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Health and Human Services Committee
October 18, 2011

[LR37]

The Committee on Health and Human Services met at 9:00 a.m. on Tuesday, October 18, 2011, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LR37. Senators present: Kathy Campbell, Chairperson; Mike Gloor, Vice Chairperson; Dave Bloomfield; Tanya Cook; Gwen Howard; Bob Krist; and Norm Wallman. Senators absent: None.

SENATOR CAMPBELL: Good morning, everyone, and welcome to the continuing series of public hearings on LR37. I'm Kathy Campbell. I serve as the Chair of the Health and Human Services Committee and I represent District 25 in Lincoln. Today will be an interesting day because we are hearing from a number of agencies and groups who stepped forward and said how can we help in this process. So our continual reports today I think you will find of great interest in terms of trying to get an ever more comprehensive picture of child welfare in the state of Nebraska. But before we begin we will start with introductions by the senators, so we'll start, Senator Bloomfield, if you would.

SENATOR BLOOMFIELD: Dave Bloomfield, District 17, northeast Nebraska.

SENATOR WALLMAN: Norm Wallman, District 30.

SENATOR GLOOR: Mike Gloor, District 35, which is Grand Island.

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

SENATOR HOWARD: Gwen Howard, District 9 in Omaha.

SENATOR CAMPBELL: And Senator Krist is here, left momentarily. So we'd also like to welcome back with us again Jack Tweedie. Jack is at my far right. Jack represents the

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National Council of State...Conference (sic) of State Legislatures and is from Denver and is an expert in child welfare and particularly in TANF funding, he tells us. So he has...he wears lots of expertise and NCSL is lending their support and assistance to the committee as we go through this process. I would remind you that we would ask that you silence or turn off your cell phones. A cell phone ringing can be very disturbing to someone who's trying to testify. When you come forward today, please state your name and spell it for the record so that the clerk...our clerk today is Diane Johnson and she is to my far left, who prepares everything and keeps us organized. So if she is asking you for a piece of paper, that's probably pretty important. With that, today we will welcome Marshall Lux, Marshall, who is with the Ombudsman's Office, and their office provided for us a report on the survey of foster parents and biological parents in Nebraska, so welcome. [LR37]

MARSHALL LUX: (Exhibits 1 and 2) Thank you, Senator. My name is Marshall Lux, that's M-a-r-s-h-a-l-l L-u-x. I'm the Ombudsman for the state of Nebraska and have been for quite a number of years, and I'm here this morning to talk about the surveys that we did of foster parents and biological parents to get their reaction to the changes in the child welfare system. I should begin by thanking Julie and Marilyn of my staff for all of the great work that they did. They did the hard survey part. I did the easy report writing part, which is why I'm up here today to talk to you because I'm the one who had to write the report and put it all together. I should...I guess I should start by describing what the survey was and how it worked. As I said, we surveyed not only foster parents, which was what we set out to do, we also did a second survey of biological parents because the changes in the system are affecting them too. They get to look at how the system works up close and personal, and we thought that it would be interesting to compare some of their responses to the responses that we got from foster parents. So we actually did two surveys and basically the surveys were looking at the different components of the system. For instance, for the foster care parents we looked at...we asked them for their reactions to how HHS was doing its job; how the lead agencies were doing their job; and how the foster care agencies, the agencies that contract for

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things like recruitment of foster parents and training, how they were doing their job. And the way we did this was by presenting each of the people being surveyed with a series of positive statements, for instance the statement, "My experience with communication was adequate." And then we asked them whether they agreed or disagreed with that positive statement, and we did that because we thought that would be a way to test the level of their satisfaction with how the different...the three different components of the system were performing. So that's what was being measured, basically, their satisfaction with how the components of the system were performing. With that preliminary description, now I'd like to just take a couple of minutes to hit some of the high points of our findings as a result of the two surveys and we'll start with the foster parent survey where we tested 11 different areas. We asked 11 different questions. And one of our findings was that HHS and the lead agencies scored relatively low in three areas and those three areas were communication, number one; number two, providing foster families with information about the child prior to the placement of the child in the home; and the third area was the adequacy of payments made to foster families for their services, their compensation. HHS and the lead agencies both scored relatively low in those areas. And to give you a sense of what I mean when I say relatively low, in the area of communication, as an example, the lead agencies scored 47 percent approval or agree, HHS scored 44 percent. So when I tell you that it was relatively low, those are the numbers that I'm talking about. So that was one finding; those three areas, both HHS and the lead agencies were performing relatively low. The other phenomenon that I saw in the survey of foster parents was that the scores were usually higher for the lead agencies than for HHS but not by a large margin. So the differential was 4 percent or less in 8 of the 11 areas. That's the differential between lead agencies and HHS. However, the score for the lead agencies was 6 percent higher than the score for HHS in the area of providing families with information about the child prior to placement, which is a particularly important area, in my opinion. And so that slightly larger differential I think is important when comparing HHS and the lead agencies. Lead agencies were a little higher in that area. For the most part, the foster care agencies, agencies like CEDARS and Lutheran Family Services, scored notably higher than HHS

