are placed in handcuffs and leg irons. Sometimes somebody is moved from Faith Regional Health Services in Norfolk on the east campus to maybe a hospital in Kearney. You know, I think there needs to be an assessment, when the sheriff shows up, as to what the most appropriate restraint use is. Quite frankly, I don't think the sheriff should be transporting that patient from Norfolk to Kearney. I think we have to respect the fact that if you take Battle Creek police officer off his or her job for eight hours to transport, or a Madison County Sheriff's Department deputy out for eight hours to transport, that's one less person protecting on the front line the citizens of Madison County or Battle Creek or Norfolk. We have to not only look at the safety and the dignity of the individual who's mentally ill; we have to look at the loss to the community in terms of protection by taking somebody off their shift for six to eight hours. I believe that the behavioral health region should accept some responsibility for the interhospital transfers and allow the sheriff's department to focus on law enforcement. As I do have serious concerns about the current system and its inner workings, I also recognize that public safety and the safety of police officers is an important issue. I'm not saying that we shouldn't ever use restraints or leg irons or handcuffs. I think in a perfect world we'd send a crisis intervention team to the house and let a trained therapist work with somebody that's mentally ill and make some decisions and attempt to transport instead of using police officers, but the reality is that sometimes the dangerousness of the situation requires the highest level of force and, for that reason, I'm not asking the police be completely out of the process. It's just that I think that we, in our community-based

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project, should look at maybe how this could work a little bit better. We have come a long way since 2004, since we shut down services for mentally ill folks at state hospitals in Nebraska, and I represent a community that has been impacted by that bill more than any other in the state, with the exception of Hastings, and I can tell you that some very good things have been happening in behavioral health. The community-based system is working. There are glitches, as there are with any reform, but I'm here to say that this resolution is one more step in what I think could be a very good process for us as a state to say, okay, how are these individuals treated by their government. How can we get them the help they need and respect them and provide for public safety at the same time? At 9:50, I've asked Sheriff Hjorth of the Madison County Sheriff's Department and one of his deputies to help show you what it looks like in the back of a police car and the leg irons and the handcuffs. When you see this, I think you're going to have a better appreciation for what's happening to those that are mentally ill. I know there are some in this audience today that are mothers and fathers of folks that are mentally ill. There's some in this audience that have been mentally ill or are suffering from mental illness currently. If it was your brother or if it was your son or your daughter and it was really bad at home and you had to call the police, and your daughter was homicidal or suicidal or a danger to herself or others or simply just so depressed that you were worried about what would happen at 3:00 in the morning if you weren't watching her, and the police came to your house and they handcuffed your daughter and put her in the back of a patrol car and walked her through an emergency room, because they've done nothing wrong there, they're just following the protocol, how would you feel about that? What would you feel about that? Think about it. I think it's an important conversation to have and I'm sure law enforcement will tell you, and I agree with them, many situations require that level of attention and restraint. But I think we should have a conversation about what, if anything, we can do to change it. Thank you. [LR275]

SENATOR CAMPBELL: Thank you, Senator Flood. I think we'll hold any questions for the senators so that we can get right to the testimony. And, Senator Flood, you're more than welcome to join us. Our first testifier this morning who wishes to testify? [LR275]

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JOE SMITH: I will. [LR275]

SENATOR CAMPBELL: Yes, sir. Good. We always need a first person to start off.
[LR275]

JOE SMITH: I like the attention. [LR275]

SENATOR KRIST: Senator Campbell. [LR275]

SENATOR CAMPBELL: Yes, I'm sorry. [LR275]

SENATOR KRIST: Can I suggest if...are you waiting for a chair? [LR275]

AUDIENCE: (Inaudible) [LR275]

SENATOR KRIST: Okay, because there's chairs up here in front that we're not going to use all these. Thank you. [LR275]

SENATOR CAMPBELL: Thank you, Senator Krist. We need to have you state your name for the record and spell it for us, please. [LR275]

JOE SMITH: Yes, ma'am, I'm Joe Smith, the Madison County Attorney, S-m-i-t-h.
[LR275]

SENATOR CAMPBELL: Mr. Smith, would you like to continue? [LR275]

JOE SMITH: Sure. In addition to being the Madison County Attorney, of course for Madison County, I handle the mental health work for Madison County. But I also serve as special prosecutor for about eight other counties in the region to mental health board

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facility commitments. For example, I go to Cherry County, which is quite a distance, and that's because when somebody is "EPC-ed" there are regional centers and, of course, Norfolk Faith Regional is one of those centers, so those officers in Cherry County, for example, will transport somebody, as Senator Flood says, all these I guess police officers and insurance companies and sheriffs' offices all have this (inaudible) they have to have them in handcuffs (inaudible) and that's a policy (inaudible) in the state and has been since I was doing defense work 20-some years ago. So all those people are transporting. Most of the people that come (inaudible) mental health are not people that have threatened somebody else or immediately dangerous to the officer or to their neighbors, but people that are suicidal, depressed, drug/alcohol addiction, maybe have some delusions about a particular person, not the officer but somebody else. But there are some that (inaudible) kind of generally dangerous to everybody. But for the most part, we deal with people who are sad and hurt and depressed and self-harm is the biggest issue. So you have that. Senator Flood talked about the reform. Of course, there's been several reforms in the state. This last one was painful to everybody but it's kind of getting worked out now. There are still glitches and, as Senator Flood points out, this deal about having the officers, the first transport, maybe we can avoid that but certainly the second and third transports it's a burden on law enforcement. Like I said, I have people in Cherry County who have to transport back from Cherry County in a cruiser to come down here to transport to Lincoln or Grand Island or someplace, Omaha sometimes, and they go back. Some agencies are starting to use private people, which is nice, though (inaudible) forget the name of the company but I think there's several. But the problem with that is they're still in handcuffs, you still have people that (inaudible) that are trained differently or trained less than the police officers or the state workers. Faith Regional has been very good about the handcuff issues, that type of stuff, as best they can. You go upstairs, if you're admitted to the ward, you know, that's all private. But all these people that come in, and we have a tremendous amount of people come in now not on a first commitment but because they've been committed and not doing what they're supposed to do, so they get either a custody warrant issued, which is like an arrest warrant, (inaudible) sent out, and those are handled downstairs

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now because they generally aren't in the ward yet (inaudible) about that. But still, people have to come in, they're transported by the police, and maybe even from some other placement because they've been doing bad there. (Inaudible) talk somebody into taking off the cuffs, because most of them don't need it, but they have to have that transport in the middle, not just at the end of therapy but in the middle of the therapy. So I (inaudible) that Senator Flood (inaudible) any way to get the police out of the practice of medicine and psychiatry is certainly good. I see there's a lot of police officers here. As I said, it's pretty easy for Sheriff Gumm and, well, Chief Gumm and (inaudible) come here because they're local, but I have people that are (inaudible) and maybe you'll see them when you go to Cherry County, but people who are terribly affected by this. Thank you. Any questions? [LR275]

SENATOR CAMPBELL: Are there any questions for the county attorney? [LR275]

SENATOR FLOOD: Thank you. [LR275]

JOE SMITH: Thank you. [LR275]

SENATOR CAMPBELL: Thank you for your public service. [LR275]

JOE SMITH: Thank you. [LR275]

SENATOR CAMPBELL: Next testifier, please. Good morning. [LR275]

ELLIE KLASSEN: (Exhibit 1) Morning. My name is Ellie Klassen, K-I-a-s-s-e-n. Hi. I did say my name is Ellie Klassen. I have been a mental health consumer for the last 30 years. I am also a licensed mental health practitioner and a licensed alcohol and drug counselor. I have been working as a counselor for the last ten years. First, I would like to thank you for considering conducting a study on this important issue that impacts so many lives. Over the last 30 years I have had occasions in my life where I have had a

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mental health crisis that required intervention and resulted in me being placed in emergency protective care...custody. Most of these times were not pleasant experiences. As an example, on one occasion I was tackled, handcuffed, and forcibly placed in the back of a police cruiser. I then was handcuffed to a pole in the middle of a public hospital waiting room. The humiliation of being treated as a criminal has haunted me ever since. I may not have all the solutions to address all the issues surrounding this dilemma, but I would like to share some of my personal insights regarding this issue. Treat me as an individual, not as a mental illness. Don't initially assume I am dangerous to myself or others. Remain calm and ask me questions. This is helpful to you and to me to assess my situation. As an example, if you were to ask me if I was hearing any voices besides yours, and I said yes, that could be useful to you to assess what I am experiencing. But don't stop the conversation there. Please tell me you don't hear any other voices. This helps me identify the reality of my situation. The use of handcuffs on a person with a mental illness should not be the first protocol; rather, it should be the last resort. If possible, contact my advocate. My advocate knows me well and can stand in the gap for my well-being. The use of an advocate not only is reassuring to the consumer but is very helpful to first responders during the assessment and admission process to the appropriate level of care. The advocate can be a family member, a good friend, or a mental health professional the consumer has designated. Personally, I have never been violent the times I needed to be "EPC-ed." I don't believe the use of handcuffs were necessary, and they made me feel criminalized. Remember, I have an illness and have not broken the law. Even if a person is dangerous to themselves or others and the need for the use of restraints is determined, it is important to remember they have an illness and restraints should be used more discreetly and certainly not as a punitive action. Thank you for your time and allowing me to testify. [LR275]

SENATOR CAMPBELL: Thank you, Ms. Klassen. Are there any questions? Much appreciate you coming forward today. [LR275]

ELLIE KLASSEN: Thank you. [LR275]

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SENATOR CAMPBELL: Next testifier, please. Good morning. [LR275]

DEAN CHASE: Good morning. Dean Chase, C-h-a-s-e, sheriff of Dixon County in Nebraska. I want to thank you for the opportunity to be here today. And my compassion goes to the lady that just testified. And I know that law enforcement officers in general have compassion as well as an understanding for their fellow citizens, and so I'm sorry to hear that she had such an unfortunate experience. Two of our main concerns in Dixon County is that the proximity we are to Norfolk from Ponca, which is our county seat, we're 75 miles from Ponca to Norfolk. We transport our mental patients to the Faith Regional Center, the west campus. From there, they are assessed and evaluated, and then our officers are tied up during that evaluation period. Then they're taken to the east campus by our officers and again tied up for a period of time. Recently, we had a case just a few days ago, our officer was tied up for nearly six hours from the time he left home till the officer was back in his area. We think that could stand to be improved considerably. We have also an issue with juveniles in that Faith Regional in Norfolk will not accept anyone under age 19. We, therefore, have to find an alternative placement for those folks and we either go to North Platte or Omaha. Well, you can see the transportation issue involved there. We're a small agency. We have four deputies, six county, two assigned to Wakefield, Nebraska. But when we take two to three officers tied up for six hours and if we go to North Platte it would be ten hours, so those are our main concerns with this. And then especially if you have a combative mental patient, which most...probably 50 percent of our mental patients are combative, that's a main concern and there is sometimes no alternative but to handcuff and leg iron. And they are confined in our units for a large amount of time and we think that it could be addressed in a better manner than that. I have no issues with the treatment that somebody gets when they get to Faith Regional or any place else. We use also Providence Medical Center. Recently, we had a case where we had to get a person sedated until we had got them to Norfolk. Well, their blood alcohol level was above .10 and they wouldn't be accepted in Norfolk at Faith when their blood alcohol is above .10,

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so that's a concern of ours too. What are we to do with them in the meantime? We have a hospital bill that we have to pay at Wayne, plus then all the other expenses we have to come to Norfolk. Again, thank you for the opportunity to be here today. [LR275]

SENATOR FLOOD: Thank you. [LR275]

SENATOR CAMPBELL: Are there any questions? Senator Krist. [LR275]

SENATOR KRIST: Every other law enforcement officer that comes up to that microphone I think I'm going to ask the same question, and I apologize for putting you through a little setup, but I would like you to... [LR275]

DEAN CHASE: Can I come back and be the second one? (Laughter) [LR275]

SENATOR CAMPBELL: Punch the red button. [LR275]

SENATOR KRIST: It is punched. Punch down or punch up? [LR275]

SENATOR CAMPBELL: Punch down. [LR275]

SENATOR KRIST: Okay, how about now? [LR275]

SENATOR FLOOD: There you go. [LR275]

SENATOR KRIST: Oh, lovely. Got to be smarter than the button. And I apologize, again, for putting you through it. I'd like to hear from you all the difference between an initial transportation and a recurring, because I think when we get to the bottom of this legislative resolution and we do our homework and we do it correctly, there's going to be a point at which you're going to be held accountable to make an incredible decision of whether or not to put somebody in shackles and cuffs and when that line is drawn,

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because you clearly stated that there are times when that needs to happen. And then on follow-on, I'd like to hear why...it's all about money. It's always about money. Are you reimbursed, for the time that you spend, through the Health and Human Services or through the medical or through some other fund, and if not, why not? Go ahead. I'm sorry. [LR275]

SENATOR CAMPBELL: Sheriff, before you answer, we're not sure your microphone is on either. So if you push... [LR275]

SENATOR FLOOD: There you go. [LR275]

SENATOR CAMPBELL: There you go. [LR275]

SENATOR KRIST: See, you aren't smarter than the button either. (Laughter) [LR275]

DEAN CHASE: I didn't realize I was supposed to touch it. [LR275]

SENATOR KRIST: (Laugh) We're in the same boat. [LR275]

SENATOR CAMPBELL: We didn't know. We didn't know the one that wasn't on. [LR275]

DEAN CHASE: Sorry about that. [LR275]

SENATOR CAMPBELL: That's fine. Would you like to respond? [LR275]

DEAN CHASE: As far as I know and to my knowledge, we are not reimbursed for that. But one thing I forgot to mention is the initial assessment and the transportation to the medical facility is just part of it, because if there's a mental health hearing scheduled we have to make another trip back to Norfolk to take the subject back (inaudible) to the

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mental health hearing and then, once they're committed, another trip back to wherever for the committal process, so... [LR275]

SENATOR KRIST: In rural Nebraska, would it be more favorable to actually change or shift jurisdiction for a person who is sent to another area long distances away? [LR275]

DEAN CHASE: The transportation would be ideal to have an alternative source of transportation other than law enforcement. I would like to see our Department of Health and Human Services work out an agreement with Iowa where we could go into Sioux City, Iowa, with our mental commitment and it's a hop, skip and a jump for us to do that. (Inaudible) you know, we're 22 miles from Mercy Medical Center in Sioux City, who has a mental treatment facility there, and then, of course, if they go on to Cherokee, Iowa, which is maybe 50 miles from there or 60, whatever the case might be. But I do think it would be beneficial for us and I know state lines are in there, too, but it looks to me like it's a workable situation. [LR275]

SENATOR KRIST: Thank you, sir. [LR275]

DEAN CHASE: Thank you. [LR275]

SENATOR CAMPBELL: Any other questions? Thank you, Sheriff, for your service. [LR275]

DEAN CHASE: You're welcome. [LR275]

SENATOR CAMPBELL: Next testifier. [LR275]

STEVE HECKER: Thank you, Senators. My name is Steve Hecker. I'm the captain with the Norfolk Police Department. Senator Flood asked me if I'd speak briefly about our involvement with Region 4 mental health facilities. [LR275]

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SENATOR CAMPBELL: Officer Hecker, could you spell your last name for us for the record. [LR275]

STEVE HECKER: H-e-c-k-e-r. I want to briefly speak to you only in a very positive tone, if possible. I agree with Senator Flood. I think the changes in handling mental health issues within our community and in Region 4 certainly (inaudible) community-based involvement has really improved. I think originally the cart was in front of the horse. There weren't enough beds, there weren't enough services. And I think the mental health professionals in the state have done a good job in getting that taken care of. On the other side, from a law enforcement standpoint, if you listen to consumers today you are going to hear the same story from them every time. And my issue for us or when you consider this, and appreciate you doing this, is while law enforcement has transportation issues, no doubt about it, you'll hear that all day, whatever you decide to do has to be in the best interests of the consumer. They are the ones going through the crisis. We're the intermediary in that process. We have taken tremendous strides, I think, for our agency, at the pushing, dragging, and request of Region 4, Ingrid Gansebom and (inaudible) Melinda Crippen, in training our officers and getting advanced training for our officers. We have 18 uniformed officers now with advanced training through crisis intervention team training down at Omaha through Boys Town. We've participated in four or five statewide summits on mental health issues with multidisciplines, including consumers, all in an effort to get a better understanding of the involvement of mental health and how it involves our community and how we could solve these issues, how to treat and handle mental health patients and those people in crisis. It's very, very important. I do think some of our law enforcement agencies (inaudible) drag their feet a little bit in that regard, in providing training, because they don't have the manpower to send to training or the ability to get that training. We try to intervene as much as possible using crisis intervention teams, as Senator Flood talked about, and try to divert as many patients and consumers as we possibly can before the EPC process even takes place. It's very, very important. It's a lifelong illness that people

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are going through and we are at a very crucial point in that. To address your question, it is a fine line when you cuff somebody, you take somebody in custody who has that viability. How do you know that crisis is over when you decide not to transport securely and not securely, because you don't know when that patient is stable (inaudible)? I think it's a difficult call and that it's worthy of this conversation. [LR275]

SENATOR CAMPBELL: Senator Flood. [LR275]

SENATOR FLOOD: Thank you. Just an observation and a comment (inaudible) observation and a comment. First of all, thank you, Captain Hecker, and I want to make an observation. I've seen the Norfolk police division intervene. I was at a grocery store one day, and this is anecdotal but I think it goes to the larger question. What I think is great about law enforcement in this community is that when somebody...and I saw somebody that was having what appeared to be kind of an episode with an acute mental illness. Police officers in Norfolk arrived and they do this more than once and I, as a state senator, had a lot of interaction with folks that have been mentally ill and my family has worked in this area. And what I saw from the police department in Norfolk was very well handled. They walked up to the individual at the grocery store, got him or her to a safer place and comforted him or her and said, you know, we're not here to hurt you, we just want to help you. And I think that's a testament to not just the police but the way it's handled at the Faith Regional system. And I think that happens because we've been home to a regional center for so long and the mentally ill live with us as peers and I think the region understands that. And so I want to commend you for that. The question I have and there's so many questions that we can go through, but you show up at somebody's house at 11:45 at night, Mom has a child that's a grown adult probably and says, I'm just worried we're not going to get through the night, I feel that he or she is homicidal or suicidal, more probably appropriately, and you don't sense that. What can we do for families in that situation? You know, at that point you have a rigid standard you follow: suicidal, homicidal, or a danger to self or others. But the loved one of the mentally ill person says, but I don't think that's enough, we need him or her to go

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voluntarily to the hospital and get stabilized. And you can't do it. What should happen next? [LR275]

STEVE HECKER: That's a very valid question and I think that's a training issue and that's a training issue and a learning curve that law enforcement is involved in. [LR275]

SENATOR FLOOD: Yeah. [LR275]

STEVE HECKER: It's always been a black-and-white issue because of the statute (inaudible). The training that we've been given by Dr. Adams, that he's allowed us to take with the behavioral health (inaudible) has allowed us to access crisis intervention teams 24/7. But it's inherent upon us that we do that, that we contact somebody or put these people in place (inaudible) contact somebody where they can have some sort of intervention yet that evening, if possible, or (inaudible) arrangement for the next morning. It's inherent on the police to do that, but that's still a training process. I can just tell you from my standpoint, when our officers call...will call me at home, I actually have beside my bed a list of phone numbers that I can call and I'll Melinda Crippen at 2:00 in the morning and say here's what we got and she'll take care of it. And I know that operates in the same (inaudible) but if the officer doesn't do that then we're bypassing what we should do. [LR275]

SENATOR FLOOD: Well, and the challenge is you're making a liberty decision. [LR275]

STEVE HECKER: Correct. [LR275]

SENATOR FLOOD: I mean you're going to revoke someone's liberty and take them into custody and, you know, and take them to the hospital. But what could we do to that statute--and this is an unfair question because you haven't had a chance to think about it--what could we do to the statute to allow the officer to err on the side of caution to get that person to the hospital, get them stabilized, you know? And I don't know, my sense

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is they do blood tests at the hospital and those blood tests can show certain things about an individual's state. I mean isn't that...don't they run blood tests before they send them? I know Dr. Yosten is here. [LR275]

STEVE HECKER: They can do a medical clearance on the consumer. [LR275]

SENATOR FLOOD: Medical clearance. But I mean I guess I...you are asked to perform to do public safety and when you leave the house and the standard hasn't been met, which I understand is a rigid deal, I... [LR275]

STEVE HECKER: We have done in the past and somewhat frequently do, well, I think we do numbers of 160 to 200 EPCs a year, interventions in a year, but we do voluntary activities where we go...we don't have enough to do a statutory commitment but we'll arrange for parents to voluntarily take the child or their...whoever they're dealing with to the hospital or to another facility and do a voluntary issue in the evening too. But that's got to be a thought process by the officers on the scene and it requires considerable training to get an officer to think that way. [LR275]

SENATOR FLOOD: And the other thing I want to point out, and I know there's more that want to talk here, but Chief Gumm is here from Columbus and, you know, Columbus, busy department like Norfolk. You know, I know that you're working with the region right now and I'm very excited to hear that. So if Columbus brings somebody up, they can bring them to west campus and a Norfolk officer will stay with the...or maybe an off-duty officer, when we get this program set up, will stay with the mentally ill individual until they go to east campus. [LR275]

STEVE HECKER: We're in the middle of that process and hope to have that process completed, and again it's a time efficiency issue for the uniformed officers who are on duty and other agencies coming into our community. It's time efficiency issue to us also. Still, we need to meet whatever is best for the consumer in that situation though.