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or the lead agencies in the survey. For example, in the area of communication, the lead agencies scored an approval rate of 47 percent while the foster care agencies scored an approval rate of 75 percent--big difference. So that will give you a sense of how the foster care agencies performed significantly better, whereas the margin between HHS and the lead agencies was relatively small. There was one...actually two areas where all three components were given a relatively low score and that was in the area of providing families with information prior to placement, there's that subject again, although in that area the foster care agencies did perform pretty well, but that was one of their low points. The other low point was in what I think is a predictable area and that's compensation for foster families for their services. People weren't very happy with that. Now if we move on to the biological parent survey, there you must understand that we were comparing only lead agencies and HHS because those are the components of the system that have impact on biological parents, and we made some interesting findings there as well. HHS and the lead agencies both scored low in several areas and I'll mention four: one, in communication; two, in the timeliness of their response to requests for assistance; three, in problem solving when the problem came up and they needed help; and four, in finding community resources and services for the families. All four of those areas were the ones where HHS and the lead agencies both scored 50 percent or under approval. The worst score was in the area of timeliness of their response to requests for assistance. In that area the lead agencies scored 39 percent approval and HHS scored 34, which are pretty low numbers, at least in my opinion. If you want to compare the lead agencies and HHS and how they were being rated by the families, the biological parents, the lead agencies outscored HHS in six areas, while HHS scored a better approval rating in three areas and those three areas were coordinating visits, providing for children's medical needs, and providing for children's psychological needs. HHS did a little better than the lead agencies in those three areas. There were a couple of interesting questions that we asked towards the end of the biological parent survey that were interesting because they sort of tested the quality of the relationship between the biological parents and the agencies, either HHS or the lead agencies. One particularly interesting question had to do with whether the parents

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perceived that the caseworker wanted the parent to succeed, and in the responses to that nearly half of the parents said, no, they did not feel that their caseworker wanted them to succeed. The specific numbers were 44 percent no for lead agencies and 46 percent no for HHS. That I think probably tells us something about how the biological parents feel in terms of their relationship with their caseworkers. The other interesting question that we asked was not so much an approval question as just a fact question and that was a question concerning the number of caseworkers that parents had assigned to their case over a 12-month period: How many caseworkers have you had over the last 12 months? Nearly 45 percent said that they had had three or more. It would be interesting to see what kind of statistics HHS has on that subject, but that was the response that we got from the biological parents. Now also a part of both of these surveys were some open-ended questions, okay, and essay questions in effect. We were asking them for their reaction to certain subjects and looking at those were actually very, very valuable to us in terms of getting a sense of how they felt about how the system was working, both the foster parents and the biological parents. And that is where, that together with the other questions, is where we can start to bring the two surveys together and look for some parallel themes and I would identify three things, three areas where I tended to see parallels between answers we were being given by the foster parents and answers we were being given by the biological parents, and those three areas or common themes were these. One, there was concern about the rate of turnover of caseworkers. That was true of foster parents; that was true of biological parents. The foster parents put this in kind of an interesting framework. They talked about stability in the system and that that was one of the barriers that they had to doing the best possible job, and some even identified that as a barrier to actually themselves being willing to be foster parents and be part of the system. They viewed it as an instability in the system. And, of course, the biological parents were concerned about caseworker turnover as well. So that was one common theme. A second common theme with both surveys were concerns about poor communication, poor communication between the lead agencies and the families, foster families, biological families, or concerns about poor communication with HHS. That was a common theme