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[LR275]

SENATOR FLOOD: I appreciate that and I think that's...and I know the police chief from Columbus wants to comment on that later but I think there's a lot of value to that, to the region providing that service through the Norfolk police division or the Madison County Sheriff's Office, because if you're in Wisner and you got to leave Wisner to bring somebody over here, no one is probably watching Wisner while you're over here. So I know the Wisner chief is here as well. So thank you very much and thanks for what you do. [LR275]

STEVE HECKER: Thanks. [LR275]

SENATOR CAMPBELL: Any other questions? Thank you, Captain. Next testifier. You can just come...ma'am, you can just come up and have a seat up here and then we'll be ready and you don't have to come back up again. Good morning. [LR275]

JEFF YOSTEN: Good morning, Senators, fellow members of the community. My first name is Jeff, last name is Yosten. I'm an ER physician at Faith Regional, medical director of the emergency department. My last name is Y-o-s-t-e-n. Difficult situations, you guys, difficult topic. I commend Senator Flood for doing a study on this. There's several issues and, you know, more than an hour's worth of time, we could talk about this for hours, but a couple of important points is I love the...to reiterate the sentiment that we have to keep the consumer or the patient utmost. When the decisions are made, we have to consider the patient, the consumer number. Number two, I think there's a bigger issue. One, transport is difficult, especially for rural communities. If we're not using law enforcement, things I think that we need to look at are who's the alternative to transport. Is that local EMS? Is it a private transport service? And then as Senator Krist alluded to, who's going to pay for that transport? There's some discussions now, you know, locally using nonlaw enforcement, like Sioux City Night Patrol, a security type firm. There are some private entities being developed, but who's

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going to reimburse those? Is that reimbursement going to come from Region 4, and how do you do that? If you choose a private ambulance service, who's going to reimburse them? So you're right, it comes down to monies, who's going to pay, so that's why I think over the years it's fell down to law enforcement. I think there's a bigger issue. My father was a state patrolman so I'm very considerate of law enforcement's time. There are some things we're doing at Faith Regional to improve some of this. There's, at least locally for the sheriff in Dixon County over the next couple years, there's a plan to move east campus to west campus. I'm not speaking on behalf of Mr. Sinek, the CEO, but I know there's a plan to combine services which will help some of the transport issues locally, some of the wait times locally, I think improve things for the patient, improve things for law enforcement. I think there's a bigger issue. Bigger issue for us, speaking as far as medical personnel, physicians and local psychiatrists, that I think, and it may be a separate study from this, is looking at our state statute. I had the ability, when I worked in Omaha, both to work in the Omaha market and also the Council Bluffs market in Iowa. Currently as you know, a medical professional physician, I have no ability to invoke an EPC on a patient in the state of Nebraska, which I find is a huge disadvantage. If I have a patient in my emergency department who I think is a danger to themselves or to the community, I may have the most medical training, I've been doing this for 12 years, I don't have the ability to invoke an EPS on that patient. So guess what I do. I pull an officer at the Norfolk Police Department or State Patrol, I pull them out of duty to come to the ER to go do an assessment. Although they are well-trained, nothing against their training, they do not have the level of training that a psychiatrist or a physician has. And then it's up to that officer, who should be doing other things, in my opinion, to decide whether or not that patient is...so I think it could be much easier. I mean the abuse of law enforcement I think will drop in half if we have the ability to invoke the EPC by ourselves. I could call a private ambulance transfer and transfer that patient. Law enforcement would never be involved. I think it would be (inaudible) to the patient. I think it would be easier, less abuse of law enforcement. I know I'm off on a tangent but I think there's several issues that feed into the transport side of things. In the state of Iowa, I would call the judge at 3:00 a.m. and he would grant me a 72-hour EPC,

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you know, custody and I thought that was a (inaudible) system. Law enforcement also had that ability. Law enforcement often were involved because they witness or be called to the scene, etcetera. But I think there's got to be an ability for a psychiatrist, seeing a patient in their office who they think is a danger to themselves, being able to invoke an EPC. And then there's the transportation issue. Can we use private transportation, etcetera, private firms, and keep law enforcement out of it? So I think that's where we're, compared to the state of Iowa, at a little bit of a disadvantage and why law enforcement, I think, (inaudible) often gets abused by us in the emergency department at least. I think we've made a lot of strides with mental health. (Inaudible) coming from the Omaha market to the Norfolk market, things are much easier here in a rural community. I think we're very blessed with the services we have. I think our folks in east campus are doing the best they can with the resources they have. I'd also like to apologize to the young lady that spoke earlier about an experience that she had. We try to make it...and I agree with Mike, we're all...all may be a consumer of mental health at one time or another. We need to make it as dignified as we can. But difficult topics need investigated further. Appreciate your time (inaudible). [LR275]

SENATOR CAMPBELL: Thank you, Mr. Yosten. Are there any questions? Senator Krist and then Senator Flood. [LR275]

SENATOR KRIST: And you went exactly in the direction that I was hoping someone would go from a professional side, Doctor. It would be very easy to get in a motorcycle accident in Council Bluffs and the best trauma center for that person to be treated would be Creighton University or the University of Nebraska who's on call for trauma that night. [LR275]

JEFF YOSTEN: Correct. [LR275]

SENATOR KRIST: But you don't see that same exchange when it comes to these kind of services, and the statutes need to change because that's the best use of services

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within the area. [LR275]

JEFF YOSTEN: Correct. If Dixon County has an adolescent that Mercy Hospital in Sioux City will take and you're 30 miles away, why are they traveling 200 miles when we would not do that to a trauma patient in Council Bluffs? If they run into trauma in Council Bluffs, we would keep it locally. If it was something that needed a tertiary care center and trauma center, you're exactly right, they get transferred across the river to the place that provides the best care. So why are we treating psychiatric patients different than medical patients? That's a very good question, a good point. [LR275]

SENATOR CAMPBELL: Senator Flood. [LR275]

SENATOR FLOOD: Thanks, Dr. Yosten. I have one quick question for you. You...you know, I never really think about the fact that physicians can't initiate an EPC. In your opinion, you know, speaking on behalf of maybe a psychiatrist that has a lot of office visits and folks that come into your emergency room, if you had that authority under Nebraska law--and it's just two questions--if you had that authority under Nebraska law do you think you would...you could head off the crisis at home that the law enforcement get called to? If their loved ones just bring them in to get their medicine adjusted and they did it inside the hospital, do you think you could head off some of those crises that happen at home with law enforcement? [LR275]

JEFF YOSTEN: Definitely. I mean oftentimes the patient was in (inaudible) ER voluntarily at the urging of parents or friends or coworkers. Patients unwilling or unaware that they may need help are unwilling to help themselves, so unfortunately sometimes we need to intervene. They're not thinking clearly. I think a lot of those situations could be kept completely out of law enforcement's hands and the decisions being made by the folks that need to make the decisions. Right now if I have a patient that comes in, I may have a law enforcement officer come in and then I have to plead to them my case of why I think they need to stay. Granted, with good training, usually 98

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percent of the time we meet in the middle and we both agree, but I think that's putting law enforcement in a bad situation. [LR275]

SENATOR FLOOD: And if I was to...if we were, as the Legislature, to change the law, would you say that every physician should be able to do that or would you think that those physicians should have some specialized training? I mean a psychiatrist obviously is a specialist. You know, I think you, as an emergency medicine specialist, would...you know, you have a specialized area. But what about a family practice doctor in rural Nebraska? Should we give every...and I'm actually interested in doing what you want to do, but I don't want to write it in a way that is not maybe the most...the best inside of your scope of practice. Should every doctor have that authority? [LR275]

JEFF YOSTEN: I think every physician should have that authority. Midlevel, a lot of facilities, you know, the rural communities have EPRNs or PAs, they don't have a physician, so I think if you went through an adequate medical training program, PA program, EPRN program, psychiatrist, probably could extend it to psychologists, I think if you've had that training that you ought to be able to have the ability, you ought to be able to recognize who's a danger to themselves and who's not. [LR275]

SENATOR FLOOD: And I think there's merit to that. I'd be interested from our county attorney just to have a discussion maybe about, you know, when you exercise the police power of the state to revoke somebody's...you know, to take somebody's freedom and place them in custody, when you give that power to a nongovernment officer or a nongovernment actor, if there's an issue there. I mean I'm interesting in exploring it. [LR275]

JEFF YOSTEN: So yesterday I was speaking with Dr. Mayberger, the local psychiatrist, well respected. He has a patient in his office that's unstable that he thinks could harm themselves. He's going to know the patient the best. It's his patient. Current process would be to call Norfolk Police Department to come to his office or have family or

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somebody escort the patient to the emergency room. I would then, if the police haven't been involved, I would call the police department to come evaluate the patient after they've already been evaluated by a professional. [LR275]

SENATOR FLOOD: Yeah. [LR275]

JEFF YOSTEN: That seems asinine to me but that's our current process, and I think it could be better for the patient. [LR275]

SENATOR FLOOD: Well, I think that's worth talking about doing. Thank you. [LR275]

JEFF YOSTEN: Appreciate your time (inaudible). [LR275]

SENATOR CAMPBELL: Thank you, Doctor. Next testifier. Good morning and welcome. [LR275]

INGRID GANSEBOM: (Exhibit 2) Good morning. My name is Ingrid Gansebom, G-a-n-s-e-b-o-m. I'm the regional administrator from Region 4 and I'm also representing the other regions, and I have submitted their written testimony. I appreciate your concern regarding transportation of individuals who are under an EPC and your interest in exploring options in how to best serve the individuals in a manner that protects their safety and respects their dignity. And I thank you for giving us this opportunity for input. In reference to the letter regarding LR275, I'm responding to the statement, "I believe that the behavioral health regions should accept some responsibility for the interhospital transfers and allow the sheriff's department to focus on enforcement." Region 4 has tried to be responsive to law enforcement and transportation issues in the past by contracting with Great Plains Medical Center in North Platte so that Cherry County law enforcement can take their EPCs to North Platte, which is closer than Norfolk. We actually did try to talk to Mercy Hospital in Sioux City about taking EPCs there, but because the EPC cannot legally cross a state line, the EPC gets dropped, so that was

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not an option. Crisis response teams are also available throughout the region to help divert EPCs as well as respite beds and other services. It's the goal of Region 4 to divert as many EPCs as possible. Region 4 has heard law enforcement when they have reported that they are waiting too long at Faith Regional ER before taking a consumer to the behavioral health unit. This wait is usually due to a medical emergency that comes up which would take priority over the EPC. For this reason, Region 4 has partnered with Faith Regional and the Norfolk Police Department to utilize off-duty police officers to wait with the "EPC-ed" individuals in the ER and then to transport them to the other campus so that law enforcement officers from out of town will not have to wait so long at Faith Regional. The region will be paying for the off-duty police officer's time. Norfolk PD is supplying the vehicle. This service will be starting in the near future. Currently it is indeed the procedure for individuals committed to the Lincoln Regional Center to be transported by law enforcement. The only admissions to the Lincoln Regional Center are acute, never voluntary. In preparation for this letter, I spoke with the law enforcement from Norfolk and it was reported to me that the individuals that have been transferred to the Lincoln Regional Center have been appropriate for law enforcement to transport since the level for potential violence was present. We agree that outpatient commitments to residential facilities do not need to have to be transported by law enforcement. Some providers come get the individual, and others do not, and law enforcement has indeed helped provide the transportation. Eliminating law enforcement from transporting outpatient commitments would be helpful. Region 4, as well as all the regions, are more than willing to participate in any conversations regarding improving the access to services and working with law enforcement on transportation. We know that in the years 2006 and 2007 transportation for EPCs out of region was a huge issue in Region 4. We were able to work with Faith Regional to expand their behavioral health unit and add additional beds. This has been a great addition to the service array in Region 4 and has limited the number of overflows to out-of-region beds. Having said that, there is always room for improvement and we look forward to continued communication. Are there questions? [LR275]

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SENATOR CAMPBELL: Thank you for your testimony. Questions? Senator Flood.
[LR275]

SENATOR FLOOD: Ingrid, and I want to compliment you. We've made strides. Obviously that's something you and I have worked on for a long time together. And I see Chief from Columbus is coming up here which has presented a lot of new, you know, a lot of issues over the years with that community and the transport. One of the things that I don't want to get overlooked is the use of sheriffs' departments as an ambulance system... [LR275]

INGRID GANSEBOM: Uh-huh. [LR275]

SENATOR FLOOD: ...from one facility to another, and I think maybe this would follow up on Columbus, you know, because you do have a lot of commitments to, like, SOS... [LR275]

INGRID GANSEBOM: Correct. [LR275]

SENATOR FLOOD: ...in Columbus at BHS. And then something happens, they're a Norfolk patient, and the Columbus PD is running them to Norfolk. I don't want to...and obviously the first page is the big one and I think Dr. Yosten has got an idea here that I'm interested in talking about. Can the region provide that transfer from Faith Regional to Richard Young or Faith Regional to LRC or Faith Regional...I mean back to Ponca? It seems to me that there's some value. That's a big burden on law enforcement. And I guess not only do I like the idea of reducing the burden on law enforcement but maybe getting a service that has mental health professionals that run it so that when they take somebody back to Ponca or wherever they're going, you know, they're talking to them, they're not in the back of a cage, as we're going to see in a little bit. And when I see somebody get out of a police car with leg irons and a belt around their waist and their hands are in handcuffs, I immediately think that person must have done something

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pretty bad, and I guess that's what I'm...that's where I go to in the point that you raised. Can we do something for the sheriffs' departments? [LR275]

INGRID GANSEBOM: I think that we're very willing to look at the different options that are available. That is...and that's with the outpatient commitments. I think if a person is at Faith Regional, they get outpatient committed to, say, SOS in Columbus or another provider throughout the region, yes, there is no reason that law enforcement should have to provide that transportation. Some providers come get them. They can also use...we can also provide a transportation service or something like that, and we were working with Faith Regional, yes, to take that out of law enforcement's hands so then we can help with that. [LR275]

SENATOR FLOOD: And sometimes they go from Faith Regional to like the North Bend nursing home or a nursing home somewhere, a nursing home in Fullerton, and I think... [LR275]

INGRID GANSEBOM: Would that be upon discharge or...? [LR275]

SENATOR FLOOD: Well, they're discharged from Faith Regional and they're subacute and they're taken to Fullerton. And I've had sheriffs' departments contact me, not recently, but they, you know, they show up at the nursing home and they get out with a patient in leg irons and handcuffs and they walk in the nursing home and undo the leg irons and the handcuffs and say, all right, we'll see you later. [LR275]

INGRID GANSEBOM: We can certainly look into that because I'm not quite aware of that situation. [LR275]

SENATOR FLOOD: Yeah. I'll get you some information on it. [LR275]

INGRID GANSEBOM: Yeah. Yeah. [LR275]

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SENATOR FLOOD: But thanks for your service. I'm term limited. You only have one more year of me, Ingrid. (Laughter) We've had a good experience together, so thank you. [LR275]

INGRID GANSEBOM: We have. Any other questions? [LR275]

SENATOR CAMPBELL: Any other questions? Okay, thank you very much. [LR275]

INGRID GANSEBOM: Thank you. [LR275]

SENATOR CAMPBELL: We'll go to the officer from Columbus, is that correct? [LR275]

SENATOR FLOOD: Yep, the chief. [LR275]

SENATOR CAMPBELL: Chief. And then if you are planning to give testimony today, because of the time restraints, we will go outside for the demonstration, feel free to get your testimony and whatever to Senator Flood or to my office and we will distribute it to the committee. Before we go to the chief, I really want to thank everyone for coming today for this particular hearing. We've had very large attendance and that's great. Chief, thank you for your patience in waiting. Would you identify yourself, please? [LR275]

WILLIAM GUMM: William Gumm, G-u-m-m. I'm the chief of police in Columbus, Nebraska. Senators, thanks for your time on this issue. Mental health is a continuum in the state of Nebraska, a slow-moving continuum. We are advancing the cause slowly. But it's a cause that comes into conflict with police, providers, consumers, and it's going to be hard to properly dispose of it. In the interest of time, I'll say that Sheriff Chase I think accurately described most of our issues with transport, with arriving at the hospital and trying to return home. I will give Region 4 kudos. In the past five years they've

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improved the number of beds that are available in Norfolk so we don't have to transport to other locations. There have been times in the past when my agency has taken a person into EPC. We were told there were no beds in Norfolk. We were told there were beds in Scottsbluff or North Platte. We have actually had officers and deputies passing each other dropping a patient off and going to pick the patient up to bring them back to Columbus. That's just ridiculous. But Region 4 has done a very good job of improving the number of beds and putting persons there. We still have an issue with getting them medically cleared to Columbus and then bringing them up here, and I think we can work through that. Just to close, I want to say we have developed a law with regard to emergency protective custody in which a police officer, 21-year-old police officer with maybe a GED education, three weeks out of the training center in Grand Island, has more authority than the doctor in the emergency room. So the doctor hits one of the nails right on the head--somebody else should be allowed to EPC. And I think most police officers will say anybody, clergy, doctor, anybody, private attorney. I know that that's going to be too big a pool, but somebody other than my officer or that officer in Battle Creek who just got out of the training center should be allowed to make that call, because they are the ones who have the education, the knowledge, and the training much better than my guys. We have a pretty standard policy. It's a bright line policy: If you're a danger to self or others and you've done something to do that, we will take you into custody; we're going to bring you to Norfolk. We don't have the luxury of Omaha or Lincoln that has a triage center that we can take patients to and turn them over to the triage center and we can go back into service and those folks can make the assessment. We don't have that luxury in Columbus and I don't think we will because we just don't generate enough patients. In a state where you've got more cattle than you've got people, sometimes you just don't...you're not able to serve some of these social functions. So I agree with the doctor. Somebody else should be allowed to EPC. I do give credit to Region 4 and Mike in here. They've made advancements in trying to improve the time, improving the turnover. I'm 50 miles away from the location; I'm going to have an officer gone three hours anyway. So even if it's just come in and change the paperwork, he's going to be almost three hours anyway. Questions? [LR275]

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SENATOR CAMPBELL: Are there any questions for the chief? [LR275]

WILLIAM GUMM: Thank you. [LR275]

SENATOR CAMPBELL: We will adjourn at this point outside to see the demonstration.
(See also Exhibits 3, 4, 5, 6, 7, and 8) [LR275]

SENATOR FLOOD: And then before you leave I was going to... [LR275]

SENATOR CAMPBELL: Sorry. [LR275]

SENATOR FLOOD: ...Dr. Yosten, would you be willing to be my test case to sit in the back? You're a big guy and I want people to see, if you're a bigger gentleman, sitting in the back of the cage and you're hauling around the state, you know, you're not a prisoner, you're mentally ill. [LR275]

SENATOR KRIST: It is possible for you to say no. (Laugh) [LR275]

JEFF YOSTEN: Sure, you owe me. I worked nights last night, I work tonight, and I'm not going to (inaudible). (Laughter) [LR275]

SENATOR FLOOD: Oh. [LR275]

BREAK

SENATOR CAMPBELL: (Recorder malfunction)...a chair. If you are leaving and not staying for the hearing, we would ask that you exit the hearing room so that we could begin. Good morning. I'm Senator Kathy Campbell and I represent the 25th Legislative District, which is in Lincoln and northern Lancaster County, and I want to welcome you

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to the LR37 hearing today. We will go ahead and reintroduce the senators that are here. To my far right is Senator Norm Wallman. Senator Wallman, you want to tell them your district number and...

SENATOR WALLMAN: I'm District 30, which has BSDC and Mosaic. We have some behavioral issues there, and Lincoln, part of Lincoln and Beatrice.

SENATOR KRIST: Senator Bob Krist. I represent District 10, which is northwest Omaha and Douglas County.

MICHELLE CHAFFEE: I'm Michelle Chaffee. I'm legal counsel to the committee.

SENATOR CAMPBELL: And to my far left is Diane Johnson, who is the clerk for the Health and Human Services Committee. We want to welcome you to this hearing. We have had hearings in Grand Island, Lincoln, and Scottsbluff. We were in Scottsbluff on Tuesday for a hearing. We will have one additional hearing at the end of the month in Omaha. We particularly wanted to address, as we went through the hearings, that we would have certain, and for lack of a better word, categories or representatives visit with us. And so we've tried to contact...have the service area administrator with us. We've contacted a representative for a judge, a county attorney, a provider of foster care, a foster parent, Foster Care Review Board. So we've tried to hear from representatives from those groups as we have gone across the state. So we will start with those list of testifiers, and then we will go to open testimony. Our first testifier this morning is Mr. Mike Puls. Am I saying that correct, Mr. Puls?

MIKE PULS: Yes.

SENATOR CAMPBELL: Come forward. Just as a reminder, if you were not here for the first hearing, please silence your cell phone or turn it off. If you are testifying today, we need to have you complete an orange, bright orange sheet because it then helps us

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know for the record your name. And when you come forward, we'll ask you to state your name for the record and to also spell it. We use a light system in our hearing. Many of the committees of the Legislature use a light system; we do here also. I think what we have started with the initial testifiers, we're going to be at six minutes or seven, around there. So the clerk, you'll see a green light, if you're testifying, you're doing just swell. You come to the yellow light and you probably ought to think about wrapping it up. And if you are at red I'm going to be watching you very closely (laughter) because we want to make sure that we can get as many people here today to testify as possible. So, Mr. Puls, I know that you distributed to us testimony. And for the audience, we always start with the administrator for the service area, which kind of gives us an overview of the service area, the number children there are, that type of thing. So go right ahead, sir.

MIKE PULS: (Exhibit 1) Thank you. Good morning, Senator Campbell and members of the Health and Human Services Committee. My name is Mike Puls, that's P-u-l-s, and I'm the Northern Service Area Administrator for the Nebraska Department of Health and Human Services. The Northern Service Area is comprised of 24 counties in northeast Nebraska with Children and Family Services specialists located in O'Neill, Center, Dakota City, Pierce, Pender, Norfolk, Columbus, Fremont, and Blair. My office is located in Norfolk. I am pleased to have this opportunity to provide you with information about child welfare and juvenile services in the Northern Service Area. I have been asked to discuss the impact that the loss of our lead contractor, Boys and Girls Home of Nebraska, had on the Northern Service Area and some of the child welfare challenges we are currently facing. I will also talk about what we have implemented in order to overcome these challenges. On September 30, 2010, the contract between the department and Boys and Girls Home of Nebraska to provide the nontreatment services and service coordination was terminated, and the responsibility for providing those services to children and their families returned to the department. In the last year, we have worked diligently to get contracts in place for these services. We were fortunate to regain many of our former service providers as well as that had been offering services to acquire to the contract, as well as getting new providers that were providing services

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in other service areas. We continue to develop new contracts for existing services that are needed and explore the possibility of adding new services, such as an Initial Response Unit and a Family Finder program. Our licensed foster home numbers have declined significantly. In November of 2009 there were 210 licensed foster homes in the Northern Service Area. As of August 2011 we had 143 licensed foster homes. There is a shortage of foster care placements in the NSA overall but especially for youth who are older, exhibit behavioral issues or are part of a sibling group. However, our focus on the use of kinship care or approved foster homes offset some of the loss of these foster homes. An approved home is used when placing a youth with a family member or someone previously known to the child. In November of 2009 we had 87 approved homes. Now we are averaging over 123 approved homes a month for the last three months. As of August of this year, 49 percent of the Northern Service Area youth placed in a nontreatment family home setting were in a relative home or a home known to the child. One of the guiding beliefs of Families Matter is that children grow best in their own home and that they should remain at home whenever the child's safety can be assured. With the use of in-home supports and services, the Northern Service Area has been able to increase the percentage of children served in their home from 32.5 percent in November of 2010 to 35.7 percent as of August of 2011. After Boys and Girls, the responsibility to recruit, train, and support our licensed and approved homes came back to the department. At the same time we wanted to make sure that our licensed and approved foster homes received the support that they needed during their placements. In order to bring about the support and the focused recruitment that was needed we contracted out the recruitment, licensing, training, and support of all licensed and approved homes. The agency supported foster care providers must complete a general support plan for each foster family that is tailored to their individual strengths and weaknesses. Child-specific support plans are also developed to help the foster parents work more effectively with each youth that are placed with them. Another major concern for us has been the retention rate of our Children and Family Services specialists. The turnover rate for the NSA for 2009 was 15.1 percent; for 2010 it was 23.3 percent. For the first eight months of 2011 the turnover rate is at 14.2 percent or an annualized rate

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of 21.2 percent. The turnover rates for 2010 and 2011 would not include an additional 11 staff that left the Children and Family Services Division for other jobs within the department or transitioned from one position within this division to another. To combat these vacancies we've hired temporary staff whenever possible and started the hiring process as soon as we knew someone was leaving. This allowed us to have staff hired and in training before the current CFS left. We also got approval for three "forward fill" positions to help fill the void of any future vacancies. Since system reform began in 2008, there has been an emphasis on quality assurance activities in the NSA. Some QA activities that were put into place during the service coordination contract have remained, including quality assurance of family team meetings and home studies, monitoring the service area's Program Improvement Plan, and holding quarterly Children and Family Services mini reviews. Monitoring of the comprehensive quality improvement activities within the service area is done by a service area CQI Team, initial assessment and ongoing liaisons and the involvement of community stakeholders. The initial assessment and ongoing liaisons mentor other supervisors and track data related to permanency and safety to identify trends and possible reasons for these trends. Community stakeholders are met on a quarterly basis to help find solutions to the issues identified in the services area's PIP. Members of our CQI Team and the Safety and Permanency Liaisons are part of the Community Stakeholder Team to ensure that the information flows in a continuous cycle and all three aspects of the CQI Team are well-informed and connected. A Northern Service Area Partners Advisory Team has recently been established to problem solve, educate and discuss common barriers and community issues that affect children and families. Members include representatives from Dodge County CASA, Foster Care Review Board, Fremont United Way, Nebraska Foster and Adoptive Parent Association, Nebraska Federation of Families, Nebraska Children and Families Foundation, Nebraska State Patrol, Professional Partners, Platte County Attorney's Office, the Columbus Hospital, a GAL from Fremont and the Blair area, and a mental health professional from Norfolk. The Northern Service Area is committed and responsive to the children and families we serve as well as our community stakeholders. We have high standards and hold

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ourselves accountable to these standards. We will continue to have challenges, but I believe that we will meet and excel in our efforts to overcome these challenges. If you have any questions, I will do my best to answer them. [LR37]

SENATOR CAMPBELL: Questions? Senator Krist. [LR37]

SENATOR KRIST: I have several based upon the testimony that we've heard in previous locations. How many of the placements here in the Northern Area are placed outside of Nebraska? Where are they and how much do they cost? [LR37]

MIKE PULS: I do not know that right now, but I can get you that information. [LR37]

SENATOR KRIST: Okay, that would be most appreciated. [LR37]

MIKE PULS: Um-hum. [LR37]

SENATOR KRIST: Do you feel that there is a quota system in place to close as soon as possible from the director or from... [LR37]

MIKE PULS: (Inaudible) [LR37]

SENATOR KRIST: To close the action as much as possible, the number of foster care placements or family... [LR37]

MIKE PULS: No, (inaudible). [LR37]

SENATOR KRIST: No? You don't report that up chain in terms of where you are in trying to expedite those placements and close them as soon as possible? [LR37]

MIKE PULS: We report how many children come in and they know that. But they know

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the numbers of children and new wards that come in and how many are discharged. But I do not feel that there is a quota, no. [LR37]

SENATOR KRIST: Okay. Did Boys and Girls, at any time, ever come to you and tell you that they needed more money, that the program was unsustainable based upon the contract? [LR37]

MIKE PULS: Not to me, no. [LR37]

SENATOR KRIST: Did they come to HHS, in your knowledge, and let you know that there was... [LR37]

MIKE PULS: I don't know, no. [LR37]

SENATOR KRIST: Okay. And then my final question is your testimony today, was it approved by the department or by the director? [LR37]

MIKE PULS: It was looked at, yes. [LR37]

SENATOR KRIST: So you submitted it and he approved it and you read it. [LR37]

MIKE PULS: Yes. [LR37]

SENATOR KRIST: Okay, thank you very much. [LR37]

SENATOR CAMPBELL: Senator Wallman. [LR37]

SENATOR WALLMAN: Thank you, Chairman Campbell. Yeah, thanks for coming down here. And the retention rate, I looked at this. Have you done exit polls why they quit the special service areas or... [LR37]

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MIKE PULS: We have not done exit polls specifically. But in conversations with them and their supervisors it was very clear that why they left was an uncertain job future. [LR37]

SENATOR WALLMAN: Thank you. [LR37]

SENATOR CAMPBELL: Other questions? Mr. Puls, I just have a question. And in terms of Boys and Girls, when that contract was terminated did they give you any...did they sit down and visit with you in any type of an exit interview and describe why they left this contract? [LR37]

MIKE PULS: No, they didn't. [LR37]

SENATOR CAMPBELL: Okay. Did you have a lot of contact with them? [LR37]

MIKE PULS: Yes, we did. We had the regular meetings with staff from Boys and Girls and the administrative staff that oversaw our area. But those meetings were very much focused on how to implement, you know, their programs and our programs and merge them together and solve day-to-day issues. We were not really involved in their discussions on why it wasn't working or what they needed. That was done at a higher level. [LR37]

SENATOR CAMPBELL: Do you know how many providers in your service area were left not paid by Boys and Girls? [LR37]

MIKE PULS: I don't know the exact number. I can get that for you, if you'd like. [LR37]

SENATOR CAMPBELL: Okay. I'm sure we're going to hear some testimony today on that, on that issue. [LR37]

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MIKE PULS: I'm sure you will too. [LR37]

SENATOR CAMPBELL: I just thought maybe... (Laughter) [LR37]

MIKE PULS: I know there was (inaudible). [LR37]

SENATOR CAMPBELL: I'm sure we will. I just thought maybe you had polled the providers so that you had some idea. But that's fine, I'm sure we'll hear some statistics. And I hope that you will stay around... [LR37]

MIKE PULS: I will. [LR37]

SENATOR CAMPBELL: ...today if we have additional questions. [LR37]

SENATOR KRIST: I have one follow-up. [LR37]

SENATOR CAMPBELL: Oh, I'm sorry, Senator Krist. [LR37]

SENATOR KRIST: With regards to the contract, how long have you been in your position? [LR37]

MIKE PULS: Four and a half years. [LR37]

SENATOR KRIST: So you were here during the initial contract negotiation and implementation? [LR37]

MIKE PULS: Yes. [LR37]

SENATOR KRIST: The goal of the reform was to take the same amount of money that

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the state was paying and to change it over and to privatize all the services. Is that fair to say? [LR37]

MIKE PULS: The same amount of money (inaudible) used and, see, the Boys and Girls part of the contract, when they were here, that was prior to the decision being made to move to the full case management of the lead agencies. [LR37]

SENATOR KRIST: So there were more additive factors to the contract after the contract was initially let. [LR37]

MIKE PULS: Well, it was after Boys and Girls pulled out that the decision was made to go with full case management with the providers in the Southeast Service Area and the Eastern Service Area. [LR37]

SENATOR KRIST: How many people did you lose after the reform started? [LR37]

MIKE PULS: Staff? [LR37]

SENATOR KRIST: Yeah. [LR37]

MIKE PULS: Twenty, over twenty-one. [LR37]

SENATOR KRIST: Okay, and the folks who came in on board, was it your assessment at the time that the same amount of money was going to be able to perform the same amount of services, even with the intermediary in between? [LR37]

MIKE PULS: I'm sorry, can you repeat the question? [LR37]

SENATOR KRIST: The same amount of money was intended to do what we were doing for kids and families before the reform. [LR37]

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MIKE PULS: Right. [LR37]

SENATOR KRIST: You lost 20 employees and we brought on hundreds, at least by the assessment of Boys and Girls. Was that, in your estimation as management at that level, was that possible? [LR37]

MIKE PULS: Well, to be (inaudible), yeah, and to be fair, we were able to hire the 21 staff back for us. [LR37]

SENATOR KRIST: Oh, so we really, in the final analysis, we didn't cut any staff members at the... [LR37]

MIKE PULS: We didn't cut any staff, no. [LR37]

SENATOR KRIST: And we were going to use the same amount of money and give the same amount of pennies to every one of those people that needed services with an intermediary added? [LR37]

MIKE PULS: That was the intent, yes. [LR37]

SENATOR KRIST: Okay, thank you. [LR37]

SENATOR CAMPBELL: Senator Food. [LR37]

SENATOR FLOOD: Mr. Puls, how long have you been with Health and Human Services? [LR37]

MIKE PULS: I've been with Health and Human Services for 28 years. [LR37]

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SENATOR FLOOD: So you've got a lot of experience through a lot of different reforms, a lot of different processes. When...would you say that right now that you're service area is meeting to the best of its ability the needs of juveniles because we no longer have a private contractor? [LR37]

MIKE PULS: That is correct. [LR37]

SENATOR FLOOD: Okay. And I don't know if this was explained probably before I got in here that the Northern Service Area had Boys and Girls Home. It now is state operated, as it was before, is that right? [LR37]

MIKE PULS: Yes. [LR37]

SENATOR FLOOD: Okay. And would you say that since October 1 of 2010 things have returned to kind of a stable environment up here? [LR37]

MIKE PULS: Yes, they have. [LR37]

SENATOR FLOOD: Okay. I just want to make a comment. Mr. Puls has done a very good job up in this area. He's been very responsive to me as a member of the Legislature for a long time. And I'm sure the service providers in the audience today would agree with his professionalism and what he's done for the area. And while the reform has been driven on a statewide level, I want to make it clear that Mr. Puls is, you know, carries out his role and his duty and does the best job he can and is as responsive as he can be within this context. So thank you. [LR37]

MIKE PULS: Thank you, Senator. [LR37]

SENATOR CAMPBELL: We should note for the record that Mr. Puls has provided additional information to his testimony. And he was clear, he knew that he didn't have

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time to go through the whole thing. But he also has provided a list of the services that are available. And thank you very much for that inventory. [LR37]

MIKE PULS: You're welcome. [LR37]

SENATOR CAMPBELL: We continue to look for that, so it's always helpful when we have it at the beginning. Thank you, sir. [LR37]

MIKE PULS: You're welcome. [LR37]

SENATOR CAMPBELL: The next testifier is Judge Ross Stoffer. Good morning, Judge, how are you? [LR37]

ROSS STOFFER: Morning. Good. How are you doing? [LR37]

SENATOR CAMPBELL: Very good. [LR37]

ROSS STOFFER: Thank you, Senator Campbell, members of the committee. I think that, I guess, first of all, I know that someone, I think, recently in (inaudible) Lincoln papers, I think, said that the performance caused instability for hundreds of children and families (inaudible) provider infrastructure in the state and caused economic turmoil for community-based agencies and state and private agency employees. I think that's probably a fairly accurate statement that was made. I guess, the question that I'm not sure that I can answer, and I don't know about who can for sure, but I don't know for sure (inaudible) if that comes about because of reform just in general or because of the particular type of reform that we're looking at. One of the things that didn't surprise me too much was to see the Auditor to come and say that there was so much money that was being spent over and above what was anticipated. Because I think any time you're looking at reform where you're trying to keep the services in place for the children that you have in here now and also trying to then provide new services that are then to try to

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get those children out of the system sooner and prevent kids from coming into the system that there's, I think just by almost definition, there's going to have to be more money spent. Although, possibly there can be some savings along the road as well. Some of the things that I guess I want to talk about a little bit just about the reform in general, then of course I think you'll probably have some questions from me about specifics. But I think, you know, that one of the things that really was frustrating for me as a judge and frustrating I think for a lot of other people as well is that, you know, the damage that was caused by the pullout of Boys and Girls and the infrastructure problems that it caused with the other agencies that provided services. And that's also very frustrating to see that now those agencies are only going to be getting like 35 or 40 cents on a dollar instead of being paid in full, because what's happening then, of course, is that it eliminates or limits their ability to be innovative and provide additional services in the future for children as well. I guess, one of the things that I see as a possible response to that or as a possible way of dealing with that is to...I see that lead agencies that are providing direct services to people creates a little problem I think. One of the things that takes away services from the other people who are providing services, for example, they might hire away, the lead agency might hire away things from people, also prevents those other agencies from being innovative and doing things. And, of course, as we found out here in this area is that if the lead agency then goes broke, of course, then all those things are gone if they took that (inaudible). So I think there needs to be something that says if a lead agency cannot provide those services directly or there has to be some type of experience factor or something (inaudible) lead agency is demonstrating that they can do that for a period of time before they are allowed to do that. Because otherwise we're looking at a similar situation to happen all over again. I guess all of you are probably aware that Health and Human Services, for a long time, has been contracting with private entities to provide those services. And I think some type of system to keep that in place and builds on it, rather than taking it all in-house where it can be then destroyed by the going under of the agency or something of that nature, then if the contractor would (inaudible) beneficial than what we have, what we went through with Boys and Girls, if we have to go through the reform process as

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indicated. I think that Mr. Puls covered a lot of things that I was going to cover about, you know, the problems with turnover. And from a judge's standpoint that creates a big problem because then the children who have...the caseworkers don't have familiarity with that family and those children. And so then we would lose that institutional knowledge, so to speak, (inaudible) about in that way, so that those children then have to learn from a new caseworker or the caseworker has to then find out more about that family and deal with them, which then creates problems. We also had, of course, problems initially. That may have been a problem with the initial setup that (inaudible). (Inaudible) had problems also with case (inaudible) reports being prepared and getting those to the court on time. Also, of course, we had the problem with now having to have two workers in the courtroom rather than one--one the Health and Human Services worker providing information about the plan, what's going to happen in the future, and the Boys and Girls person being there to provide (inaudible) report, part of the case plan (inaudible), basically, what's been happening up to that point and how things are being dealt with. So that was something that, you know, was a little bit of a, I guess, a frustration to see that we had to have those two people there. But we needed them in case there were questions that would come up about what was going on. Right now of course some of the problems that exist are the Department of Health and Human Service workers have a heavy caseload because of the departure of Boys and Girls and them taking that back over. And Mr. Puls talked about their hiring people back and getting them trained and things like that. So they've had a heavy caseload, which has caused some problems with again getting reports on time (inaudible). I would point out though that, just as Senator Flood talked about Mr. Puls, I think that extends downward to the actual frontline caseworkers as well too. We've got an excellent group of caseworkers that have stuck with the department and are doing a tremendous amount of work in keeping up and I know putting in a lot of hours as well to keep up with the things that they're doing. And a lot of them are really devoted to their particular profession. And the pay and the uncertainty of things are things that they are putting up with because they're devoted to that profession. So I would like to point that out. And as Mr. Puls indicated too, we also have a problem with some caseworkers being outside

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their area of expertise or experience as well because they've been transferred into other areas. And now with the lead agency not being present anymore then that causes a problem as well. One of the things I thought was rather interesting was that we're having this hearing after the hearing you just had before about the mental health situation in general. And that's another reason I believe that the lead agency should have to work with the community-based people rather than having their own separate provide network or their own separate in-house providers, because basically, the issues we're talking about, we're talking about mental health, we're talking about domestic violence, we're talking about drug and alcohol use are usually the reasons why children are removed from homes. And those are issues that exist in the community as well, not just with the people that are having their children removed. And so I think that to basically say that we're going to take that section of the people that are having those problems and the children being removed and treat them in this system over here, but then have the other ones going to these other providers, it creates a problem because the providers need to have enough business, of course, to keep everything going. And the issues are similar in both ways. So it just doesn't make a lot of sense to me to have the in-house people with the lead agency and then have a whole separate system. I see I've run out of time as indicated. (Inaudible) early, you could talk about this a lot longer than five to seven minutes. And I didn't think I was going to use my whole time, but you know how judges are, they can keep on talking (inaudible). [LR37]

SENATOR CAMPBELL: Judge, was there a major point that in your notes you wanted to make for the record? [LR37]

ROSS STOFFER: I think basically the major point I wanted to make was basically that I think we need to make sure that the lead agencies, unless they show that they have some type of experience with delivering services directly, that they need to be limited in the amount of direct services they can provide. Even then maybe they need to be limited even if they have that experience because I think that what's happening, as we had happen here, is that they are...the infrastructure that can be developed with the

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other groups of people that are providing those services gets damaged by the lead agency being able to take on, you know, a very large percentage of the direct service. And we also had the conflicts that are involved, for example, if the lead agency is the one that's making the diagnosis of what kind of services need to be given to a person. Plus then also giving those services, we have that conflict about are they going to recommend a lower amount of services because they don't have the money to pay for them or a higher amount to get more money. We've got those types of conflicts involved as well. [LR37]

SENATOR CAMPBELL: Okay. I think, Judge, we'll go to questions. Senator Krist. [LR37]

SENATOR KRIST: Thanks, Judge, for being here. Just, this confirms for me a couple of things that I've heard from other hearings in other parts of the state. We're talking about a broker situation as opposed to a provider situation. And that's come up over and over and over again. So thank you for that. [LR37]

ROSS STOFFER: Shoot, I thought I was original with that. (Laughter) [LR37]

SENATOR KRIST: Absolutely. You said it better. How's that? (Laughter) [LR37]

SENATOR CAMPBELL: You probably best articulated the system, though. [LR37]

SENATOR KRIST: We're hearing also, and if you could just comment, I have two other questions, we're hearing also that reform, privatization may not work in the courtroom because the person who actually knows that child best is not advocating for them during the contract provider services. In other words, it is the state that was the responsibility to speak for the child and it is the contractor who is seeing them potentially more and knows the child best. Could you comment on that for me. [LR37]

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ROSS STOFFER: Well, that's why we required that basically (inaudible) lot of discussions about that at various judges meetings. And that's the conclusion that we kind of came to is that we almost have to require both (inaudible) department representative and the agency representative because of those types of questions that need to be asked: Where are you placing the child? (Inaudible) keeping that responsibility of placement. But also what services are being provided? How is the family doing? How is the child doing with those services? So we had to have both of them there. [LR37]

SENATOR KRIST: Right. And then finally, have you had problems with placements? [LR37]

ROSS STOFFER: Oh, definitely. We've had...I mean, it's not necessarily...well, yes, we have. We've had situations where we waited for a long time on some situations. And one thing that's a little bit frustrating at times too is that sometimes, of course, when some of the placements are looking for, especially is we look at the Office of Juvenile Services area and the OJS situation, where we have juveniles who have been...not been out of control or things like that. And so we'll have situations where according to the statutes I can't put that juvenile in detention unless they're, you know, dangerous to themselves or others or possibly going to escape. But yet while we're waiting for a placement they might set there for a long period of time waiting for a placement in the detention center and because we have no other place to put them. Which I think then gets back a little bit to our discussions we had earlier about then that...our discussions along (inaudible) hearing as well. Then you have these juveniles who are then brought over in shackles and handcuffs and things like that over to the court system. And the people around also looking at them and the stigma that's attached to those individuals. And I've talked with both parents and juveniles who have gone through that. And they really talk about (inaudible) affects them and how they (inaudible) of recovering from that. And certainly some of it I've been (inaudible) control and they needed to have some type of a situation where they were placed in a safe situation for awhile. But

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without the ability to have some placements, we've had to have some sit there for quite a while. [LR37]

SENATOR KRIST: In your courtroom in this region, how many of those placements have gone outside the state for services? [LR37]

ROSS STOFFER: Well, one of the main areas that we have a problem with services I think is in the sexual assault-type situations, especially with female sexual assaults. Which I'm surprised there's been quite a few of those recently in the courtroom. I can't give you a percentage, but I know several of those that we've ended up sending to Kearney because we had no other (inaudible) Geneva with the females and Kearney with the boys because we have no other place to send them since South Sioux City's situation has closed down and Whitehall is really full. So we haven't had (inaudible) place to send those. I know we have had some individuals who have gone to Missouri. And I think we're looking at one, at one point for North Carolina, I believe, even. So we have had ones that (inaudible) sent out of state or (inaudible). [LR37]

SENATOR KRIST: Thank you, Judge. [LR37]

SENATOR CAMPBELL: Senator Wallman. [LR37]

SENATOR WALLMAN: Thank you, Chairman. Yeah, thanks, Judge. As far as, you know, you make some emotional calls here with the custody battles and stuff like this. Do you have enough information you feel ahead of time so you can make these decisions or these calls? [LR37]

ROSS STOFFER: Well, like I indicated, I think there are...there's two parts to that. I think first of all I think that the Health and Human Service workers that we have are very conscientious in trying to get that information to us. The second thing is that in many situations of what you're talking about is where the child is placed outside the home and