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throughout. And if you look at the questions that we scored you saw that as well, that those were...when the subject of communication came up, and it came up actually in a couple of places, the scores were low. So that's another parallel that I saw. And the third one, and these came out in the open-ended questions in both surveys, the third parallel or common theme that I saw was a sense of a lack of respect for the families, for the foster families or for the biological parents. The bio parents put this in terms of the caseworkers in HHS and the lead agencies being "judgmental." They felt that they were prejudged by the bureaucracy. The foster parents expressed this feeling in a little different way. They said that they felt that they weren't being listened to by the bureaucracies; that they thought that the caseworkers and the lead agencies and HHS weren't taking them seriously, weren't listening to their ideas and their concerns and their suggestions. And so I put those all together and sort of under the heading of lack of respect being shown by these bureaucracies to the families that they're dealing with, whether it's the foster families or the biological. Those are the three common themes that I saw and I think those are things that need to be stressed and you need to be looking at those questions fairly closely as you try to determine how the system is performing because that is...I think those are three very important messages from these surveys. Now I want to leave a little bit of time to answer any questions you might have but I do want to tell you...I want to make three big points of my own, ideas that occur to me as a result of having gone through these surveys and having looked at this subject and try to synthesize all this, and one conclusion that I want to leave you with or one idea I want to leave you with is that it has to do with the way bureaucracy works. Bureaucracy is my specialty, I've spent more than 30 years looking at how administrative agencies function, and one thing that I have learned is that bureaucracy comes in many sizes and shapes and from many diverse sources. And a bureaucracy of any kind has certain tendencies, certain weaknesses. They have a tendency to behave in certain ways and those can be ironed out to a certain extent but usually they're always there. These are problems that you'll see in the functioning of just about any bureaucracy. One of them is communication. There's that word again.

Bureaucracies sometimes have a tendency to have problems in communicating with not

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only with entities outside the bureaucracy but also internally with themselves. And another problem you will see with bureaucracies often is a certain level of arrogance. They are the experts; they know; they don't need you to tell them what's right. These are...you see this with every bureaucracy; it's a characteristic of them. And my point is that you can privatize the system or not privatize a system, that's up to you, but don't think you're getting away from bureaucracy by moving the management of the system from HHS to the lead agencies, because they are bureaucracies too. And so you're going to see some of these same problems arise. That's just in the nature of the thing. So that's big idea number one. Big idea number two is this. I think when you look at these surveys, particularly the foster parent survey, I think that's the one I want to concentrate on right now, when you look at the foster parent survey I think it would be reasonable to conclude that the lead agencies are doing a little better job, at least as far as these people feel, than HHS did or was doing or is doing. The problem is I don't know whether the emphasis should be on the word "better" or whether the emphasis should be on the word "little." I'll leave that for you to decide, okay, but you know it is reasonable to conclude from this that the lead agencies were doing a little better job. Third thing that I want to leave you with is this. I believe that what you're doing here today and what you're doing throughout this LR37 process is extremely important. I think that the piece that has been missing and the reason why we're concerned about this initiative being troubled and having problems, the missing piece has been legislative oversight. Bureaucracies are like all the rest of us. They tend to act differently when they know that people are watching, and the closer you watch the better they will tend to do. And I'm not here to give you a lecture but I think that the Legislature...let's just put it this way. I think you're doing a much better job of oversight today and over the last couple of years than has happened in the past and that you need to put a lot of emphasis on that as you start to see big agencies like HHS get into these important initiatives and as you see them deal with big problems like the situation at the Beatrice Developmental Center. Your oversight is critical to the quality of the job that they're going to do and so this thing today that you're doing today and this whole process, very important. Again, let me thank Marilyn and Julie for their hard work. You've all seen the

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report. If anybody else in the room would like to see our report, it's on the Internet now. I won't give you the address because I will screw it up, but we have a handout at the door if anybody would like to get the Internet address so that they could see the full report and the answers that we got. That will be accessible there. [LR37]

SENATOR CAMPBELL: Thank you, Marshall, for a very extensive report and I know that you also worked with the Public Policy Center... [LR37]

MARSHALL LUX: Yes, we did. [LR37]

SENATOR CAMPBELL: ...to do a statistical, if you're into the statistics part of it. So we appreciate their work in this also. Questions from the senators on the report that you have? Senator Krist, we'll start with you and then work this way. [LR37]

SENATOR KRIST: First of all, thank you for your great work and personally thank you for your office's work. On many, many occasions since I've been in office, the Ombudsman's Office has been a critical link trying to get around bureaucracy and get things done. So thank you so much for you and for your folks' efforts. Question is very specific. When I look at the metrics, and I've read through part of this report this morning, it appears to me that there is two areas, regions, that responded pretty well--anytime you get a third back I think that's statistically a pretty nice response; three that absolutely were dismal in terms of their response. [LR37]

MARSHALL LUX: Uh-huh. Uh-huh. [LR37]

SENATOR KRIST: And I'll ask you to comment on that as well as it appears to me that you went into legislative...I'm sorry, judicial districts. Is that what that means: "Location of foster parents who answered the survey compare to location of all court-involved state wards in the system as of 9/6"? Did you look at the judicial or the region? [LR37]

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MARSHALL LUX: What I think we're talking about there is a point that we noticed in the responses. I think I'm talking about what you're talking about. [LR37]

SENATOR KRIST: Okay. Go ahead. [LR37]

MARSHALL LUX: And that is that about 60 percent of the responses that we got, as I recall, were from Omaha metro, Lincoln, and sort of the southeast quadrant of the state, and we were concerned about that too. So we went to HHS and asked them about the percentage of court-involved foster cases, foster children, that in terms of their distribution in those regions, where we got the 60 percent from, and the answer was, well, that's about 70 percent of our court-involved cases. [LR37]

SENATOR KRIST: Ah, okay. [LR37]

MARSHALL LUX: Okay? And so when you put that together it doesn't sound so out of balance is the point we're making there, but it is a good...that we were concerned about that too. [LR37]

SENATOR KRIST: Okay. Thank you. [LR37]

MARSHALL LUX: Uh-huh. [LR37]

SENATOR KRIST: Thank you, Chair. [LR37]

SENATOR CAMPBELL: Senator Howard. [LR37]

SENATOR HOWARD: Thanks for coming in today and providing all this. I'll second his thank you. Do you find it disproportionate given the fact that the department has always been underfunded, and I speak from my own personal experience, heavy caseloads,...

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MARSHALL LUX: Uh-huh. [LR37]

SENATOR HOWARD: ...turnover due to heavy caseloads, but would you have expected better results from the private agencies given that their funding is so much...they've been given so much more money than the internal system was provided? I mean to have these same problems, that were in the internal system,... [LR37]

MARSHALL LUX: Uh-huh. [LR37]

SENATOR HOWARD: ...two years down the road, I mean these just echo all the things that I know: the turnover of the case management, the poor communication. [LR37]

MARSHALL LUX: Uh-huh. [LR37]

SENATOR HOWARD: I mean my caseload ranged from 45 to 60 kids and these caseloads are supposed to be 16. [LR37]

MARSHALL LUX: Uh-huh. [LR37]

SENATOR HOWARD: I mean you look at that and you think why can't you call people back. [LR37]

MARSHALL LUX: That's a good question and I want to get to the call back before I stand down, but the answer I think to your question is I probably would have expected better, okay? But when I wrote this thing I didn't want to make your conclusions for you, okay, and what I mean, that I wanted to hit the highlights and tell you what I noticed but I'll let you decide what should be... [LR37]

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SENATOR HOWARD: Well, it's kind of an obvious... [LR37]

MARSHALL LUX: Well, that's...yes. Okay? Yes, it is. (Laughter) [LR37]

SENATOR HOWARD: Thank you. [LR37]

MARSHALL LUX: Now since you raised the question of call back, let me tell you something that I've noticed, and it's outside of these surveys but it's something that I think you need to know. Over the last five years or so our office has heard a lot of complaints that go like this: I called my caseworker and she never called me back, and then I called her supervisor and the supervisor never called me back, and I kept calling and I still never got a call back. We're hearing that now a lot. Ten years ago and fifteen years ago that was not the case; now it is. I think it's telling us one of two things: Either the people who are being called are less conscientious than they used to be or they're much more overworked than they used to be, or it's a combination of both. But you need to know that that's going on. [LR37]

SENATOR HOWARD: Or they left. [LR37]

MARSHALL LUX: What's that? [LR37]

SENATOR HOWARD: Or the turnover is so great that they're not covering it anymore. (Laugh) [LR37]

MARSHALL LUX: Right, or nobody knows. That could happen. Uh-huh. Yes. [LR37]

SENATOR HOWARD: Yeah. Thank you. [LR37]