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things of that nature, we have started the Eyes of the Child Initiative. I don't know if you're all aware of that or not but that's a situation where we try to get services to the family as soon as possible. And of course, if the services aren't there, it makes it hard for us to get them to them as soon as possible. But in that process, we also appoint attorneys and guardians, attorneys for the parents and guardians ad litem for the children as well, and they've done a very good job as well with making sure we have that information because, of course, that's their job is to make sure we've got the information necessary. And so again, that's something that, you know, there may be an additional cost to that with having the counties that have to pay for those court-appointed attorneys; however, many of those people would qualify in any event and I think getting those people involved faster makes the whole process go faster so I think. So they've been very good about getting information to us as well. [LR37]

SENATOR WALLMAN: Thank you. [LR37]

SENATOR CAMPBELL: Judge, I do want to indicate to you that the Chief Justice and all the people who work with Eyes of the Child team and the initiatives have been extremely cooperative with this committee and helpful, so we are paying attention and we actually did have a survey that will be done with the Eyes of the Child team and the judges across the state. I have just several questions. How are the continuances? I mean did you have a number of them when you had to continue cases? Has that lessened or about the same or you just don't see that? [LR37]

ROSS STOFFER: Are you talking about because of the reform going on? [LR37]

SENATOR CAMPBELL: Lack of information for you. [LR37]

ROSS STOFFER: As I indicated, I think that many times the Health and Human Service workers were good about getting that information. There were times that we did not have the actual written case plan and court report, and that creates problems because

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when that happens then of course the attorneys for the parents or the attorney for the guardian ad litem for the juvenile, they of course want to know what that says before...and they have a right to make objections... [LR37]

SENATOR CAMPBELL: Right. [LR37]

ROSS STOFFER: ...to that prior to having any type of a hearing on whether that plan is adopted or not. In the early stages of the reform, we certainly had those types of problems when everybody was getting their...trying to get their things figured out about who was doing what. Actually, I think since the...since Boys and Girls has pulled out, I think we've had fewer of those because the department, except for the caseload problems, we have had a few because of the caseload problems that the department workers have, but I think they've probably gone down a little bit because of the department workers knowing what's needed in those case plans. (Inaudible) being able to provide that. [LR37]

SENATOR CAMPBELL: Any other questions? Thank you, Judge, for being with us today. We very much appreciate it. [LR37]

ROSS STOFFER: Thank you, all, for coming up. [LR37]

SENATOR CAMPBELL: Our next testifier is Mr. Joe Smith, who is the county attorney for Madison. Mr. Smith has testified earlier. Welcome again. [LR37]

JOE SMITH: Hello, ma'am. I'm aware of the situation with Boys and Girls Home and I know (inaudible) the damage wasn't done by their leaving; it was done while they were there. I have deputies, I've got a full-time deputy in juvenile court. The whole privatization issue was very bad from the beginning. It was never organized well within Boys and Girls. It was never watched, as far as we can tell, from above, and obviously that's been the newest press. There's always been in juvenile court many of these

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ongoing cases a corps of Health and Human Services workers that were very good and did a good job. You know, you'd have a few come and go, but always more fine people that would be in court. You'd look at them, I've done this, I've done this, I can recommend this and I can...you know, I'll argue for it. When we had privatization, we didn't have that. We had...you asked about continuances. My deputies had continuances all the time because you had a new worker in there, so we had to get continued (inaudible) get them in line. And through that business, you know, it's like I told my deputies, when you make a mistake somebody gets hurt. You know we had (inaudible) out of 100 people (inaudible). You had service providers that got burned bad who got out of it. You got people quitting. You got money wasted. Since they've gone though it's starting to get better because we're starting to see those same people back in court, those Health and Human Service workers, who are telling us again, hey, do this, do that. And it's not just the money they waste and how embarrassing that whole situation was. It's the effect it has on individual cases. And I asked my deputy beforehand, give me some examples of some of the bad things that happened, because I remembered there were some, and I remember one that I was actually involved in. A grandmother had beat or had hurt this little boy and the boy was pulled out of the home and put in foster care and we charged the mom with assault...grandmother with assault and took the boy in. Well, at some point--that was, you know, Boys and Girls of course--at some point we find out that the child has been returned to the grandmother without the court knowing or us knowing or anything else and they're down in Chicago. So we had to go to...not we go but police in Chicago pulled this kid out of a crack house where he and his grandmother turned up. That was a lack of training. I mean I don't know if was just a new person or whatever, but it wasn't that type of structure within (inaudible) Boys and Girls. It wasn't being forced upon them from above. You've asked a few questions about, I think, Senator Krist, you did about are we closing cases, just have them closed? Well, that wasn't exactly the case. That may look good on paper because the child was returned home, you know, fairly quickly, but in reality that child was returned to wandering around the country, crack house to crack house. Just because...and I know Mike Puls does a wonderful job, I respect him, but just because

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we have more kids going back to their homes isn't always good. Some of those homes a kid shouldn't be in. That's an example. Everybody has, in this business and in juvenile court, you know, the judge expects my people to be prepared, to know what we're doing, to have thought about what we're going to say and square our positions. We expect the judge is prepared. And we all expect an ongoing caseworker that can give us guidance, who can say, hey, Joe, or hey, Judge, this is what I've seen, this is what we need to do and if you don't do it this way, you know, I'll argue with you. But you can't have somebody...and we've seen the same thing in mental health and we're still (inaudible) mental health (inaudible). You can't...I don't think you can have somebody who comes in there, well, I've talked to my supervisor, who's talked to the accountant and this really looks good on paper and we can keep doing this and no one is going to be embarrassed, when matter of fact that whole thing was an embarrassment. If we do it again we'll be just as embarrassed and people will be hurt. Questions? [LR37]

SENATOR CAMPBELL: Questions? Senator Flood. [LR37]

SENATOR FLOOD: Mr. Smith, thanks for testifying. I appreciate your perspective on the foster care system through the reform. Before the reform started, I think that the department's concern was we had about 6,000 kids, that may be the wrong number, in out-of-home placements, which is high for a state our size per capita. What is the...what could we be doing at the ground level to reduce out-of-home placements or is that something that just, you know, comes on a case-by-case basis that is something you just can't avoid? But what... [LR37]

JOE SMITH: The thing about mental health (inaudible) release people from prison, what (inaudible) send somebody back to it? Who makes that decision? There are homes, I'm sure, that if we put additional services in we can move the kids back earlier, and there are homes that kids should never go back to. And we had the money right now, you've got caseworkers who are working because of all the reform (inaudible) fell apart, who are working for less money than they had before and you can't give those people less

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money and expect them to keep, you know, those good-hearted (inaudible) employees or supervisors get mad. The only way you can put kids back into homes is to make the homes better because some judge, some cop or some pressure to make the decision, I'm going to take a risk with that child, I'm going to send that child back in that home, and if you take a child out of the home and there's been no changes, you know, how do you return them back? [LR37]

SENATOR FLOOD: Is it an issue where it's too hard to terminate parental rights? I mean that's a very big judicial decision to terminate somebody's parental rights. [LR37]

JOE SMITH: No, I don't think it's too hard. I think it's a burden and it's a long thing, but it should be. On the other hand, I think it should be...returning that child to home should (inaudible) too. You know because we have a lot of those kids, they're not being terminated although we have, you know, (inaudible) whatever. You know, they're in this foster care and things are supposed to be being done and they aren't. And if there's nobody watching, those things don't get done. [LR37]

SENATOR CAMPBELL: Senator Krist. [LR37]

SENATOR KRIST: And let me say again, in our travels, what you're telling us is consistent throughout the state given the reform and it's good to hear that things are going back to the other direction. But to Senator Flood's question and to your comment, my own opinion, after hearing the district attorneys around the state, is maybe the wrong matrix is being applied to the process. Just because we have kids out of...and it's not necessarily the federal standard or we're outside the federal standard, may be that we are dealing with those issues and putting them in proper care and safe places. So it's a double-edged sword. If you don't match what the feds tell you to match then you lose money and you lose programs. On the other hand, if you're a country...if you're a state that has more cows than people, which was said earlier this morning, maybe it's better to protect that child. So thank you for your service, sir. [LR37]

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JOE SMITH: Thank you. [LR37]

SENATOR CAMPBELL: Mr. Smith, I have a couple questions. Based on your long experience, would you keep the OJS kids in the child welfare system or would you move them? [LR37]

JOE SMITH: You know, that was changed before and now we have (inaudible). [LR37]

SENATOR CAMPBELL: Now we're back again. [LR37]

JOE SMITH: Judge Stoffer is a lot better than I am but now we have essentially parole through OJS. We had, well, you know, I think, you know, it's just my thing, I think you have kids that will be criminals, some of them. That's because their character then and, you know, yeah, I think you have two systems. You can't have (inaudible) being social workers. You can't (inaudible) doing that type of work. I think some kids at some point just say, no, this is a different system. This isn't HHS. This isn't a family. This (inaudible) help you. At this point, we have to, you know, put in another system to think about (inaudible) protect them, we'll intervene (inaudible) your life (inaudible) meaningful even if it isn't (inaudible). [LR37]

SENATOR CAMPBELL: Because that's been some of the comments made that other states don't have OJS in those numbers that Senator Flood referred to. So sometimes you wonder where there's a real apples-to-apples comparison. [LR37]

JOE SMITH: Yes. [LR37]

SENATOR CAMPBELL: And there is a debate going on about whether the OJS kids should stay there. That's been raised to the panel, and so that's why we ask the question. [LR37]

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JOE SMITH: Well, we used to have juvenile parole officers and I remember (inaudible) years ago that would go out and do things and (inaudible), well, Joe, this kid has done this or that (inaudible). [LR37]

SENATOR CAMPBELL: Thank you. Senator Flood. [LR37]

SENATOR FLOOD: You know, I've been alarmed at the numbers of juveniles that are committing sexual crimes and juvenile sex offenders, and the main stream behavioral health system has really not ever embraced the sex offender, doesn't want anything to do with the sex offender. And we have two different commitment acts in Nebraska for some of that reason. What are we doing with these kids that are victims and then later become perpetrators in this whole juvenile effort? I mean it seems like there's a whole subset of juvenile sex offenders that are growing up to be adult sex offenders. [LR37]

JOE SMITH: Well, of course, our present victims we do a lot for. I mean not just my office, the Health and Human Services, everybody does. But you can't...you know, how many of those are going to be is a different issue. But we do have a lot, as you point out, a lot of juvenile sex offenders and the juvenile sex offender (inaudible) damage (inaudible), is just as bad as an 80-year-old or 60-year-old, whatever. I've got one now that...and Judge Stoffer and I have gone back and forth on it in court. What do you do with a guy that...or a dumb person that does so many bad things? You have a system that tops out at a certain time. You have resources, you have two places, you know, Whitehall and (inaudible) girls that are full, and you have an agency that tells a judge (inaudible). You know, Judge Stoffer has to ask Magellan do I send a juvenile sex offender to Whitehall or to the other one (inaudible) girls, that's not a good system. [LR37]

SENATOR FLOOD: I mean how often do juveniles within your office, a scope of interest in them, interact with juvenile sex offenders? It seems like a lot of times where you've

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got an out-of-home placement, you've got these juvenile sex offenders that are part of the same system because it's not broken out like it is at the adult level for sex offenders and, you know, Whitehall, I don't even know where that is. Where is Whitehall? [LR37]

SENATOR CAMPBELL: Lincoln. [LR37]

SENATOR FLOOD: Lincoln. [LR37]

JOE SMITH: (Inaudible) is in Sioux City or Dakota City, something like that. [LR37]

SENATOR FLOOD: Okay. You're sending these other kids, part of the juvenile system, into a situation where there are kids that have been victims and maybe not received treatment or they are actively perpetrating these same types of sexual crimes on others. Do we need a separate system for juvenile sex offenders because right now aren't they all under the same OJS umbrella? [LR37]

JOE SMITH: Well, I don't know that we need a separate system. We need resources. We need some place to put them. We don't need waiting lists (inaudible) six months long or some accountant telling a judge (inaudible) street level, I (inaudible) work with these people; well, we have to get it approved by Magellan or somebody to send a kid there. What sense does that make? If you don't send the kid there, what do you do with the kid? If you have a kid that has sex assaulted his neighbor girl, his sister, whatever, if you don't get him some place meaningful where he has 24-hour-a-day (inaudible) type care, where do you put him? Do you put him another foster home? You know what happens then. We've seen that. You can't put him back in his own home, you know, (inaudible). [LR37]

SENATOR FLOOD: Is there any facility that just deals with juvenile sex offenders in the state? [LR37]

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JOE SMITH: The only ones I know of (inaudible) is Whitehall and I can't for the life of me, I think it's Boys and Girls, and I should know because we fought...is that what it is? [LR37]

AUDIENCE: Boys and Girls was decertified basically. [LR37]

JOE SMITH: Oh, so one now. [LR37]

AUDIENCE: And it's only for males. [LR37]

SENATOR FLOOD: And are they segregated from... [LR37]

JOE SMITH: I think so but that's a small number of them. You know, we have...I've got a juvenile accountability program. Now one of the reasons we started that, because we had juveniles out on bond who had committed bad offenses, sexual assault type of offenses, and we wanted to watch them, put monitors on them, because they aren't going to places they want to be. [LR37]

SENATOR FLOOD: There is no place, no state owned and operated facility that has a segregated, separate... [LR37]

JOE SMITH: None that I know about. And as you pointed out, you know, (inaudible) whatever, if it's a juvenile (inaudible) sexual assault, (inaudible) sex assault somebody else ten years from now they'll be doing it (inaudible). [LR37]

SENATOR CAMPBELL: Okay. Thank you, Mr. Smith. Oh, I'm sorry. Did you have a question? [LR37]

SENATOR KRIST: No. No. [LR37]

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SENATOR CAMPBELL: Thank you, Mr. Smith. [LR37]

JOE SMITH: (Inaudible). [LR37]

SENATOR CAMPBELL: Our next testifier is Connie Barnes. Ms. Barnes, good morning. [LR37]

CONNIE BARNES: (Exhibit 2) Good morning. Good morning to everyone. My name is Connie Barnes, I'm a little (inaudible) today, C-o-n-n-i-e B-a-r-n-e-s. I'm the executive director of Behavioral Health Specialists here in Norfolk. In addition to BHS being a foster care provider organization since 1991, we are also the largest community-based behavioral health organization in the northeast Nebraska area and provide a very large continuum of care for mental health and addiction treatment needs. I have worked in the Nebraska behavioral health field for over 30 years, having worked the last 23 years in northeast Nebraska. I also current serve on the executive committee for the Nebraska Association of Behavioral Health Organizations. BHS is one of many area organizations and providers, including Good Life Counseling, the Wesley Center, Oasis Counseling, Norfolk Group Home, and others, that have worked together as a coalition over the last year to try and bring a solution forward to apply in the Northern Service Area. We worked to gather data on the numbers of youth and families served through child welfare in the Northern Service Area and in what various, collective simultaneous, co-occurring modes of care, to analyze best practices known for children and family services, models of case management, and administrative infrastructure needed--leadership, work force, financial accounting, IT, communications, etcetera--for a partnership attempt by any entity to be successful in achieving the outcomes desired within Nebraska for our most vulnerable population--our children in need. Each provider has a very strong belief that providers within the community possess a greater commitment to accomplishing the healthy outcomes needed versus do those who travel from outside the area to attempt the same. Our motivation is enhanced by our living in and raising our children within the same communities, schools, faith communities,

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athletic and art events as those we serve. We discovered that even with all of our organizations combined together and being inclusive of other providers, we simply did not collectively possess the means to consider taking on a full risk-bearing contract without there being a substantial infusion of start-up funding, rather than a bailout at a later date. Likewise, we have determined that funding for ongoing care in a system that might involve a lead agency scenario...and I would recommend that I think there needs to be a separation between managing such an event and being providers for the care needed in those scenarios, but believe that in as best as we can determine with all the research we've done that funding for care would need to be more in the form of care rate to be effective. While we've not yet concluded our efforts, neither have we committed to anything beyond continued research and development. In response to sort of the outline provided for getting information, I've identified the top three issues I want to talk about in terms of our experience with Boys and Girls Home as a lead agency. From the beginning, Boys and Girls Home lacked clear and effective delineation of roles and responsibilities; insufficient policies and procedures for managing essential functions of care delivery, quality assurance, AR/AP and all accounting activities; essential communications internally and externally; and lacked the proper work force. For the Northern Service Area, two initial lead agencies at the beginning had been selected. That had been Boys and Girls Home as well as Omni. I recall quite well the joint meeting between Boys and Girls Home and Omni, which they held together with subcontractors. During this Omni mapped out clearly that the contract DHHS offered would not cover the costs of services needed, nor would it cover their, meaning Omni's, cost if they were to subcontract services out unless they substantially lowered their rates to providers. They noted they needed the subcontractors in order to carry out the contract but simply could not make it work unless DHHS would negotiate further. At this juncture it was clear to all parties in that room--Boys and Girls Home, Omni, DHHS, and subcontractors--that some services would no longer exist, subcontractor rates would diminish, and a lone lead agency, Boys and Girls Home, with no experience in foster care whatsoever, would take the helm. My second concern is Boys and Girls lacking experience and knowledge of foster care services. As our agency was the most

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experienced foster care organization in the Northern Service Area, Boys and Girls Home approached us to become the lone entity to contract with for foster care services. We did not agree with their terms offered, which was they wanted us to provide copies of all of our training manuals, policies and procedures, etcetera, etcetera, as their stated intention would then be to bring all foster care into their organization to eliminate the need for subcontracting such out. Eventually, Boys and Girls Home awarded subcontracts for various foster care services to multiple entities, of which we were one. Additionally, we previously had a long history of providing family support and supervised visitation services. Our provision of these services ended under Boys and Girls Home time as we would not agree to lease our staff to them. This was their requirement for that service to occur. This service within our organization has not yet been rebuilt, although it is our intent to try to do so. Our agency and others experienced staff being recruited away by Boys and Girls Home through their offering positions of higher authority and responsibility with significantly higher wages, and by "significantly" I mean they were offering \$10,000 and larger amounts more in salary to the same employees that we had. Their recruitment resulted in 10 percent of our overall employees of our entire agency, not just of our foster care program, at that time shifting over to Boys and Girls Home; 50 percent of the workers within our foster care staff are included in that number. The next issue, to add insult to injury, was then that as Boys and Girls' contract ended and staff were laid off, we were then responsible for the unemployment claims that came flowing in from staff of ours that they secured. And I see that I have a red light. [LR37]

SENATOR CAMPBELL: Go ahead and try to go through and finish hitting major points. [LR37]

CONNIE BARNES: All right. Okay. Boys and Girls Home lacked appropriate financial controls. To date, we remain unpaid for \$61,086.56 for foster care and related services we provided. I did attach for you on the back a listing of Boys and Girls Home subcontractors and the unpaid claims. I received this document from the Division of

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Children and Family Services' attorney. There was a conference call held last Wednesday for all 80-plus providers across the state. With them, I am aware that there are members within this audience who dispute the amounts that are listed, believing that they are owed more. I will note, however, that our agency's amount is worded correctly. And so I just share that with you for your information. And I'll just jump down. The top three issues currently facing our organization: It remains a financial strain not to be paid that of what we are owed. During and since Boys and Girls Home's role as lead agency, higher demands are placed on providers with lower reimbursements than existed previous to the lead agency implementation. It is disheartening to read about the extra millions that DHHS infuses into the Eastern Nebraska lead agency but isn't ensuring that providers such as ourselves and others in the Northern, Central, Western Service Areas and beyond are not being made whole. A toll has been taken throughout the state and here in the Northern Service Area in the recruitment and retention of foster parents. The hesitation individuals and families display when they're asked to consider opening their hearts and homes to take in foster children quite honestly diminishes pretty quickly as we sit and talk with them about the rewards. However, we do encounter people every single day who say they've always thought about doing fostering but with all the news, all the publicity of all that's wrong has taken its toll. Recommendations: I really wanted to be able to talk about recommendations and so I don't know that these are the best recommendations. They were just recommendations that I thought a great deal about in that one is I think what I've experienced throughout my 30 years of working in the behavioral health field in Nebraska is there are different regional needs within the state of Nebraska. What works in the Northern Area will not at all be what might work in the Southeastern Area nor in the Western Area. There are certain strengths and certain unique needs present in different regions. One of the regions that...or one of the uniquenesses for our Northern Service Area is the amount of rural area that we have, the amount of travel that occurs to provide services, etcetera. So how do you go about doing that? And what kept coming to mind for me is the setup of the behavioral health regions throughout the state. They've demonstrated experience before and success in running children's programs, be that Professional Partners, be

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that when ICCUs were up and running. They've demonstrated administrative expertise in being able to manage that. They are familiar with supports and strengths within their communities. I think that's something to consider and to look at. I do also believe and recommend that any organization that provides direct care services be required to attain and maintain national accreditation. This provides an extra measure of independent review of the organization's performance and ensuring quality of care, environmental care, client safety standards, recordkeeping, effective administrative controls and functioning, and HR practices connected to staff training and proper credentialing. Our agency holds national accreditation and has for (inaudible). [LR37]

SENATOR CAMPBELL: Ms. Barnes, we do have to really finish. We have so many people. [LR37]

CONNIE BARNES: You bet. [LR37]

SENATOR CAMPBELL: You listed two other ones, the consumer driven and if it's worth doing it's worth doing right. Thank you. [LR37]

CONNIE BARNES: (Inaudible). [LR37]

SENATOR CAMPBELL: Questions for Ms. Barnes? Senator Krist. [LR37]

SENATOR KRIST: Thank you for making the point that very early in the process that it was pretty obvious that you couldn't do what they wanted to do with the same amount of money. That's something again that we've heard in every area. Thank you for making the point that not everything that works in Norfolk is going to work in Omaha because we found that in Scottsbluff to be some very peculiar, unusual things that work there that probably won't work anyplace else. On the issue of the settlement, I assume your organization was offered the settlement letter from Director Reckling for the 35 cents on the dollar. [LR37]