SENATOR CAMPBELL: Questions for here? Senator Gloor. [LR37]

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SENATOR GLOOR: I'd be the third person to add my thanks. This is very helpful and even though I think there was a caveat built in that this isn't a...in a multiple linear, regression type statistical...but still, when you take a look at the overall numbers and the response rate, it would be hard to argue that there wasn't a large, large base of people who were contacted and questioned, and that certainly helps me get comfortable with credibility. I would, before I forget, say there may be another option we were just talking about and that is that the expectations of the clientele being served are different than they used to be 15 years ago. [LR37]

MARSHALL LUX: That is true and I've seen that. Uh-huh. [LR37]

SENATOR GLOOR: And I say that from also having run a bureaucracy. [LR37]

MARSHALL LUX: Yes, uh-huh. [LR37]

SENATOR GLOOR: Again, I don't mean that in a negative way. It was a large organization and frustratingly that size made it difficult to manage, but patient expectations (inaudible) my institution were extremely difficult at times compared to what they had been in the past with the expectation the general population has. That doesn't minimize the problems we have here, but I would say I do take that into consideration. [LR37]

MARSHALL LUX: And I agree with that. Uh-huh. [LR37]

SENATOR GLOOR: Communication is a big issue, I mean, and it covers a lot of things. When we talked about caseworkers not listening or the complaint about information not being passed on to foster parents, that's a communication issue to me. And so it was helpful to hear that because when I hear that communication is a problem I wonder in the mass universe of what communication is, written as well as verbal, what does that mean, because it's almost too big an issue to get your arms around. [LR37]

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MARSHALL LUX: It is. [LR37]

SENATOR GLOOR: So to the extent that could be broken out more, and I'll go back in and dig through this to see if I can do a better definition of it, communication is always a problem, it seems like, when you boil things down but at what level and what can you do to address those communications. [LR37]

MARSHALL LUX: Uh-huh. [LR37]

SENATOR GLOOR: So I hope as I go through here I'm able to get a drill down on that. Is there any way to measure the responses we've gotten against other states as an example? [LR37]

MARSHALL LUX: I don't know. I don't know that. [LR37]

SENATOR GLOOR: Yeah. I mean there's a degree of relativity here of we don't know. We're measuring against ourselves. We think we can do better but I also wondered that. And my last question would be how do the biological parents...there was an issue of not wanting them to succeed. What would that success be? Would that success be returning children to them? [LR37]

MARSHALL LUX: Yes, uh-huh. [LR37]

SENATOR GLOOR: Is that what we call success? [LR37]

MARSHALL LUX: That's what they mean. Uh-huh, yes. [LR37]

SENATOR GLOOR: Is that what they mean? [LR37]

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MARSHALL LUX: Yeah. [LR37]

SENATOR GLOOR: Good. That's what I hoped the answer would be. Thank you.
[LR37]

MARSHALL LUX: Okay. [LR37]

SENATOR CAMPBELL: Senator Wallman. [LR37]

SENATOR WALLMAN: Yeah, thank you, Chairman Campbell. Yeah, again, I echo thanks. In regards to turnover and communication and also education, do you think we're educating our foster care people to know what they're up against? [LR37]

MARSHALL LUX: I do. I think that's my general impression that we do. But one concern that I would have that's not really in the area of education or training but more in the area of communication which Senator Gloor mentioned and that's that critical area of what we're telling the foster parents about the child they're getting because that is very specific. And not only is it specific but it can lead to great trouble in the placement if the foster parents have the impression that they're getting one kind of challenge and they discover they're getting a different kind of challenge. And so I'm not sure they're all being prepared in that sense, okay? [LR37]

SENATOR WALLMAN: Uh-huh. Thank you. [LR37]

SENATOR CAMPBELL: Other questions? Marshall, just a couple of questions from my part, and I want to say...I mean I want to thank Marilyn and Julie. They met with certainly the staff in our office and just did a yeoman's job trying to get people, you know, to respond, going on-line or people could fill it out. I mean I think you all did a great job. If you had to pick, I mean you've identified some points for us in the system that we need to pay attention to. If you looked at the report, what would you say would

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be the greatest strengths? I mean where did the department or the lead agencies particularly do a good job that we should look at as a strength, because you don't want to lose all the strengths either. [LR37]