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CONNIE BARNES: We were. [LR37]

SENATOR KRIST: Okay. And I will say publicly here, as I have throughout, most of my colleagues and I are pretty intent on trying to make sure that as close to 100 pennies on the dollar come back as a result of this action. It's going to take legislative action. But we have found, and you can get with our legal counsel or you can call my office, there is, even after you take the 35 cents on a dollar, there is an appeals process and claim that goes to the state and then they can deny it, and then it goes to the Legislature, it goes to one of our committees, and we need to deal with this and we need to reimburse as much as possible the 100 cents on a dollar. And as we've said before, that's one of our goals and objectives is to make sure that some of that, as much as we can, is looked at and made whole. Thank you for what you said and thank you for your work and continued work. [LR37]

SENATOR CAMPBELL: Senator Flood. [LR37]

SENATOR FLOOD: Thank you, Senator Campbell. Ms. Barnes, I know that, you know, you're owed approximately \$60,000-some. Norfolk Group Home is owed, according to this, \$133,000. Is anybody here from Norfolk Group Home? I know that that's obviously been a very big issue for the infrastructure in the Norfolk area. Can you talk briefly just about some of the hardships that nonpayment has caused in the Norfolk area as far as being able to provide service. [LR37]

CONNIE BARNES: Uh-huh. Certainly. Staff retention is one and, you know, we had to rein in spending everywhere and every place that we could. We had a hold in place for more than two years on not having any cost-of-living increases provided to staff. We put a hold on staff access to continuing education. Everywhere that we could delay building improvements, (inaudible) of any kind we've had to do and that takes a toll. You know, that takes a toll in every aspect of a business operation. Along with that is every agency

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is, I believe, is impacted yet by the stress of uncertainty. [LR37]

SENATOR FLOOD: And while I can...and I appreciate that and I know, based on my conversations with providers, that has been an issue. My colleague Senator Krist here obviously has a very strong opinion about the state making whole providers, and I guess this is not going to be popular what I'm about to say but I think it's something you're going to encounter when you get to Lincoln that we have to think about as a Legislature. Your contract, Ms. Barnes, was with Boys and Girls Home for providing those services. Now, granted, the state entered into that. You know, we...not we, the executive branch contracted with Boys and Girls Home and then they subcontracted out, you know, with you to provide services. [LR37]

CONNIE BARNES: Uh-huh. [LR37]

SENATOR FLOOD: And I realize that they did not meet their obligations under the contract, whereas you met yours to them. The issue for the Legislature is that I think we're going to have to discuss, and Senator Krist, I appreciate that he wants to come with this, I have to be convinced of something. I'm not saying I won't vote for it but if the state goes out, makes right nonperformance on a contract by somebody like Boys and Girls Home, what precedent do we set if a contractor in North Platte putting an addition on to a state building doesn't get paid by the contractor? Do they then come to the state, who's not in privity of contract with the sub, and have a valid claim? If we as the state Legislature start opening this up...and this is not a conversation I like having but I think it's one we have to have now in Norfolk so that when we get to Lincoln it makes sense. You know, my vote on behalf of Madison County citizens has to represent what my constituents want. I also have to think about the broader picture as to what we can sign the state Legislature up for. And if we set up a State Claims process where any subcontractor that doesn't enjoy full performance from a general contractor can reroute to the state Legislature, we could open up ourselves as a Legislature, from a precedence standpoint, to something that we can't afford. I'm not saying that's right

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because you were harmed, you know, and the state has obviously had a role in this, but I think we have to have that conversation. And it would be great if I could pound my fist today and say I'll get you every penny on it, you know, 100 percent, but I don't think I'm doing my job as a state senator if I don't raise this issue. It would be like a house builder in Norfolk goes out and takes care of...you know, signs up 20 people to build houses and his family, you know, his or her parents of the house builder have a bunch of money. Well, they can go back to the parents of the house builder and say, well, you got your son started, he was going to build this house, he didn't build it so you're on the line. I mean I don't know if any of that makes sense but I think from a legal standpoint, you know, I don't want to send people out of here with a rah, rah, we're going to handle this attitude, and then you get down to the state Legislature and we start looking at the legalities of this and we say wait a second, what have we done. I want to give you a chance to respond to that. I know, Senator Krist, you want to respond to that. [LR37]

SENATOR KRIST: Absolutely. (Laughter) [LR37]

SENATOR FLOOD: And I'm not saying I won't vote for it. I'm just saying if we don't take that into consideration, you know, we're doing a disservice precedentwise to the entire state. [LR37]

SENATOR CAMPBELL: Ms. Barnes, would you like to answer that? [LR37]

CONNIE BARNES: I do have a response and I'm not an attorney so I won't respond in that fashion because I'm not able to. I think there is a world of difference between building a house, building an addition on to a building versus that of protecting children and serving the neediest and most vulnerable individuals within our state. And I don't view that to be a similar comparison whatsoever. I think there is a premium that Nebraska should have for those children. Yes, we fulfilled our obligation in our contract with Boys and Girls, but more important to us was we fulfilled our obligation to the foster families that worked with us and to those children. And despite the fact that we were not

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paid, we paid our foster parents and we paid them on time and we paid them in full.
[LR37]

SENATOR FLOOD: Well, I'm not going to depreciate why you did it or your motivations for doing it. I'm not...I 100 percent accept that and understand it. [LR37]

CONNIE BARNES: Uh-huh. [LR37]

SENATOR FLOOD: And I would not have asked you to testify today if I didn't have that faith and respect in what you do. [LR37]

CONNIE BARNES: Uh-huh. [LR37]

SENATOR FLOOD: And as...and I know that you disagree with the comparison to, you know, home building, and I agree. [LR37]

CONNIE BARNES: Greatly. [LR37]

SENATOR FLOOD: But I don't think you can divorce yourself from the fact this is still a contract law matter. You wouldn't execute a contract if you didn't want both sides...I mean home building is one type of contract. The state enters into commitments with vendors every day of the year. [LR37]

CONNIE BARNES: Uh-huh. [LR37]

SENATOR FLOOD: And in this case you're a vendor. You won a...you know, you're a vendor of Boys and Girls Home. So while you can use a motion, I think, to disassociate this from home building, which I can appreciate, you can't disassociate this from the principles of contract law which are at play here. [LR37]

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CONNIE BARNES: Uh-huh. [LR37]

SENATOR FLOOD: And, you know, I don't want to be cruel or harmless (sic) or seem insensitive, because that's exactly what I think some of you probably see, but you have to realistic under the law as to what the state can do. [LR37]

CONNIE BARNES: Uh-huh. [LR37]

SENATOR FLOOD: And you can certainly be very forthright about the emotion about taking care of these kids, but let's operate in a world of reality. There is potentially a scenario I could come in and vote for something like this but, you know, you're going to have to make the pitch legally as well as emotionally. If it's only emotional, you know, there are a lot of people that come in and make very emotional pleas to the Legislature, but let's not forget and let's take very seriously the fact that this is also a legal issue. And if you depreciate that or if you don't respect that, it's going to be hard for people to share the same amount of appreciation for your emotional plea when there are 1.8 million stories out there that can be just as emotional. Did I make myself clear there? [LR37]

CONNIE BARNES: Yes, and I don't believe that the state of Nebraska can fully abdicate its responsibility to those children and that they play a prominent, and I do mean prominent, role... [LR37]

SENATOR FLOOD: And I agree. [LR37]

CONNIE BARNES: ...in pushing forth the onset of the lead agency contracts, and I believe they did so knowing full well there wasn't...they weren't prepared, that the necessary items weren't in place. Anyone could have determined, it was obvious to me, it was obvious to most providers that I know how messy all of those provider meetings were as Boys and Girls Home attempted to pull together its structure. [LR37]

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SENATOR FLOOD: I think we'd all stipulate to that. I mean I...and I think the argument has to be one of equity, not of...these are my damages, make me whole. I think it has to be like with the Beatrice Six case where those people were imprisoned for a number of years in our court system. We didn't have a remedy for them, okay? That's a special situation. We set up a process. It didn't give them everything that they wanted, you know, or maybe even fully compensated them. That was a very emotional case. You had people behind prison bars for a lot of years. But they made a very I think legitimate argument based not only in emotion but in, you know, what can the remedies be for this type of wrong. So I guess I just want us to have a realistic approach to this. It would be great if I said I'm with you 100 percent, you're all going to get paid, don't worry about it, but I think I'm, in my comments, trying to be very honest about what I think the hurdles are. And I appreciate where you're coming from. Thank you. [LR37]

CONNIE BARNES: Sure. [LR37]

SENATOR CAMPBELL: Senator Krist. [LR37]

SENATOR KRIST: Well, the last thing I want to do is debate the Speaker, particularly here on his home turf. (Laughter) [LR37]

SENATOR FLOOD: You'd probably win. [LR37]

SENATOR CAMPBELL: And I'm probably not going to let you all debate. (Laugh)
[LR37]

SENATOR KRIST: But I'm going to tell you that not all prime contractors were treated the same around the state. There's a disparity in terms of the amount of money that was pumped into other regions around the state to make them whole. We've already set a precedent. And we will debate this and 49 of us will decide either to or not to fund and at

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what level to fund. But we had prime contractors out there that reimbursed those folks who were owed money at 70 cents on the dollar and that money was afforded to them by the state of Nebraska to make that happen. And point in fact, those contracts were let, although in a gray area legally, they did not employ the DAS process, the Department of Administrative Services' process, which is most employed by this state when a contract is let so that they qualify, the vendor, to actually build the house or provide the services to the child. So the debate will go on. My only...and please don't take me the wrong way, I'm not saying you're all going to get 100 pennies on the dollar, but 35 is ridiculous, in my mind, when we have done others...we have done better for others across the state. So the debate will start sometime in January, I think I just got my schedule (laughter)... [LR37]

SENATOR FLOOD: That's right. [LR37]

SENATOR KRIST: ...and we will be...but just to remind you again there's a process in place right now where you can accept the 35 cents and you can still file a claim with the Claims Board of the state. You can be denied or not, and then it goes back through the normal process. That process is in law and is in place. So we'll do everything we can and we will debate the issue and that's both sides of it, as far as I'm concerned. Thank you. [LR37]

SENATOR FLOOD: Well, I'm not necessarily opposed. I think we just need to figure out what the issues are. [LR37]

SENATOR CAMPBELL: Ms. Barnes, I'm going to ask a factual question, okay? (Laughter) It might be easier here. In the handout that you provided to the committee, on the final page it has columns "yes," "no," and "undecided." Does that mean, under the "yes" column, that they accepted the state or no? I mean I'm trying to figure out your chart here. [LR37]

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CONNIE BARNES: Well, this was DHHS's chart... [LR37]

SENATOR CAMPBELL: Right, but... [LR37]

CONNIE BARNES: ...which they supplied and I do believe that that's what that means is that they held this conference call on Wednesday and during that conference call they identified to every person on it that we needed to respond before end of day on Friday of last week as to whether we would accept the contract settlement letter as worded or not, even though during that conference call multiple suggestions were made as to what content wording would be more appropriate and acceptable to the majority of individuals on that call. We also asked did DHHS have possession of any verified financial statements that showed true insolvency by Boys and Girls Home. They identified they did not. We asked that they would obtain those records; they said that they would try. The next day or on Friday morning they sent out an e-mail to participants in that call and identified that they made the request of Boys and Girls Home for those verified financial records, and they refused. So to me, here's another piece of the...you know, DHHS didn't even do its homework on the financial capacity of that organization at the beginning, throughout, and even now. Also with that though I called and identified, two days is not a time period in which I can pull together a full board meeting. You know, I run a nonprofit organization and said, I can't give you a yes or no, there has to be a board meeting to reach that decision. What we were told was, if you say no or if you're undecided, you could be out. And we were like, well, what? Huh? And they identified that that is because they don't know what the threshold is that Boys and Girls Home needed for the number of yeses, because if they took it to Boys and Girls Home and Boys and Girls Home says yes to this, then it was a done deal. And so if only 50 percent of the people agreed, then that 50 percent would get more than 35 percent of what they were owed; that that money would then be distributed differently to them and those of us that were undecided or on the no side were out and they wouldn't make any guarantees about whether they could change their contract language or not, they would see and let us know. And I still have heard nothing back about that. [LR37]

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SENATOR CAMPBELL: Okay. Thank you, Ms. Barnes, for coming today and your testimony and explanation of the process in the last couple of days. Thanks a lot. [LR37]

CONNIE BARNES: Thank you so much. [LR37]

SENATOR CAMPBELL: Okay, our next testifier is Jessica Paul and I think Jessica is here. Oh, I'm sorry. Good morning. [LR37]

JESSICA PAUL: Good morning. [LR37]

SENATOR CAMPBELL: Ms. Paul, you are a foster care youth representative, correct? [LR37]

JESSICA PAUL: That's right, uh-huh. [LR37]

SENATOR CAMPBELL: So go right ahead with your testimony. We'll need your name and spelling for the record. [LR37]

JESSICA PAUL: (Exhibit 3) Good morning, Senators. My name is Jessica Paul, J-e-s-s-i-c-a P-a-u-l. I am so honored to be speaking here today with you guys. I entered foster care at age 14 and dipped in and out of the system until aging out at age 19 following an unhealthy end to a subsidized guardianship. I understand that one of the overall goals is to decrease the amount of youth placed in the system, however, I believe that the main focus should be on the well-being of these children. In my family, I and my siblings needed the safety and protection of being removed from the harm and abuse at home. The three main issues I want to bring to your attention and that I have personally experienced are the need for protection or for protecting and ensuring sibling connections are maintained, that resources intended for youth who are aging out are truly available, and that there is a positive permanency, as there can be negative

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permanency in the lives of the children. Keeping siblings together or maintaining constant contact is crucial for all youth in care. Oftentimes the only people we can trust are our brothers and sisters, as we are the ones who survived the unsurvivable together. Having this connection also helps the child more easily go through the transitions experienced in the system. I have two brothers and two sisters, and I can honestly say that I cannot remember the last time I saw my sisters or spoke with them, for that matter. As for my brothers, we maintain contact through phone calls and e-mails. I was able a few months ago to see my younger brother for the first time in 3 years, and I am still awaiting a visit with my older brother who I have not seen in a little over 11 years. My thoughts on preventing a lack of sibling contact are to have DHHS go the extra mile to ensure visits are in fact happening regularly. Please make it required that phone calls are to be occurring between siblings. Also, it would make it very helpful if it were required that the children's contact list be updated regularly and that siblings were notified of any changes in their siblings' address, phone number, caseworker, or placement. When aging out of the foster care...when aging out of the system, the youth loses all insurance as well. It would be beneficial for youth to have health insurance extended until the age of 21 when they are better able to afford it on their own. Right now, I don't have any insurance. I am 19, as I said before, and it's very hard for me to go to the doctor and get some medicine if I'm sick or to afford any medications for any other reason. Also, if I need an emergency hospital visit, I can't afford to pay for that. Also, many do not have the life skills that they need when aging out of the foster system. To prevent this I would propose to start teaching the children skills at the age of eight or nine or as soon as they go to the system if they're older; make it a part of the foster parent training as well. I know that it's pretty much the caseworker's job at that moment, I guess is my understanding, but they're not...the children are not living with the caseworker. They're living with their foster parents and I don't think a caseworker would come down just to be, okay, well, here is how you do your laundry or here's how you balance a checkbook. That should be required for the foster parents to do that. Because they are living with them, they have a better understanding of how (inaudible). Also, an example of negative permanency would be when a youth can be in the best

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foster home possible and not have anyone they respect or trust to look up to. Permanency is very important for youth aging out. If they have a lifelong relationship, they can go and call them or call their positive role model up and say, you know, how do you change a tire or how do I bake this or just for any reason altogether, and not having that person they trust, it's very hard on your own. I was lucky enough to actually meet Connie Barnes. She is my positive role model at the moment. Positive permanency can occur when there's at least one positive connection between the child and a trusted adult or friend. To change this I ask that the youth...or ask a youth if the person or people that they trust can provide...ask the youth who the people or persons they trust are and try to provide (inaudible) or phone calls between the child and that respected person. It doesn't have to be a foster parent. That would be great if it was. It could be a teacher or guidance counselor, a best friend even or a best friend's parents. It could be another family member, which is where siblings would come into play as well. It could be anyone that the child looks up to and trusts very much so. So thank you very much. [LR37]

SENATOR CAMPBELL: Excellent testimony. You are very articulate and we appreciate that. I'd like to make a couple of comments before I take questions from the senators. One is the Nebraska Legislature this past session passed a bill on Fostering Connections which does call for siblings to be placed together, that's one, and number two...there's really three but I'm going to cover your point, and also calls for a plan on aging out of the system. You have made some excellent suggestions and on the floor of the Legislature several of us commented that we would be coming back and trying to put more emphasis into the Fostering Connections, which is a federal law, by the way. The second thing that I want you and all foster youth to know is that in the national healthcare legislation it will require that any foster child and youth ever, who has ever been in the system, will be covered medically until the age of 26. So you need to fall...I mean you, I'm saying you need, obviously we need to provide some information (inaudible) but that is a part of the federal legislation. So we try to tell foster youth those who ask questions about that. Senator Krist, we'll go to your question. [LR37]

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SENATOR KRIST: Are you aware of or do you ever participate in the Everlast Program? [LR37]

JESSICA PAUL: I do. [LR37]

SENATOR KRIST: Great. [LR37]

SENATOR CAMPBELL: Super. [LR37]

JESSICA PAUL: I am one of the speakers there leader as well. [LR37]

SENATOR KRIST: Thank you. Thanks for doing that. [LR37]

JESSICA PAUL: (Inaudible). [LR37]

SENATOR CAMPBELL: We can tell. (Laughter) We have met... [LR37]

SENATOR KRIST: Absolutely. [LR37]

SENATOR CAMPBELL: ...many participants in Project Everlast and you're all very inspiring in your stories and what you have to tell us, and it means a lot that you would come today and tell your story. [LR37]

JESSICA PAUL: It means a lot that you guys would allow me to share my story, so completely. [LR37]

SENATOR CAMPBELL: Thank you, Jessica. [LR37]

JESSICA PAUL: Anytime. [LR37]

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SENATOR CAMPBELL: At the same time in the hearing room today is a second youth, Abbie. Is that correct? Am I saying that right? Abbie Courtney (phonetic)? She was not able to attend. Okay. We just wanted to make sure that we did the two youth together if she was here. Thank you very much, Jessica. [LR37]

JESSICA PAUL: Thank you. [LR37]

SENATOR CAMPBELL: Our next testifier is Megan Beed, and I hope I'm saying that right. [LR37]

MEGAN BEED: Yes. [LR37]

SENATOR CAMPBELL: Ms. Beed represents a foster parent. Good morning. [LR37]

MEGAN BEED: (Exhibit 4) Hi. Good morning. (Inaudible) as just (inaudible). [LR37]

SENATOR CAMPBELL: I'm going to stop you. You probably need to spell... [LR37]

MEGAN BEED: Oh, I'm Megan Beed. [LR37]

SENATOR CAMPBELL: ...and spell your name for the record. [LR37]

MEGAN BEED: M-e-g-a-n B-e-e-d. [LR37]

SENATOR CAMPBELL: Thank you. [LR37]

MEGAN BEED: I come to you today as a foster parent finishing up their licensing process. I was asked by Robbie (phonetic) (inaudible), who is with (inaudible), to speak on behalf of maybe the new generation that's trying to get involved in foster care and be

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a foster home. So I am 27 years old. I've been married for three years. I was born, raised, and currently reside in West Point, Nebraska. I'm just going to tell you a little bit about what we experienced and what we were going through before we started the process, during the process, and what we've decided since we've gone through the process. We started the foster care process two years ago in the midst of years of unsuccessful fertility treatments. With the common knowledge of private adoption agencies being so overrun with desperate families looking to adopt and become parents, we decided that we would try to be parents another way. My husband Jeromy was definitely not sold on the idea of foster care as a means to be a parent, and the foster care horror stories that run rampant through small towns certainly did not help the situation. When I asked him of these details of these horror stories he had heard, he went on to tell me of his coworker's experiences as a recent foster parent in West Point. I don't want to tell a story secondhand so I'll just...what it really came down to was this foster parent having little to no control over what was happening with the children and with her own life in relation to the foster program for she had said these children were being dropped off at her home (inaudible) emergency placement, without her consent, at all hours of the day and night and that there was really no support from the system at that time. I expressed to Jerry that this may have been an isolated incident and that we needed to make this judgment for ourselves. So with some reassurance from myself and some very long discussions we had between each other, we contacted DHHS, filled out the mountain of paperwork, and attended the 27 hours of classes needed for licensing. The paperwork did seem to go on forever. It was extremely repetitive and it did dig into some of our very personal business. We next attended the classes in February of 2011 here in Norfolk, Nebraska. Little did I know not only did they not put Jeromy's concerns to ease but they definitely strummed up some serious concerns with me as well. The instructors were very informational and a little intimidating. They definitely did tell it to us like it was, hoping that we as foster parents would not be caught off guard in the future. Had we not taken these classes, that is exactly what would have happened. What was drilled into our heads is the fact that foster parents really do have so little say. Yes, these are not our children, however, before we volunteered to be

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foster parents we did have a life and we would like to continue to live that same life to some degree while incorporating the foster children into it. The ways things are now in the system simply do not allow for that. For me as a potential foster parent, I feel that the foster parents are just instruments or tools that are currently being used, not heard, not appreciated, by the system. You, the families of Nebraska, the state, and the Department of Health and Human Services need and are begging for our help but, in essence, want us to do so with our mouths shut. You cannot really expect people to volunteer themselves to be foster parents, have their whole lives turned upside down, and not have issues arise when you expect them to keep their mouths shut. Issues for my husband and I that arose while completing the licensing process were, and are not limited to: the rights of the foster and biological parents, Nebraska's current and rough transition from DHHS to an agency-based system, that the individual agency's rules and requirements. The rights of the foster family have always been marginal at best, and they are just getting worse. Foster families are allowing their licenses to lapse as a result, and that is why we are here today. When you ask a family to change their day-to-day routines to not only help these children but to help DHHS, you have to allow room for each separate family to tell you what is and is not going to work for them. Not all rules and regulations are going to fit into every single family who tries to be a foster home. It is highly unlikely that a family can realistically pull this off if you, the state of Nebraska, DHHS, and the agency are making all of the calls. These calls include the visitation with the biological family, respite time, where the child goes to school, how involved the foster parent is with the professional team, etcetera. If one is in fact a licensed foster home and children have been placed in their home, then the state has not only found them to be of sound and competent mind but has also found them able to be that nurturing, loving, stable environment that the state sought out to find to begin with. With this foster home now being all of the above and a so-called member of the child's professional team, then one would believe that what works for the foster home in regards to caring for this child effectively would be taken into consideration. Instead, the foster home is told what, where, when, and how, with little to no regard to how this will affect the foster home. For instance, visits with the biological families should be allowed,

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but six hours a day, seven days a week is not realistic for any foster parent. And for instance, if the biological parent does not show up then they should have to wait till the next scheduled visit. For them to be able to reschedule at the cost of state money and everyone else's time is not always going to work for every foster home. Also, respite should be decided by the foster parents and only by the foster parents. The agency should never be able to tell you when your respite is going to be or is being used simply because it benefits the agency financially to do so. As well, the child's school needs to be decided in relation to where the foster home is located. There are very few foster homes in mid to western Nebraska so, for instance and as an example, if there is no foster home for a child near Omaha and that child needs to be placed in West Point, then it is not realistic for that foster parent to drive an hour both ways everyday just for school. Also in that school system, now that this child is a foster child, they will more likely endure bullying as he or she is now marked the foster problem child in that community. Most importantly, the professional team is very important and should be comprised of equal parts; however, the foster parents are the ones with the least amount of say when it comes to how the child's needs are being met. The foster parent spends every day with this child and most likely knows them more in depth than, say, the child's social worker. Time and time again I've heard firsthand that the foster parent's suggestions and thoughts are thrown to the wayside by the agency and the social worker involved. You the state put all this responsibility in the foster parents' hands and expect them to do so much for these children but then don't allow them to be included in the making of decisions for them, such as schools, teachers, teaching methods, therapists. No one, especially the foster parents, are going to want to participate in a team where they really are not an equal and their words are never really heard by the rest of the team. The transition from DHHS to an agency-based system has been rough at best. We, my husband and I, unfortunately got caught in the middle of the transition and not only did we have to fill out one mountain of paperwork but we received two mountains of paperwork. We were told we were caught in the middle of the transition and, in fact, we filled out DHHS paperwork when now we were going to have to fill out the agency's paperwork. The paperwork we filled out both times was literally

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the same thing over and over, just worded differently. Nonetheless, we were told we had to do it again. They not only contacted our references once but then recontacted all the references again, and we had to provide copies of insurance, tax forms, driver's licenses, etcetera, multiple times, which is not a very efficient process. Would you like me to continue? [LR37]

SENATOR CAMPBELL: Can we just hit sort of the high points, Ms. Beed,... [LR37]

MEGAN BEED: Yeah. [LR37]

SENATOR CAMPBELL: ...because you have some excellent testimony. It's all going to be a part of the record. [LR37]

MEGAN BEED: Okay. [LR37]

SENATOR CAMPBELL: And senators will get it. I just want to make sure that you have a chance to finish your story. [LR37]

MEGAN BEED: Yes. My biggest concern and as I spoke to Robbie (phonetic), and I speak to her often and she's been doing this over 20 years, is she has now decided to let her license lapse. That's not reassuring to somebody, you know, like me who has not even begun this process. One of her concerns is now that we transition into an agency-based system is that there is not enough guidelines and there's not enough people watching over them. For one agency to require you to have ABC and the next agency to require you to have ABC and D to be licensed is ridiculous. If this agency requires this, then this agency most certainly should require the exact same thing. For instance, my agency requires us to be CPR certified, we had to give more information than other agencies, and I've now been told that they are starting to tell you when and how you're going to use your respite time because it's financially beneficial to them. So things like that do scare me out of wanting to become a foster parent. In the end, after

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going through all this and speaking to people, most of them who are leaving the system, it scares us and we have now decided that we are only going to be licensed for the sake of adoption and we have decided that we are not going to be a foster home, which is sad, because I am a stay-at-home parent and we are in the position where we could have done a lot of good and we could have helped. And I know, you know, there's ads everywhere begging for these foster parents to come forward, but I just want you to know that these are the concerns. And, yeah, like everyone has said, what you see in the media is not helping either. So questions? [LR37]

SENATOR CAMPBELL: Questions? Senator Flood. [LR37]

SENATOR FLOOD: Thank you for your testimony. I asked a question earlier about foster parents that do decide they want to become parents and the termination of parental rights. [LR37]

MEGAN BEED: Uh-huh. [LR37]

SENATOR FLOOD: What's your opinion on those types of issues? [LR37]

MEGAN BEED: Well, like the Madison County Attorney stated, it is a really long process to do it that way, and so for you to take a child in your home, you know, maybe the parent is a repeat offender and this child has been in and out, in and out, and so maybe they're thinking this time their parental rights may be relinquished. But it's a really long process and it's really scary to us to take these children in. To be so adaptive and love them and mesh them with your lives and then get them ripped out of your home is scary. And so... [LR37]

SENATOR FLOOD: There's an emotional toll there, right? [LR37]

MEGAN BEED: Yeah, very emotional. [LR37]

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SENATOR FLOOD: What about babies? You know the first two years of a baby's life, obviously, there's a lot of bonding that happens. [LR37]

MEGAN BEED: Yeah. [LR37]

SENATOR FLOOD: What does the training tell you about...what do they say in the training? I'm interested because I get a lot of calls from citizens in Madison County that are foster parents and they say, we took this baby into our home and these parents come in there on drugs or they're drunk or they're in jail and... [LR37]

MEGAN BEED: Yeah. [LR37]

SENATOR FLOOD: ...they missed their appointments. I mean what are we asking people to do there? What do they say about it? [LR37]

MEGAN BEED: Well, our instructors who taught our class were very black and white and which as good. They shouldn't try to sugarcoat the situation. They did tell us the good and the bad stories and, of course, you're going to probably remember the bad stories because that's what sticks in your mind. But what they said was you have no say, none, and (inaudible) I think that's probably the one thing that I took away from that is if you do this you don't get a say. It's going to affect your life, you know, as well as the child's the most, but you have no say. So if the parent is on drugs, if the parent does miss their appointment, their visitation, you know, yada-yada, you don't get to decide whether they get to come and see the child. You don't get to decide if they're going to reschedule. You don't get to decide tomorrow you're busy, you have plans with the child, and that parent is like, well, I didn't make today but tomorrow works for me so I'm going to see my child. You don't get to decide that. There is no we can't make that, that doesn't work for us. You don't get to say those things. [LR37]

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SENATOR FLOOD: Do you think some of that is to drive home the point that you can't get emotionally invested, I mean to protect the foster parent from becoming emotionally invested? [LR37]

MEGAN BEED: Yes. However, these children got taken from these homes for a reason and if these biological parents or whoever had custody of the child, if they wanted that free style to go about and do whatever they wanted with these children then maybe they should have thought of that prior to the reason the child was removed from the home. Maybe they need more rules and regulations. Maybe they need more structure so that you, the state, are like you do have to follow ABC and we are going to be strict about it and you aren't going to tell us how this is going to be done and what you're going to do and when you're going to get your child back. That's what they need to do instead of, oh, I'm sorry, you were drugs yesterday so it wasn't convenient for you to see your child? Well, today let's make it not convenient for everyone else involved and let's change everybody else's plans, let's use state money to transport this child for a second time because you didn't feel like doing it. That's what I'm saying. It's crazy. [LR37]

SENATOR FLOOD: See, I'm not on this committee so I don't...I'm sure that these committee members have heard this a thousand times but for somebody that sits in on it, you know, it's a learning process. Thank you. [LR37]

SENATOR CAMPBELL: Senator Krist, you had a question. I'm sorry. [LR37]

SENATOR KRIST: And to make the point about hearing it a thousand times, the point of it that we hear a thousand times is how unfair it is to put the foster parent as the guardian, if you will, for the affair to happen. It's putting you directly in a line, confrontational line, with that parent that you're describing,... [LR37]

MEGAN BEED: Yeah. Yep. [LR37]

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SENATOR KRIST: ...which is, in my mind, dangerous. [LR37]

MEGAN BEED: And I would like to comment on that. You know, we were told that it is expected of you to invite them into your home and to do things for the family. You are no longer, you know, just a foster parent; you're basically a family guardian. You're not only supposed to look after the welfare of the child but now you're supposed to baby-sit, in my mind, adults who have major issues and major problems. And if I'm trying to live my life and I'm trying to help this child, I certainly cannot take on other adults' issues just because that's what's expected of me. And that's literally what we were told: You are expected to be that front person, always in contact with them. [LR37]

SENATOR KRIST: Even though you decided to participate on a lesser level, thank you for doing what you're doing. [LR37]

MEGAN BEED: Thank you. [LR37]

SENATOR CAMPBELL: Ms. Beed, one of the questions that I'd have is in the time that you've done this have you ever had a visitation worker, someone who was supposed to supervise the visits, and not you? [LR37]

MEGAN BEED: Actually, I've not had children placed in my home. We are just finishing up our licensing process. [LR37]

SENATOR CAMPBELL: Oh, okay, because in other parts there is a visitation worker and what... [LR37]

MEGAN BEED: Yes. [LR37]

SENATOR CAMPBELL: ...Senator Krist is talking about is that we have found in some cases where there's not...that visitation worker is not present and the foster parent...

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[LR37]

MEGAN BEED: Yes. [LR37]

SENATOR CAMPBELL: ...is being asked to do that. [LR37]

MEGAN BEED: Yes. [LR37]

SENATOR CAMPBELL: That's why I'm asking the question, because there should be a visitation worker there. [LR37]

MEGAN BEED: Uh-huh. Yes. [LR37]

SENATOR CAMPBELL: Okay. [LR37]

MEGAN BEED: All right. [LR37]

SENATOR CAMPBELL: Thank you very much for coming today. [LR37]

SENATOR FLOOD: Thank you. [LR37]

MEGAN BEED: Thank you. [LR37]

SENATOR CAMPBELL: Our next testifier is Pauline Williams. Ms. Williams. Ms. Williams is with the Foster Care Review Board. And I would have to say for our audience, if you do not know, the Foster Care Review Board is required by statute to provide data to the Legislature when requested, and we have been receiving a great amount of data from the Foster Care Review Board and, in fact, most of the members of the Health and Human Services Committee have a training/education session to learn what data is collected and what data we could expect from the Foster Care Review

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Board. And I really want to say that Ms. Williams' explanation to us that morning was particularly helpful, so thank you for coming today. [LR37]

PAULINE WILLIAMS: (Exhibit 5) (Inaudible). Thank you for allowing me to be here. My name is Pauline Williams. I was a review specialist for the state Foster Care Review Board for more than 16 years and have been supervisor for the past two years in the Northern and Eastern Service Area. I supervise the Northern Area of the state of Nebraska, which includes Dakota City, Ainsworth, Center, Norfolk, Columbus, and Fremont areas. This includes two part-time review specialists who manage six volunteer board meetings on a rotating basis. They review approximately 40 children in this area per month. The Foster Care Review Board reviews and makes recommendations and findings of children who have been placed in out-of-home care. I would like to provide the committee with information the Foster Care Review Board has received through our reviews and conversation with other case professionals. I would like first to start with numbers from the map which you have. In August there were 388 children from the Northern Area in out-of-home placement; 143 of these children had been in care at least once before, 126 have had four or more DHHS workers while in out-of-home care, and 170 of the children have been in four or more placements while in out-of-home care. The top three issues we've identified working in this area would be, number one, the speed at which the cases transferred to lead agencies. Boys and Girls service coordinators, case managers, lacked knowledge of job responsibilities, familiarity with the (inaudible) child welfare and legal system, and were not provided adequate time to assume case responsibilities. Information regarding the roles and responsibilities of DHHS and the lead agencies were not disseminated to legal and nonlegal parties. During the review of cases and in conversations with case professionals, the confusion regarding who to call and who was in charge was apparent. This resulted in delays in resolving issues and/or obtaining services for the youth and for the families. Two, it also resulted in a large turnover of Boys and Girls Home workers who were not prepared to deal with the stress of case management, travel, and coverage for vacant caseloads. Any change in case management affects a family, the provision of services, and

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permanency. It also resulted in the loss of history of a case and knowledge regarding progress of the lack thereof, which is needed in order to determine can we go home or do we need alternative permanency. Nationally recognized researchers have found that case manager stability increases children's well-being and decreases costs. And then finally, family support/visitation providers were solely being provided by Boys and Girls Home. Due to privatization, many local service providers either closed or had to reduce staff. During this time there was also a noted lack of stability of family support workers. It's difficult to manage a case if you have five to seven different workers. It's difficult to determine should we move to permanency, can we, and especially they may...their knowledge base is totally different and it's very difficult for the county attorney, who if they decide they want to pursue alternate permanency, who has to look down, search, find seven different people and if he can't that gap...then it's very difficult to proceed towards alternate permanency. The top three issues since then the reform in this area, Boys and Girls is no longer here, is a lack of stability in case management. Many experienced case managers within the DHHS system have resigned due to the uncertainty of future employment stability. This has resulted in high caseloads for remaining workers, as well as cases being transferred to different offices within the service area to balance out the caseloads, and (inaudible) effect that this has had on the families. I talked to Mike Puls this morning. This is getting better to the extent that they now have those positions...people in training for those positions. At one time a unit in Fremont, eight workers, only two positions were filled. They were covering that from Dakota City. How do you manage a case out of Dakota City and/or Norfolk when the likelihood...how much availability are you going to have to contact with the family and/or the children, and yet (inaudible) decisions regarding their care and well-being. The whole issue regarding placement, I know your time is limited, you do have it here in regard to the loss of all different levels of care. We not only have for the older the youth, where do we place them; it's also for the zero to five, the younger youth. I do have stats in here as of January 2011. Originally, there were 2,025 licensed foster homes in the state before the reform. As of January, and this is current HHS stats, there were 1,690. What I do not know, as the previous, the foster parent spoke, a lot of foster parents

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have talked to us in regard to I'm going to let my license lapse, I'm no longer going to be able to do that, where they are in numbers, and in all likelihood they are in the licensed foster homes. I do note then also for the record also the number of relative placements during that same time period has increased. Part of the problem with that may be some of these children may require an intermediate placement in order to work their way into a family home and because the foster homes are decreasing, where do we place these youth? We have youth now in this area even for shelter care who were placed in Scottsbluff so, therefore, how do you facilitate family contact? Just very quickly, direct oversight of placements, previously that was all done through Health and Human Services. Other areas it's much more serious than in this area, but still you're placing...HHS should still have oversight in regard to who goes in whose home, who is responsible for that oversight in order to ensure the appropriate mixture of children in the home? And then I did go through some things in regard to prevention, oversight, prevention, part of a statewide network of proven prevention services. I think there's also, and maybe what safe haven pointed out to us, in looking at all those cases, some (inaudible) youth that had referrals, what are we going to do for them? We need to when an issue comes up then address it immediately, not let it go. The parties in this area are working together in order to resolve the issues. HHS, county attorney, all the people are very cooperative. I know the time is up. I want to say one other thing. The question was asked, how many youth do we have out of state in the state today? It's 115. How many are in this area? It is seven. The majority of those are relative placements out of state; however, we could give you a specific breakdown of who is where for what reason.

[LR37]

SENATOR CAMPBELL: Right. [LR37]

PAULINE WILLIAMS: But it's 150 statewide. [LR37]

SENATOR CAMPBELL: I'm seeing heads nodding, Ms. Williams. If you could get that data for us on the 150 and... [LR37]

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PAULINE WILLIAMS: Hundred and fifteen, yes. [LR37]

SENATOR CAMPBELL: ...so we see a total picture, because we've asked the question in almost every location. Questions, follow-up? Senator Krist. [LR37]

SENATOR KRIST: It would surprise you not, I'm sure, that when we were in Scottsbluff a couple days ago they didn't have enough places to place people, but now I'm hearing from Norfolk you're placing in Scottsbluff. [LR37]

PAULINE WILLIAMS: Uh-huh. [LR37]

SENATOR KRIST: And it probably wouldn't surprise you at all to know that some of the placements out of state in Scottsbluff were costing us \$12,000 a month in the places that they were going. And a point was made by the judge in Scottsbluff, you can build a lot of brick and mortar for \$12,000 a month when three of your kids are sitting in that facility. So that's why I'm asking the question of both HHS, Mr. Puls, and of you, how many do we have out of state, what are our issues, what are the facilities that we need, is it sex offenders, is it people who have been offended against, because I think we can do a better job of bringing that kind of money back in the state. We were told that there was a person placed in Ohio who was much higher cost. So thank you for what you're doing. That number though and where they are and how they're being placed is very important to us.. [LR37]

PAULINE WILLIAMS: I know in other areas the...say Douglas, Sarpy, the majority of them are (inaudible). Most of them are very specific to what type of treatment this particular child needs. Arizona and then Missouri is three places where we have the most children in out of state. [LR37]

SENATOR CAMPBELL: But if you could get that data for us... [LR37]

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PAULINE WILLIAMS: Yes. Yes. [LR37]

SENATOR CAMPBELL: ...that would be particularly helpful, and the length of stay, if possible. And I'm assuming that you do review those, the Foster Care Review Board does review those, right, Ms. Williams? [LR37]

PAULINE WILLIAMS: As far as every single one of them, if we aren't we certainly can make sure that we are doing so. We actually realize that with the budget that we currently have we have to pick up the IV-A children... [LR37]

SENATOR CAMPBELL: Right. [LR37]

PAULINE WILLIAMS: ...by federal law, and then because of the number of staff we have, particularly in say the Omaha area, there's no way with the current staff that we can review 100 percent of the children. [LR37]

SENATOR CAMPBELL: Right. And we do...if you go there you realize the percentage you're looking at each month. [LR37]

PAULINE WILLIAMS: Yes. Yes. [LR37]

SENATOR CAMPBELL: I do understand that. [LR37]

PAULINE WILLIAMS: But we can make that a priority for the Legislature. [LR37]

SENATOR CAMPBELL: Well, I'd like to see the numbers on the out of state for sure. [LR37]

PAULINE WILLIAMS: Yes. Yes. [LR37]

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SENATOR CAMPBELL: Thank you for coming today and presenting your report. A lot of good information here which we'll share with the committee. Our last invited testifier this morning is Ruth Matthews-Mott. While Ms. Mott is making her way up there, we are probably going to take a lunch break at this point. How many people in the room wish to testify beyond Ms. Mott? One, two, three, four, five, six. Okay, what we'll do is we'll finish with Ms. Mott, and how long do you think, Speaker Flood, for... [LR37]

SENATOR FLOOD: 1:30. [LR37]

SENATOR CAMPBELL: 1:30. We'll come back at 1:30 and take the remainder of the testimony for the people who have come today. Okay? So you may want to...if you plan to testify, you may want to do your orange sheets and give them to Diane, and then we'll be ready to go. Thank you, Ms. Mott, for coming today. You represent the CASA here in Madison County? [LR37]

RUTH MATTHEWS-MOTT: Yes. I am executive director of CASA of Northeast Nebraska, Madison County, and I guess I feel that when Boys and Girls were put into the mix it seemed like a lot of what the caseworker and Boys and Girls were overlapping so much and we're paying two different people to do it, and yet the communication wasn't real good, you know, and you never knew who to ask what. You know, you call one and, no, you have to ask the other and that. So I think a lot of the communication was not good there either. And I know a lot has been said so I'll try not to take too long. And through all of the turmoil and everything there was such a big turnover with Health and Human Services, the caseworkers and everything, so a lot of these foster kids, when they were being...they were getting new caseworkers all the time or their family support workers that do the transporting for visits, there's somebody different showing up every time, and that's not good. The kids don't have stability so I mean that's, you know, another reason that it's good for our CASA to be there so they can be the constant. And we've lost a lot of foster homes. We've got two of our kids in Columbus

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and we've got two of our kids in Fremont, and so, you know, to have the visits, I mean that's a lot of traveling every time a visit happens, and they should be either in Norfolk or the surrounding community but we've lost foster parents so, you know, that can't happen. And a lot of the, you know, the workers, too, took different jobs, as has been said before, because of the turmoil. They didn't know, you know, would they have a job or not. And so something good comes up, you know, they take it, and you can't blame them for that. But, you know, it's our kids that are hurt in the end. And I don't know, my feeling is that, you know, the state can hire a few more caseworkers to ease the load and still, you know, save a lot of money from what's been happening. You know, our kids can't wait. They've waited too long already. And when all this happens they're waiting even longer, and kids can't wait. They grow up. And we need to do something in their life and do it now. [LR37]

SENATOR CAMPBELL: Follow-up, Senator Krist? [LR37]

SENATOR KRIST: Do you think that the juvenile justice...that the kids in the system should be involved with the child welfare programs in general or should they be separated? [LR37]

RUTH MATTHEWS-MOTT: It kind of depends on each case, I think. You know, I mean some of them, yes, should be involved, you know, and especially, you know, the older kids too, I mean they should have a say in what goes on. That doesn't mean it's what's best for them, because we advocate what's best for the kids, but you know they should still have a say in what they want and, you know, different areas. [LR37]

SENATOR KRIST: Thank you very much. [LR37]

SENATOR CAMPBELL: Ms. Mott, how many volunteers do you have in the CASA Program here? [LR37]

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RUTH MATTHEWS-MOTT: I have 11 right now and I need more. It's sad to say we need more. [LR37]

SENATOR CAMPBELL: I'm sure that would be true. Well, we appreciate the service of the volunteers that in many cases really do know the children very, very well. Senator Flood, did you have a question? [LR37]

SENATOR FLOOD: No. [LR37]

SENATOR CAMPBELL: Okay. Thank you for coming today and sharing your testimony. [LR37]

RUTH MATTHEWS-MOTT: Well, thank you for having me. [LR37]