MARSHALL LUX: Right. Right. The responses were consistently good, for example, in terms of providing medical care for the children. We didn't see any concerns, serious concerns in that area so that would be certainly one strength. The other one that the biological parents mentioned was providing the psychological services, that they seemed to be happy about that. That surprised me a little bit that they were. Another one that surprised me a bit with the biological parents, we asked them about visits and travel and that didn't seem to be a big problem. So those are areas that I would see as strengths. [LR37]

SENATOR CAMPBELL: My guess would be that if you would have got...if we would have gotten greater numbers from some of the Western, Central, and Northern,... [LR37]

MARSHALL LUX: That's a good point. [LR37]

SENATOR CAMPBELL: ...based on the hearings. So I mean I think that's what...an illustrative point here for all of us as senators is that it's all the pieces that we will put together,... [LR37]

MARSHALL LUX: Uh-huh. [LR37]

SENATOR CAMPBELL: ...what we heard in the hearings, what we hear in the reports, because in the hearings and those areas we heard transportation was a problem... [LR37]

MARSHALL LUX: Uh-huh. [LR37]

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SENATOR CAMPBELL: ...for the bio parents and for the foster parents. [LR37]

MARSHALL LUX: Okay. [LR37]

SENATOR CAMPBELL: The other point that I thought was really interesting in the report is that that service closest to the parent, the foster agencies,... [LR37]

MARSHALL LUX: Uh-huh. [LR37]

SENATOR CAMPBELL: ...but again whether that's a lead agency providing that or their subcontractor, but it's that closest... [LR37]

MARSHALL LUX: Yes. [LR37]

SENATOR CAMPBELL: ...agency to them that they rated the highest from the standpoint of all across your criteria. [LR37]

MARSHALL LUX: I think that's meaningful, too, and I think it's the closeness that makes the difference. [LR37]

SENATOR CAMPBELL: Because that's the person who's with them... [LR37]

MARSHALL LUX: Right. [LR37]

SENATOR CAMPBELL: ...or talking to them most often. [LR37]

MARSHALL LUX: Uh-huh. Right. [LR37]

SENATOR CAMPBELL: The other thing I want to comment about the report is I know

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you all started out with the foster parents, but adding the bio parents and drawing parallels between the two groups has been extremely helpful I think in this report as you look at it. And I urge my colleagues to spend a lot of time on the data because there is a wealth of information inside this report. So thank you for your efforts. A follow-up question, Senator Howard? [LR37]

SENATOR HOWARD: Well, I just have a comment to make. Thank you, Senator Campbell. You referred to ten or so years ago we didn't have the communication issue. I will say to you that when I worked as a case manager the supervisors remained in the office, because often the case managers were out--court, visits, you name it--and the supervisors would take that call when it came in and the case manager wasn't available. And the supervisor knew the cases because they supervised the worker. If the supervisor had to be gone to a meeting, dealing with a problem, something else, there was always a designated cover worker who that phone call would be referred to. And so that communication is just so important when foster parents reach out or biological parents or there's an issue, say a child that needs medical attention, we have to give permission. That was so critical to have all that covered and somewhere along the line this has been lost, and I don't blame them for being mad about it. [LR37]

MARSHALL LUX: Uh-huh. Yeah. [LR37]

SENATOR CAMPBELL: Senator Krist. [LR37]

SENATOR KRIST: To follow along with Senator Campbell, I hesitate to even say this but it needs to be said, when you wrap in all the things that are or have been presented to us and you try to look at all the areas and match it all together, it's not surprising to me that we don't communicate the status of the child to the future foster parent. In some cases we have heard very factually that if you present a child who is of lesser need then you pay less to the foster parents, and I think there's a motivation there in some ways and I think we can substantiate that. We have to fix that. So although you have wrapped

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it into communication, it also goes to motivation. [LR37]

MARSHALL LUX: Yes. [LR37]

SENATOR KRIST: If I'm motivated to move my caseload along and have less on my plate, then I will move them along as I need to and that little issue that came up a couple of years ago about that child may be not so important in terms of the placement. [LR37]

MARSHALL LUX: Right. [LR37]

SENATOR KRIST: So...and I know you probably saw that in your statistics. [LR37]

MARSHALL LUX: Yes, and of course it's easier to find a placement if I don't mention that troubling characteristic. [LR37]

SENATOR KRIST: Yes, sir, and I think it's important that that is said publicly. Thank you, Chair. [LR37]