SENATOR CAMPBELL: We will take a break and recess, and resume at 1:30 in this room. [LR37]

BREAK

SENATOR CAMPBELL: Good afternoon. We're going to complete the hearing for LR37 this afternoon. Oh, thank you. We're going to complete the hearing this afternoon for LR37 and I don't think we have...do we have anyone that was not here this morning? Okay, so you kind of know all the cast of characters. One reminder again, turn those cell phones off or to silent. And what we're going to start with this afternoon are the people who turned in orange sheets to Diane Johnson, the clerk, before we left. So we will start this afternoon with Matthew Headley. Did I say that correct, Mr. Headley? [LR37]

MATTHEW HEADLEY: You did. [LR37]

SENATOR CAMPBELL: Good afternoon. [LR37]

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MATTHEW HEADLEY: Good afternoon. Do I turn it off or turn it on? [LR37]

SENATOR FLOOD: Yeah, there you go. [LR37]

MATTHEW HEADLEY: (Exhibit 6) There you go? All right, wonderful. My name is Matthew Headley, last name H-e-a-d-l-e-y. I'm a local attorney practicing in the area of GAL/parents' attorney. I've worked with the department basically my entire law career, about nine years, in a number of different areas. And I guess before I begin I had your clerk hand out to you, and you might already be aware of it, this letter that I drafted on behalf of the Madison County Seventh Judicial Bar Association. I'd just like to tell you, I'm not here on their behalf but I just wanted to make sure that the committee had that letter and are able to consider it. I will say that the bar association still stands on that letter in regards to it. But as I said before, I'm not here on their behalf. I'm here in my own capacity as a practicing attorney. My focus today will be on one thing that is brought up in the letter in that I think there's been a lot of misplacement of, I guess, who is from the department and from other individuals as to who has caused a lot of this reform that's going on, good reform. And I think the focus needs to be that there are local attorneys, Judge Stoffer made mention of the Through the Eyes Initiative, and a number of the other individuals that testified this morning made mention of it as well that a lot of the local individual service providers, attorneys, GALs, county attorneys and the like have done tremendous work. Even local department workers have done tremendous work in getting things changed in regards to practices, procedures and things like that. And so I think if the committee hears information in regards to, well, the kids in foster care are going down because of the reform, there are costs that are going down because of the reform, things like that, I would challenge the committee to look at that real closely as there are some real good attorneys I'm aware of here in the area that...and workers, service providers, a number of them here that are still here showing their support or "dissupport" for the reform that have made a lot of these changes and a lot of these good changes possible. And so I would challenge the committee to make

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sure that they look at that and understand that a lot of these local changes and a lot of the good changes are not based upon the reform. It's based upon hard work of the locals, and I think that that's something that sometimes gets kind of brushed over and isn't something that is not brought up. And so I wanted to bring that to the committee's attention. I do echo a lot of...actually almost all of what has been said so far here so I'm not going to rehash any of that. I will, however, end with this. A local attorney I think summarized things very, very nicely, not going to name who, but he advised that these reforms seem to come every so often, seems to be kind of a regular occurrence. Every four years or so there's always some type of change. But this reform that we're looking at right now, that this committee is looking at, has the possibility of destroying the child welfare system and I think that that is something that really needs to be considered. That's all I have. Thank you. [LR37]

SENATOR CAMPBELL: Questions for Mr. Headley? Mr. Headley, I just want to make sure it's clear for the record. When you talked about the reform has the potential to destroy, are you talking about the reform under a lead agency? [LR37]

MATTHEW HEADLEY: Correct. [LR37]

SENATOR CAMPBELL: Okay. So at this point a lot of good work has gone into by the local people to bring the system back... [LR37]

MATTHEW HEADLEY: Correct, well,... [LR37]

SENATOR CAMPBELL: ...after the loss. [LR37]

MATTHEW HEADLEY: Well, actually no, throughout the entire process. [LR37]

SENATOR CAMPBELL: Okay. [LR37]

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MATTHEW HEADLEY: Before the lead agencies were brought on, Boys and Girls, even while the lead agencies were here and after the lead agencies (inaudible) in our area were gone there's been a lot of local hard work that has been done by everybody involved--service providers, HHS workers, attorneys, judges, county attorneys and things like that. And like I said, I think that that gets brushed over rather easily by some of the higher ups involved in the system. [LR37]

SENATOR CAMPBELL: And, Mr. Headley, we're very aware of that as we've traveled in Nebraska. We have seen such great commitment of people in the communities to children and their protection. [LR37]

MATTHEW HEADLEY: Right. [LR37]

SENATOR CAMPBELL: So I appreciate you stating that for the record. [LR37]

MATTHEW HEADLEY: And I think with the crowd that we had here this morning and even the crowd we still have here with us right now at 1:30 in the afternoon after a morning of testifying, I think shows the commitment of this community in this local area to children and to, I guess, what the future holds. [LR37]

SENATOR CAMPBELL: Thank you, Mr. Headley. We'll make sure the letter is part of the record. [LR37]

MATTHEW HEADLEY: Appreciate it, thank you. [LR37]

SENATOR CAMPBELL: Absolutely, thank you. Our next testifier this afternoon is Frances Boettger. Did I say that correctly? [LR37]

FRANCES BOETTGER: Yes, you did. You did. [LR37]

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SENATOR CAMPBELL: Well, welcome. [LR37]

FRANCES BOETTGER: I'm not a very good speaker, so I hope you'll forgive me.
[LR37]

SENATOR CAMPBELL: We're just fine. Sit down, please. And we probably ought to have you spell your name for the record. [LR37]

FRANCES BOETTGER: Okay. My name is Frances with an E, Boettger, B-o-e-t-t-g-e-r.
[LR37]

SENATOR CAMPBELL: Excellent. Well, just relax and tell us your story. [LR37]

FRANCES BOETTGER: Well, I've been having my granddaughter. At first I had my granddaughter and grandson. And he's since graduated and went on. He's in Washington state. Well, we won't get into that. My granddaughter lives with me. She's 17, going on 18. And she in this last, well, it's been about a month since she got out of JDC for shoplifting and she also started a fire in the bathroom. She is on many, I would say up to seven drugs for mental health. And she's a handful. And she does stupid things like she'll take and go steal clothes and then she'll throw them away. And, yeah, it's (inaudible) wouldn't understand. And you know, there's no understanding to it. But at any rate, to get down to it, I've been trying to get her (inaudible) services. And they recently turned her down since she wasn't qualified. So we're going to appeal it. I don't know where to start. I just need her placed somewhere else as I now have a heart condition and I can't no longer do it. She's a 24/7...she needs supervision at all times. She's in special ed at school. [LR37]

KIMBERLY DYE: I think part of the... [LR37]

SENATOR CAMPBELL: I'm sorry, ma'am. You will have to identify yourself for the

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record. [LR37]

KIMBERLY DYE: My name is Kimberly Dye, I work for Parent to Parent and I'm a family advocate for Frances. And I think part of the concern is in the last 30 days, since she's been released from JDC, her case has been closed through the state leaving Frances with (inaudible). In the last, oh, I'll say four or five weeks she has... [LR37]

FRANCES BOETTGER: Three tickets for shoplifting. [LR37]

KIMBERLY DYE: And Frances' health is failing. And she doesn't have a whole lot of options. [LR37]

FRANCES BOETTGER: And I just can't (inaudible). [LR37]

SENATOR CAMPBELL: I'm going to say that one of you has to speak or the other because the transcriber will listen to the tape and it's sometimes hard to pick up two voices at the same time. So if Ms. Boettger could finish, if she has other additional comments, and then we'll take your comments. [LR37]

FRANCES BOETTGER: Yeah, I just can't do it no more. I just feel like I just... [LR37]

SENATOR CAMPBELL: How long has your granddaughter been with you? [LR37]

FRANCES BOETTGER: She's been with me, this last time since I got guardianship, four years. [LR37]

SENATOR CAMPBELL: Four years. So you do have the legal...you filed for legal guardianship? [LR37]

FRANCES BOETTGER: Yes. Her mother's rights were taken away due to the fact that

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she was hooked on drugs. And I'm not so sure but what Riba wasn't something from a drug problem. [LR37]

SENATOR CAMPBELL: Okay. I understand. Senator Flood. [LR37]

SENATOR FLOOD: So you have guardianship over your granddaughter? [LR37]

FRANCES BOETTGER: Yes. [LR37]

SENATOR FLOOD: Okay. The best place to start the process, given your situation, is to get ahold of who would...did a lawyer help you get that guardianship? [LR37]

FRANCES BOETTGER: The state of Missouri. [LR37]

SENATOR FLOOD: And is it a guardianship in Missouri? [LR37]

FRANCES BOETTGER: No, I don't think so. We knew we was coming down here. I got permission through the courts to bring her down here. [LR37]

SENATOR FLOOD: And the court of Missouri gave you permission? [LR37]

FRANCES BOETTGER: Yes. [LR37]

SENATOR FLOOD: Okay. [LR37]

FRANCES BOETTGER: I brought her down here due to the fact that her father lives here in Norfolk. I wanted them closer. [LR37]

SENATOR FLOOD: So Missouri court granted you guardianship powers over your... [LR37]

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FRANCES BOETTGER: Yes. I was the one that helped get them out of their situation at home where she was... [LR37]

SENATOR FLOOD: Sure. [LR37]

FRANCES BOETTGER: Well, both kids were sexually molested. [LR37]

SENATOR FLOOD: Well, you know, we can't give you legal advice here. But we don't want you to leave without any concept what needs to happen here. Given your situation, you need to make sure that court in Missouri knows of your intention to no longer act as a guardian for her. And... [LR37]

FRANCES BOETTGER: Well, I don't want her took back to Missouri. [LR37]

SENATOR FLOOD: No, and I'm not saying that will happen. But you can't just write a letter and say I'm giving up, or not that's not what I'm saying, say I can't do it anymore. You have to go through the court process so that the court knows of the reasons that you want out and so that the court can take a step with the Nebraska officials, since she lives here, and to get a guardianship set up in Nebraska with somebody else or that the state knows what is going on. Mr. Puls is here from the Health and Human Service Agency. You might want to visit with him in the back just to kind of talk to him a little bit about what you can do. I just don't want you to get caught in a bad situation. [LR37]

FRANCES BOETTGER: Yeah. [LR37]

SENATOR FLOOD: So...and Mr. Headley is here, I know he does a lot of this kind of work. [LR37]

FRANCES BOETTGER: Yeah, Mr. Headley and I know each other. [LR37]

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SENATOR FLOOD: Oh, okay. So, I mean, I don't think there's any law we can write that will help your situation. There's a process in place to go through the steps to get you where you want to be in terms of your health condition and certainly not giving up. You've done a lot for your granddaughter. You just need to...she needs somebody else to kind of... [LR37]

FRANCES BOETTGER: I'm not giving up on her. I... [LR37]

SENATOR FLOOD: I know you're not. You just want her to have somebody else to help her. [LR37]

FRANCES BOETTGER: I want what is right for her. And I know she couldn't live on her own. And she'll soon turn 18, so. [LR37]

SENATOR FLOOD: And 19 is really the operative age in Nebraska, so you got a little while. We need somebody to step in and help you out is what you're saying. [LR37]

FRANCES BOETTGER: Yeah. [LR37]

SENATOR CAMPBELL: Okay. [LR37]

SENATOR FLOOD: Thanks for what you've done so far. [LR37]

SENATOR CAMPBELL: Thank you, Ms. Boettger. That's dedication. Did you have an additional comment? [LR37]

KIMBERLY DYE: No. [LR37]

SENATOR CAMPBELL: Okay. Could you spell your name for the record, just so that

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the transcribers will have it. [LR37]

KIMBERLY DYE: Kimberly Dye, D-y-e. [LR37]

SENATOR CAMPBELL: D-y-e. Okay, thank you both very much for coming. [LR37]

FRANCES BOETTGER: Thank you. [LR37]

SENATOR CAMPBELL: Our next testifier is Jacquelyn Meyer. Good afternoon. [LR37]

JACQUELYN MEYER: Hi. My name is Jacquelyn Meyer, and that's spelled M-e-y-e-r. Jacquelyn is J-a-c-q-u-e-l-y-n. I am the executive director of Building Blocks foster care. It's a nonprofit corporation that recruits and trains in the Northern Service Area. And we've been in business for over ten years. And we are also one of those folks who Boys and Girls owes. Our debt is \$104,000 of which we will get \$35,000 right now. And I'm hoping that our good Speaker will help us get the rest of this. Are we getting on board with getting the rest of our money? Okay. I started this program when I had a child in my caseload that had moved 27 times. So 27 times he got up in the morning and he said, I wonder is this the day I move? And I said, I'm going to form an agency where kids never move. And we have done that by the grace of God and some really outstanding staff. It's not, it's my staff that has done a wonderful job. And 85 percent of the time, any child that comes into Building Blocks either goes home or is adopted or guardian. When I started this program or when this reform started in 2009, the reformers thought of three things. They wanted to have better efficiency, that the program would be more efficient, more effective, and financially okay, fiscally responsible. As I started thinking about this, one thought just kept going through my head--it's from the musical The Music Man. Remember when the guy said, when he's trying to sell something, he says, you "gotta" know the territory, you "gotta" know the territory. And what's happened in my head is Boys and Girls didn't know the territory and that's what has happened here. We have to know the territory. The lead agency came in here trying to do that. The state didn't know

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the territory and how do you do this? So let's look at what has happened in the 11 months since Boys and Girls has been gone. Let's look at efficiency. When Boys and Girls was here it wasn't very efficient at all. We had to go through this person and this person and this person. And what's really scary is I talked to somebody last week who is in an area, it's a caseworker who is working under one of the agencies, lead agencies yet. And they needed medical approval for a baby that was in the hospital and couldn't get it. They had to go...they finally got it, but it was an effort. And they needed that approval right now. But because of the layers they couldn't get it. When we need something, when it came through, I can go to the people here at HHS and say, hey, this bill is not getting paid, what do I have to do? The bill gets paid. The answers are there. We don't have to go through umpteen layers to get it. Now we're back to being efficient again, to help our kids get to where they're at. Effective, since the onset of the reform things have gotten worse. It's been said that these things take time. How long is that going to take? Like, Michael Headley said, we don't want this going on for ever, it could destroy it, it would destroy everything we have. A baby or if it takes one year in the life of a 3 year old, that's a lot of time. Or if we have to wait ten years to have this lead agency or this new reform take, our kids can't wait that long. We have to do it now. Reformers want to privatize. We at Building Blocks are a private agency. We are effective. We continue to place kids that are given an 85 percent permanency rate. And even after the new, the onslaught of more people we started, January 1 Building Blocks had 30 kids placed. Now we have anywhere between 130 and 160 kids and we still have that kind of performance because we are a private agency. But we don't have to go through all those big layers of folk to get our needs met. We can work with the families and work with the people that are involved. We know the territory. Finally, fiscal responsibility. When I read the report in the Omaha and Lincoln papers of how much the state has lost, 27 percent, it was just...it's unheard of how we could lose that kind of money when we are getting \$100,000, when families are getting what they need and yet the state has lost. So at Building Blocks we are efficient, effective and getting work done. Our children have permanency. We are fiscally responsible. Without the financial cushion that we had, how much time do I have? Can I...I've got just another paragraph.

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[LR37]

SENATOR CAMPBELL: You go ahead, you bet. [LR37]

JACQUELYN MEYER: Okay. I said without the financial cushion that we had and a really good lawyer, a really good lawyer, really good bank that gave us the money, we would have been in big trouble. We were fiscally responsible. And we need to make the state that way as well. We need to know the territory. In closing, our fear at Building Blocks is that a leading entity is going to come in and destroy everything we've worked for in the last ten years. Having a lead agency again will take time, will take time that our children don't have. Children and families lives will be affected, taxpayers money will not be used in the most effective way. I'm just so thankful to you guys that you're wanting to learn to know the territory. [LR37]

SENATOR CAMPBELL: Thank you, Ms. Meyer. Questions? I thank you for coming back. I know that you testified in front of the committee fall of 2010. Would I be right? [LR37]

JACQUELYN MEYER: Yeah, something like that. [LR37]

SENATOR CAMPBELL: I think you came and talked about your agency and your commitment to foster children. So I appreciate you coming back. [LR37]

JACQUELYN MEYER: Well, I guess, what I really thought of is just today after I got here is how much the local agency, the local DHS has made a difference for us. And as Michael was saying, it's this area that's making, it's helping us be able to do our job. [LR37]

SENATOR CAMPBELL: Senator Flood. [LR37]

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SENATOR FLOOD: If anything good has come out of the reform, one of the things I have to say is that I'm hearing providers speak very highly of the DHHS service administrator and the caseworkers. [LR37]

JACQUELYN MEYER: Um-hum. [LR37]

SENATOR FLOOD: Where before the reform started, you know, there's a constant tension, I think,... [LR37]

JACQUELYN MEYER: I'm just thinking (laugh, okay, maybe it's because Boys and Girls was so not so good it good that it took... (Laughter) [LR37]

SENATOR FLOOD: I'm looking for if there is...well, maybe that constant tension still exists. (Laughter) But you know, it is nice to hear, very nice things about state employees that do a very...perform a very important job that I think oftentimes get blamed for a lot of...everything that happens. [LR37]

JACQUELYN MEYER: They do, they do. And but now we have a team. That's the cool thing is now we have a team. We sit down monthly with them and work out our issues. It's awesome. Not that we don't have any issues here, but we're working them out and that's what is important. [LR37]

SENATOR FLOOD: Thank you. [LR37]

JACQUELYN MEYER: Okay. [LR37]

SENATOR CAMPBELL: Thank you, Ms. Meyer. Good to see you again. Our next testifier is Mr. Ron Zychowski. And I probably did not say that name again. [LR37]

RON ZYCHOWSKI: (Exhibit 7) That was just fine, Senator Campbell. My name is Ron

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Zychowski, that's Z-y-c-h-o-w-s-k-i. I'm the chief operating officer of Eckerd. And for those of you who have...many in the room already know me and know Eckerd. But for those who don't, we're a human service company out of Florida. And we do juvenile justice and child welfare work in seven states and we do...I've been personally involved in child welfare reform for over 16 years. And we currently operate the largest lead agency in Florida, serving 3,000 children every day. I don't want to go through my testimony. I've provided written testimony, but there's a couple of things that are not in the testimony that I think I wanted to bring to the committee's attention. If the reform is going to go forward in a lead agency way, and that's certainly a point of discussion and something that's going to have to be decided on certainly by the Legislature, there are ways to do it and do it well. Several of the things you heard today about lead agencies not being service providers is an absolutely important concept. One of the things that I saw that did not happen with the current lead agencies is they were not designated as subrecipients of state and federal money. Under OMB circular 133, the state has the obligation to define a contractor is either a vendor or a subrecipient. Had they been subrecipients, and we are subrecipients in Florida, they would have been subject to a A133 audit by their independent auditors which would have provided a significantly higher level of oversight. They would have been tied to the restrictions on the use of both state-to-state and federal dollars and would have had to reported against those restrictions. And I think it would just raise the level of oversight and accountability for how a lead agency operates. And I would suggest that as we look at whether we have lead agencies moving forward, we need to look at designating them subrecipients as opposed to just vendors under their contract. As I mentioned before, these are managed care contracts, they are not fee-for-service contracts. They need to have method of payments that recognize the fact that they are managed care contracts and they have to have a reinvestment strategy in order to be effective. The department's oversight of these contracts needs to be enhanced both in terms of its contract management and in terms of its fiscal oversight. Typically, I'll have a contract manager in my shop at least once a month pulling invoices and verifying the efficacy of my payments. That should be common practice on any kind of contract management that is

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done by the state in terms of oversight of lead agencies. On an annual basis the state will come in and do its own audit of my lead agency and issue a report as to the health and financial stability of the lead agency. So there are very practical things that can be done if you decide to move in this direction that can both increase accountability and oversight for the lead agency work. Subject to your questions, that's all I needed to say today. [LR37]

SENATOR CAMPBELL: Senator Flood had a question. [LR37]

SENATOR FLOOD: You know we had a very poor experience in the Northern Service Area with Boys and Girls. And thankfully, the state on October 1 of 2010 changed that. One of the concerns that I heard from people that I represent is any time you contract out what is ultimately the state's responsibility to a private company that has a duty to show a bottom line, a profit, that you are taking the state resources out of the hands of people that will provide the service and you're engaging in a process that guarantees a profit for a company. And I'm not against people making profits. But that seems to be a pretty legitimate question. [LR37]

RON ZYCHOWSKI: And I think there's a pretty straightforward answer to it. If you designate the lead agency as a subrecipient here's actually how that would work. At the end of the year, you will settle up on your state and federal grants. And assuming a small administrative charge, there is no profit to be maintained within the lead agency. If there are financial efficiencies that have been earned through good work, that money is then required by the state to be reinvested in improved services and improved outcomes for children in that service area. So it's not a question of at the end of the day if you've covered your direct and indirect and have \$100,000 left over that that falls into the coffers of the lead agency. It actually is required to be reinvested. [LR37]

SENATOR FLOOD: So the incentive for your company from Florida to come to Nebraska would be... [LR37]

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RON ZYCHOWSKI: Well, the incentive is (a) we get to do the work that we know how to do and do it well. We will make a small administrative fee that helps cover our overhead. And we'll be able to continue to participate on a nationwide basis in the reform of child welfare. [LR37]

SENATOR FLOOD: Like a state, like Nebraska, what would the administrative fee be? Have you ever thought about what that would cost us if you did the whole state? [LR37]

RON ZYCHOWSKI: If we did the whole state? [LR37]

SENATOR FLOOD: Or say the Northern Service Area. [LR37]

RON ZYCHOWSKI: Our cost is about...is less than 9 percent, so we're looking at about 8 percent, 8 to 9 percent. [LR37]

SENATOR FLOOD: Which seems like, you know, small administrative fee, that does seem like it's a fairly healthy, I mean, I'm in the radio business. A 10 percent profit would be a great year, you know, in most situations. And you start talking about 8, 9 percent, you call it administrative fee, I call that margin. [LR37]

RON ZYCHOWSKI: Correct. [LR37]