SENATOR CAMPBELL: I think at the end of the morning we're also going to hear a come around to all of this in how well all of this information is documented into the system so that when the turnover happens that there is that in the file. And I think the Foster Care Review Board will probably answer some of those questions. Thank you once again, Marshall, to you and your staff, we really appreciate it and particularly volunteering and coming down to see us. So thank you very much. [LR37]

MARSHALL LUX: Thank you. [LR37]

SENATOR CAMPBELL: Our next report is from Sarah Helvey from the Nebraska Appleseed, and Nebraska Appleseed stepped forward and said, we can do a survey for

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you of attorneys, and I'm going to let Sarah describe all of that. But again, we appreciate the agency coming forward and offering to help, so we'll wait till we get the report and Sarah must have a PowerPoint. [LR37]

SARAH HELVEY: (Exhibit 3) Uh-huh, I do, yeah, so if we can take a moment to let that get loaded up. [LR37]

SENATOR CAMPBELL: That's fine. We're a little bit easier on time today because we know what all the schedule is and so we're not quite...I don't feel like I have to rush everybody. [LR37]

SARAH HELVEY: Okay. Great. I think that that... [LR37]

SENATOR CAMPBELL: We can take a breath and at least look at what we're doing. [LR37]

SARAH HELVEY: Great. I think that that will get brighter as it warms up, so... [LR37]

SENATOR CAMPBELL: Okay. There we go. [LR37]

SARAH HELVEY: There. So good morning, Senator Campbell and members of the HHS Committee. My name is Sarah Helvey, that's S-a-r-a-h, last name H-e-l-v-e-y, and I'm a staff attorney and director of the child welfare program in Nebraska Appleseed. And as Senator Campbell indicated, my testimony this morning will focus on a survey that we provided to attorneys regarding their perceptions of the privatization of child welfare services in the state. So see if this works. Great. Appleseed developed a 24-question, on-line survey that was sent by e-mail to a Listserv that Appleseed has of approximately 275 child welfare attorneys across the state. We received responses from 90 attorneys. You'll be hearing, I think next, from Dr. Vicky Weisz, who conducted I believe a survey of the Through the Eyes of the Child local teams. Those teams contain

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attorney representatives on them and so some attorneys answered the survey provided by the Court Improvement Project. That survey was sent prior to ours. Then we sent our survey. There are some attorneys on our Listserv who are also members of local teams. We clearly indicated to them if you are a member of a local team and have already completed that survey don't also complete this one. So the 90 respondents to our survey are members of our child welfare Listserv who are not members of local teams and didn't complete the survey as part of that process. These attorneys serve as guardians ad litem, attorneys for juveniles, attorneys for biological parents, attorneys for foster parents, then also at times attorneys for grandparents or other relatives. In many cases, attorneys serve multiple roles in various cases. And just to give you a little bit of a background of the attorneys who responded, the most frequent response, when asked to indicate the amount of time that they had been practicing juvenile laws, was 10 to 20 years, and the most frequent response among attorneys when asked the percentage of their practice devoted to juvenile court work was between a quarter and a half. And so these are attorneys that have, by and large, a good background working in juvenile court. In order to separately examine as well as to compare attorneys who practice in areas of the state not currently privatized--the Central, Northern, Western Service Areas--and those who primarily practice in areas of the state that are currently privatized--Lincoln and Omaha--we asked as a threshold question for attorneys to indicate whether they primarily practice in an area of the state that was currently privatized or currently not privatized. And then based on their response to that question, attorneys were directed to answer a parallel set of questions. So of the 90 respondents, 35 indicated that they primarily practice in an area of the state not currently privatized and 53 in an area that is currently privatized, and that's about a 60/40 split. Before I jump into the results, I want to thank the Public Policy Center at UNL and, in particular, Dr. Mark DeKraai, who's a senior research director, and Deadric Williams, who's a sociology doctoral student, for their assistance with the data analysis. They also provided a report that's contained in the materials that I provided. You also in those materials have a copy of the survey that we provided to attorneys. In the survey, the first questions, the attorneys were first asked questions about the extent to which they agree