SENATOR FLOOD: Okay. [LR37]

RON ZYCHOWSKI: That covers your indirect cost. And those not-for-profits run an indirect of anywhere between 12 and 15 percent. [LR37]

SENATOR FLOOD: And you're a licensed nonprofit in Florida? [LR37]

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RON ZYCHOWSKI: Absolutely, and we're nationally accredited. [LR37]

SENATOR FLOOD: But I don't have any reason to question the services you provide or the value of those services. I think those are the types of questions as the door opens to...and you talk about another private agency serving the Northern Service Area, I think those are the first questions you're going to hear. And it doesn't surprise you I'm sure. [LR37]

RON ZYCHOWSKI: No, it absolutely doesn't. And, you know, I've been coming to Nebraska for 10, 12 months now, spending at least a week a month. I've talked to most of the people who are sitting behind me. [LR37]

SENATOR FLOOD: I've heard that. [LR37]

RON ZYCHOWSKI: And we're having those kinds of conversations. [LR37]

SENATOR FLOOD: Okay, thank you. [LR37]

RON ZYCHOWSKI: Yes, sir. [LR37]

SENATOR CAMPBELL: Thank you very much. [LR37]

RON ZYCHOWSKI: Thank you, Senator Campbell. Thank you. [LR37]

SENATOR CAMPBELL: Our next testifier is Dorothy Nelson. Good afternoon. This is a patient lady. She was here for Senator Flood's hearing and she came back. So thank you very much your patience. [LR37]

DOROTHY NELSON: Well, I'm humbled to be here. I just... [LR37]

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SENATOR CAMPBELL: Oh, just have a chair. [LR37]

DOROTHY NELSON: ...I'm honored. And I want to thank (inaudible), from Parent to Parent and Professional Partners who, I don't think we have an advocate from there. I also want to represent...I'm a single mom. I have a 14-year-old daughter who is...who has always been kind of a struggle for me to raise. The answer has always been...not always been, but the last counselor that we say said that it was basically the tail wagging the dog. Call 911, she's very violent, very angry. The assault wasn't me assaulting her, it was her assaulting me. I always suspected there was something else going on because of family history. So I took that advice and I had her arrested. She was taken to JDC. I was told by the police officer that she would be detained for, you know, overnight and released. And she was held there five days. And when I saw her, why I came up the first time was I didn't, you know, it was the whole shackles and restraint thing. I don't know if arresting her was the right answer because I have found now through the advice of a doctor that she has a mental illness that is treatable with medication. And through team support like Professional Partners and Parent to Parent, we are able to get the help we need. When we showed up...when she showed up in shackles to that hearing to get her released to me we were told that she needs to follow the house rules. She was released to my care. And if she breaks a house rule that I need to report that to the county attorney. I was at work and as any teenager is going to do she tried the rules and had a boy over and I had to report that. I grounded her. Got both neighbors on each side of me, I live in a very small town, in a small town it takes a village to raise a child and it's easier in a small town. The upstairs neighbor in my triplex are all watching her, checking on her. I call her. She checks, you know, I'm being the parent. But I get a letter from the county attorney saying they want to remove her from the home. You hear about foster care being a great thing. Yeah, but what are the alternatives to foster care and removing the child from the home or becoming a ward of the state when there are the tools and...I guess, that's all I need, that's basically, you know, all I have to say. I mean, there needs to be some answers to alternative foster care where needed. I think Senator Flood mentioned keeping the child in the home or

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unifying the children in the home. [LR37]

SENATOR CAMPBELL: Ms. Nelson, we have heard in testimony at some of the others that people are going to intensive family services inside the home and looking at that model. And that may be what you are referring to. I mean, there is discussion of how do we implement that. And perhaps harder to do that in a more rural situation, but it doesn't mean that it can't be done. And we have had testimony on it. So to answer your question, there have been some areas of the state that have testified that that's what they've tried, just so you know. [LR37]

DOROTHY NELSON: Yeah, and I've heard it's working like for drug and alcohol and substance abuse. There is, I don't know where in Nebraska, there is a facility that that works for. But like with my daughter, she's been on the medication now for a month. She's under an OJS evaluation. And the psychiatrist she saw there said no medication was needed. I took her to a doctor for a physical and the way she was acting and she's been on other medications that didn't work, this physician's assistant said, you need to get a second opinion on your own, as a parent you have that right. And I did. She's been in counseling since she was 8, she's 14 now. I finally took her to a psychiatrist and through taking a history of our family, I lost a sister to mental illness, my twin sister died, my fraternal, and because of that he put her on Abilify. And I'm telling you what, she is affectionate. She comes home, she's doing her homework, she is not the...she is...of course, she still gets angry, I mean, she's still a teenager and she's still a human being. But to see my daughter actually be affectionate and not...just more compliant and doing her homework and being happy and...what took so long? I tried to get my last counselor to say, you know, I think there's more wrong with my daughter. Well, Magellan won't accept that, you need to dial 911. And that's, you know, putting...that's why I wanted to come up here earlier. [LR37]

SENATOR CAMPBELL: I understand. [LR37]

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DOROTHY NELSON: This has been...I've learned a lot today. And I'm grateful to be here. [LR37]

SENATOR CAMPBELL: Okay. And thank you for coming and persevering and talking to us and telling us your story. [LR37]

DOROTHY NELSON: Thank you for these guys and Professional Partners. And there is, you know, Region IV, there are, you know, people out there that are willing to help people. [LR37]

SENATOR CAMPBELL: Good. We appreciate that commendation. Sometimes we only hear what's wrong, not what people are doing right. So thank you very much. [LR37]

DOROTHY NELSON: There are resources out there. You got to look. [LR37]

SENATOR CAMPBELL: Thank you. Our next testifier is Jill Drahota. I may not be saying that right. Good afternoon. [LR37]

JILL DRAHOTA: (Exhibit 8) Good afternoon. My name is Jill Drahota, D-r-a-h-o-t-a. I come before you today, I spoke with several people in your offices, Mike Flood personally. I come today as a mother. I have a child with a mental illness who's also considered a sex offender. This is the first time speaking openly about it. The handout that you got today was something that I developed a couple months ago when I went to see the Governor of Nebraska during Children's Mental Health Awareness Week. I haven't heard from him. (Laugh) But my son is 15 years old, going to soon be 16. He's been involved in the system since December 2009. He was...when we went to court...he is in the system not because the police were called, not because he was removed from our home. He went because his psychologist recommended inpatient treatment. And we were doing outpatient treatment because I contacted every inpatient juvenile facility for mental health in the state. And unless you're child is adjudicated they will not provide

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treatment. Sad to say I did contact out of state agencies. An hour north of here, Yankton, South Dakota, will take voluntary commitments. He was voluntarily willing to go to get the help he needed. They were more than willing to take him until they said, how long do we have to get the paperwork ready and where are you coming from? I said, Norfolk, Nebraska, give me one hour. And they said, you can't come, you're an out of state resident. Same for Kansas, same for Missouri, same for Iowa. So we continued outpatient treatment. And when his behavior started escalating the psychologist recommended that we press charges to get him started in the court system so that he could get the help that he needed. So as a mother I pressed charges against my own child. We finally got through the OJS evaluation process. I tried to EPC him, took him to...so that affects the earlier hearing. Took him to the local ER. The doctor deemed that he should probably be EPCed. The local police were called in, it was wintertime. They didn't want to transport to Kearney or to Lincoln so they denied the EPC. So we had to go through the long process of the court. And he was sent to Whitehall in Lincoln, the only sex offender treatment program in the state. One of the issues I had with him going there is that I believed he was also a victim of sexual assault. And they said they would work on that. After almost a year in treatment he finally became comfortable enough that he disclosed he was a victim of sexual assault. It took all of almost a month for me to be notified for me to be notified of that. I was notified when a State Patrol officer showed up at a court hearing or a review hearing to ask if he could be escorted to be evaluated for that. Sad to say his offender was in prison at the time. He is now a free man living ten miles from my home. Right now...he was doing somewhat well off and on at Whitehall. When that was disclosed, even though I asked about is that going to be pursued while he's here they said, he's a sex offender, we're going to treat him like a sex offender. He needs to do our program bottom line. He went into treatment at the age of 13. He's soon to be 16. After about a year of treatment funding became a question. So they told us in the beginning he'll never go anywhere else, he'll stay here until he completes the program. Once funding became a problem they kept saying, what are we going to do, what are we going to do. So after six months of really poor treatment at Whitehall, I recommended that he come to Madison and be reevaluated to

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go somewhere else. And he spent three weeks in Madison, juvenile detention. And the judge granted me an additional two weeks to try to find my own treatment facility. And when we went back to court it was...I told him I had called every hot line, every agencies, I spoke to your office, I spoke to Mike Flood during that two weeks. There was nowhere...there's nowhere to put him. So as it stand right now he is at YRTC. He has never been a violent child. He's been in three physical altercations in the month and a half he's been there. He's just begun to see the psychologist. And this...mental health is not something new to me. I'm a licensed practical nurse in this state. I went into nursing to be a psychiatric nurse. Here in Norfolk there's only one place to work in psychiatric nursing and that's at the Crisis Center. And there's not enough job opening for those of us that want to work in mental health. So I still work as a nurse. I'm a pediatric nurse. And so I understand the mental part of it, the nursing part of it, what the system...he came into the system with a caseworker and was assigned a service coordinator. In the first year we saw his service coordinator twice. We only saw his caseworker at court appointments every six months. He now has an awesome caseworker that just started with him in January. But nobody has anyplace for him to go. All I know at this point is he'll remain at YRTC until he completes the program. There are no treatment centers for sex offenders that he can go to because I will not allow him to go back to Whitehall, that was a very poor experience. And so I hope that something happens in the interim. I've even questioned if I could find placement for him out-of-state when we went to court. And the court says that the state will not allow him to leave the state even if treatment is found that would not cost the state any funds just because of legal aspects. So... [LR37]

SENATOR CAMPBELL: Senator Flood. [LR37]

SENATOR FLOOD: Thank you for coming. You heard an earlier question I asked today, I don't know how long you've been here... [LR37]

JILL DRAHOTA: All day. [LR37]

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SENATOR FLOOD: ...adolescent care for sex offenders. We spend a lot of money and pretty soon someday our regional center system will be completely forensic, I really believe that. It's not going to house any...just mentally ill patients. It's only going to be for the folks that are either criminally not guilty because of their mental condition or because they have sexual misconduct, sex offenders. And you've got this whole group of teenagers who I think, like you said, are abused at an early age and then they repeat that behavior as perpetrators that the behavioral health system in Nebraska does not want. The behavioral health providers don't want sex offenders. They specifically setup a separate commitment act to get away from them so that their dollars are never intertwined with the sex offenders dollars. And I just...you're the second person that's been up here today. But I think long-term the state needs to provide or create an adolescent sex offender facility, because if you don't address it when your son is 13, he's going to be up on the hill in Norfolk or in Lincoln for the rest of his natural life. I mean, I don't want to be dramatic about it, but that's the result. Right? [LR37]

JILL DRAHOTA: Yes, that's what we're looking at. And the treatment...the people in the treatment field say treat them during adolescence, we won't have that problem. But when you take an adolescent that's given 12 months to change a lifetime of behavior, how they've adapted because of their assault, and they're told you're not doing it fast enough, you have to go somewhere else, but there's nowhere else to send you. [LR37]

SENATOR FLOOD: Well, and for the youth that aren't sex offenders, that can be dangerous for them too because they're being placed with somebody that has a history of sexual misconduct. You know, I've been involved very heavily with the adult Sex Offender Commitment Act and funding for that. And no one wants to spend money to rehabilitate sex offenders, I know that firsthand. I think that the citizens of this state are maybe more interested in helping a 13 year old than they are a 45 year old. Nevertheless, we do it for these adults. I think you make a very good point. And if I could boil down what I think you're saying is you've got to find treatment facilities for sex

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offenders that are adolescents. I mean,... [LR37]

JILL DRAHOTA: Absolutely. [LR37]

SENATOR FLOOD: I mean, you have problems with the whole system, I understand that. But I think the state response has to focus in on this. And quite frankly, the behavioral health community has to recognize that sex offenders are part of this continuum of care. And I really have been frustrated by behavioral health providers when we did LB1199 in 2006, they said we want nothing to do with sex offenders. And the behavioral health community put its hands up statewide, small communities and big communities, and said we are divorced. The regions have nothing to do with it, want nothing to do with it. And the providers want nothing to do with the sex offender, you know. [LR37]

JILL DRAHOTA: But if we don't get something for the juveniles... [LR37]

SENATOR FLOOD: They will be sex offenders the rest of their lives. [LR37]

JILL DRAHOTA: Exactly. And my son is now going to be 16 in a few months. And... [LR37]

SENATOR FLOOD: Especially... [LR37]

JILL DRAHOTA: ...they're saying he can remain at YRTC until he completes the program and is considered safe to come home. But they don't have a sex offender program at YRTC. [LR37]

SENATOR FLOOD: We do have a program at the Hastings Regional Center that the developmental disability community set up, it's called Bridges. And it's for low-functioning adults that are developmentally disabled that have sexual misconduct

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tendencies and sometimes are sex offenders. And I think the folks at Hastings set up a really good program. And they're going to move into a cottage setting, hopefully. Maybe this is something, you know, the folks at Hastings Regional Center could look at. They focus on youth there as well in a different part of the facility. But they've got the treatment team out there. [LR37]

JILL DRAHOTA: But my conflict right now is he's going to be 16 in a few months. If the treatment is not there, I don't see where the state is going to be able to put in a treatment,... [LR37]

SENATOR FLOOD: Right. [LR37]

JILL DRAHOTA: ...get treatment implemented in his juvenile lifetime. [LR37]

SENATOR FLOOD: So you want an answer now? You want it... [LR37]

JILL DRAHOTA: I want an answer, I want him released from state custody so I can take him to a state that can provide the care. And nobody can tell me how to do that. [LR37]

SENATOR CAMPBELL: To release him from state custody? [LR37]

JILL DRAHOTA: Yeah. [LR37]

SENATOR FLOOD: Well, I think you have a right to move as a citizen. I wonder if maybe Nebraska's policy is we don't allow other people to move into the state for services so we're not letting you move to another state. I don't know what that is, but... [LR37]

JILL DRAHOTA: It's because they don't want to...if I move and put him in a treatment center, say, in the state of Texas and he completes their program and we live in Texas

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and down the road he offends. The state of Texas, they feel, their courts feel that the state of Texas can come back on the state of Nebraska because they released him.

[LR37]

SENATOR FLOOD: And not just to transfer, because the Texans aren't going to...

[LR37]

JILL DRAHOTA: Well, to transfer him then the state would have to pay and they don't want to pay. [LR37]

SENATOR CAMPBELL: At this point, when you started into the system in 2009 and that was really the point at which it was recommended inpatient. [LR37]

JILL DRAHOTA: Um-hum. [LR37]

SENATOR CAMPBELL: And if that could have happened at that point, you think that's the point at which it would have been the most helpful to intervene? [LR37]

JILL DRAHOTA: Absolutely, because at this point he just feels that people are going to make promises that they can help them and then they turn their back on him. [LR37]

SENATOR CAMPBELL: When it was like, okay, at the end and say, well, we have to end this program, was it Magellan that stepped in said that they couldn't pay anymore? [LR37]

JILL DRAHOTA: Magellan put him on peer-to-peer review. And because he didn't progress fast enough then they went back and forth for six months. And the staff at Whitehall basically said, we have...we don't know whether he wants treatment because he's not really working at times, so we have kids that want in here, and we have a waiting list, and so it boils down to he needs to move on because he's just wasting time

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here. And...but yet, if we wait until he's an adult, he could be at Norfolk Regional Center for the rest of his life, until he chooses to do treatment. So I remain in contact with parents that I've met at Whitehall. And I know the case of a 19, he's probably just turned 19. He was kicked out of there just before my son. I asked my son be removed. And he sits in one of the detention centers waiting until he turns 19, so he can go to Norfolk so. [LR37]

SENATOR CAMPBELL: Right. So he's aging out, until he ages out. [LR37]

JILL DRAHOTA: Yes. [LR37]

SENATOR CAMPBELL: We've had another situation where a young person was at Kearney just because they kept saying there's no other place for them until they age out. I wish I had some answers for you. You're raising some very serious questions. And thank you for your patience and staying with us and telling us your story. [LR37]

JILL DRAHOTA: Thanks. [LR37]

SENATOR CAMPBELL: Thank you. Okay. Our next testifier is Laurie Millard. Is it "Milard" or Millard? [LR37]

LAURIE MILLARD: Millard. [LR37]

SENATOR CAMPBELL: Millard, I almost went with that. Sorry, I apologize. We probably should have you spell your name for the record. [LR37]

LAURIE MILLARD: L-a-u-r-i-e, Millard is M-i-l-l-a-r-d. [LR37]

SENATOR CAMPBELL: Thank you. Go right ahead. [LR37]

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LAURIE MILLARD: I'm here as the owner and program director of Good Life Counseling in support. Boys and Girls owes Good Life Counseling \$182,610.61. The handout that you received from Connie Barnes shows \$167,681.86, that's a difference of nearly \$15,000. We were told that we would be contacted line-by-line, item-by-item with any discrepancies. That has never occurred once. Also, when we were contacted in August about the 35-cents arrangement it was considered at that time just a poll of providers, it wasn't an either-or deal. As of Wednesday last week, it apparently became an either-or situation in which you either accept the 35 cents or you try to figure out how to get it from Boys and Girls on your own. Our financial assistant is on maternity leave for three months. Good Life did not get that e-mail. I contacted Lincoln, they stated in e-mail back, sent secure on Iron Cove, so that it could not be forwarded, that they had the same problem with several providers because it was sent out to over 100 providers because of the large mass mailing some of us were spammed. And yet the decision was deadlined at 5:00 Friday, which we didn't know about until I found out from another provider. I've since sent an e-mail asking is this a deadline or what because it's very unclear to us at this point. As far as services and case management and my recommendations of what needs to be done, I was hired by Health and Human Services in 1986. At that time, the state Legislature recognizes the need for in-home services, wraparound services and gave high priority to providing that service. Eighteen therapists were hired statewide, special programs were developed in order to bring the number of children in out-of-home placements...out-of-state placements back into Nebraska. There were lots of kids out, millions of dollars being spent by state taxpayers to out-of-state agencies. It was determined that these children are best served by the state of Nebraska. New programs were developed, in-home services began, family support, supervised visit, home-based therapy, intensive family preservation. I was hired by the state as part of a special team as a trial by Family and Community Services under Health and Human Services. I have no doubt in my mind that wraparound services in-home help prevent out-of-home placements. They don't cure but they definitely help prevent the number. Unfortunately, later due to the different changes that happen over time those services, all 18 therapist positions were terminated by the

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Legislature as determined not effective, not efficient. It had to do with money. During that ten-year period where wraparound services were at a high priority by both the Legislature and Health and Human Services I was actually flown to Chicago, down to Austin and people were given a training at a much higher level, out-of-state training by professional providers in order to stabilize placements at-risk at home, children, mostly adolescents that were acting out behaviorally and with mental health issues, that has changed. I am curious how many children are state wards and under Magellan at Heartland and Nevada, Missouri. Good Life has seen numerous kids come through our doors that are discharges of Nevada, Missouri that are still in need of mental health help. The numbers are much higher than what we heard earlier today being testified to. Good Life also remodeled and rented half of our building to Boys and Girls, which they abandoned. The abandonment happened within the matter of two hours time. And they left everything. We ended up doing the cleanup work. We still have some of their furniture we're trying to get rid of. Dual case managers do not work effectively. A team needs one leader, not two decision makers but one. And my time is now up. [LR37]

SENATOR CAMPBELL: Go ahead and finish, if you have other major points you need us to hear. [LR37]

LAURIE MILLARD: I guess the other issue on profit with the lead agency, I'd like to make a comment. Make no mistake, Magellan is making a profit as well. And they are, you know, an HMO. And they would not be doing it without some type of profit. And I really like the idea of the profit being reinvested back into improving services or expanding services. There's been so many, Cooper Village was an excellent treatment program for adolescent sex offenders. It has been closed because of the child welfare reform and a lot because of Magellan not continuing services based on you need to make progress within this amount of time or else you're noncompliant. [LR37]

SENATOR CAMPBELL: Ms. Millard, Good Life Counseling is still in existence. I mean, you're still providing services? [LR37]

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LAURIE MILLARD: Oh, absolutely, absolutely. [LR37]

SENATOR CAMPBELL: And all of that infrastructure that was on the other side, the state paid for that infrastructure, did they not? [LR37]

LAURIE MILLARD: Absolutely not. Good Life paid for remodel... [LR37]

SENATOR CAMPBELL: No, I mean for Boys and Girls. You didn't pay for their... [LR37]

LAURIE MILLARD: We paid for the remodeling. [LR37]

SENATOR CAMPBELL: And you paid for the desks and... [LR37]

LAURIE MILLARD: Some of them. [LR37]

SENATOR CAMPBELL: So that's part of the money that you're owed is in the infrastructure? [LR37]

LAURIE MILLARD: No, that is something we put out there as our own improvements... [LR37]

SENATOR CAMPBELL: Oh, okay. [LR37]

LAURIE MILLARD: ...to bring them in as renters and to improve teamwork, since we would be right across the hall. That was an investment that I chose to make as the owner of Good Life. That's not the state's responsibility whatsoever. [LR37]

SENATOR CAMPBELL: (Exhibit 9) Okay. Any other questions from the senators? Thank you, Ms. Millard, for coming in and for sharing your points with us. Any other

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testifiers in the room? That is at the end of my list at least. I thank you all for your patience today and staying until the very end. I just wanted to mention that in LR37 Health and Human Services Committee is doing these hearings, gather information. And as you're aware, there was also the fiscal part of LR37 was looked at by the Auditor. But there are four or five other major reports that will still come forward, one of the most important is the Legislative Audit Committee is also working on LR37. And their report will be out in early November. So we're still in that information-gathering in a lot of it. So you will see more information coming out. Thank you for caring for children and coming today. We will close the hearing on LR37. Thank you. [LR37]