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with statements that caseworker communication and adequacy of services were satisfactory on a five-point scale from strongly agree...strongly disagree to strongly agree as they related to various agencies. As to perceptions about caseworker communications, attorneys practicing in nonprivatized areas tended to agree or be neutral in response to the statement, "In the past year my experience is that communication with caseworkers has been adequate." The average response for attorneys in privatized areas was between disagree and neutral. Attorneys in privatized areas also tended to believe that communication with lead agency caseworkers was not adequate. As to timeliness of agency response to attorneys' requests or inquiries, attorneys in privatized areas were somewhat inclined to believe that responses from HHS caseworkers in the past year had not been timely, while attorneys in nonprivatized areas were somewhat inclined to believe responses had been timely in the past year. Attorneys in privatized areas also tended to believe the responses from agency caseworkers had not been timely over the same period. These two figures I think are interesting but perhaps not surprising, because attorneys, and the figures (inaudible) that as attorneys in privatized areas, they're more directly interacting with a lead agency caseworker, whereas in nonprivatized areas they're interacting now, in the past year, more often with the caseworker for the department. And so, you know, I guess it makes sense that they would be more likely to favorably rank their interactions with those caseworkers because that's who they're interacting with. I think the more telling indication from these questions is that attorneys perceive in general that communication with lead agency caseworkers had not been adequate or timely, whereas attorneys in a nonprivatized area indicated the opposite as to HHS caseworkers. And I want to just pause and say, you know, we know that front-line caseworkers are working very hard under very difficult circumstances and with very limited resources, and they are in many cases working their hearts out. And so I want to, you know, be clear that, you know, we think that this trend is important to take a look at what are the underlying system and policy issues that are creating these concerns among attorneys and how can those be addressed. Okay. As to attorneys' perceptions of behavioral health services for children, attorneys were asked the extent to which they agree with the statement there: "In the

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past year, my experience is that services for the psychological or behavioral health needs of the child have been satisfactory" as to HHS, lead agencies, Medicaid/Magellan, and when court ordered as applicable. Attorneys tended to believe that such services were not satisfactory as arranged by HHS and as provided by Medicaid/Magellan. Attorneys were somewhat inclined to believe that court-ordered behavioral healthcare was satisfactory. Attorneys in privatized areas tended to believe that such services arranged by lead agencies were not satisfactory, and this trend was similar for attorneys' perceptions of supportive services such as substance abuse and mental health services for parents. Similarly, as to supportive services for foster parents, attorneys were asked the extent to which they agree with the following statement: "In the past year, my experience has been that supportive services for foster parents, for example, childcare and respite, and payments for foster care services, i.e., the maintenance payment, have been satisfactory." Attorneys tended to believe supportive services for foster parents were not satisfactory as arranged by either HHS or subcontracting agencies. Attorneys in privatized areas tended to believe such services as arranged by lead agencies were also not satisfactory. And then this trend was similar for attorneys' perceptions about reliability of parenting time or visitation. And the most important, I think what I would point out from these last two slides is, you know, you kind of are drawn to the difference but I would sort of call your attention to the fact that three is sort of average and then below that is below average. And so I think kind of the takeaway from this is that we're not where we need to be kind of across the board with these issues, at least according to the perceptions of the attorneys in our survey. Attorneys were then asked to rate 14 elements of the child welfare system, including aspects of services and case management and stability of placement on a five-point scale ranging from poor to excellent across three phases of privatization. So attorneys in privatized areas of the state, the three phases included preprivatization, so pre-2010; partial privatization during 2010; and full privatization in 2011, essentially corresponding with the increased case management responsibilities given to lead agencies. For attorneys in nonprivatized areas, the three phases included preprivatization, again pre-2010; partial privatization in 2010, roughly during the period

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of time that Boys and Girls had a contract in that area of the state; and then postprivatization in 2012, roughly since the termination of the Boys and Girls contract when the department resumed case management in those areas. And these results I think are compelling. Attorneys in privatized areas rated each of the 14 elements significantly lower under full privatization than under preprivatization. Attorneys in nonprivatized areas also rated each element significantly lower under privatization than preprivatization except for stability of placement. Oh sorry, that's that one. That's nonprivatized. And there's like a chart in my head (laugh) that's not unfortunately on the PowerPoint and I want to describe it to you. It was easier to see when you look at sort of the raw data, but if you could imagine a line chart and for privatized attorneys across the three phases of privatization it was a trend line going down essentially, that attorneys ranked all 14 elements in the preprivatization higher, during partial privatization slightly lower, and under...sorry, now I'm talking about privatization--under full privatization slightly lower still. So the line is trending down. The attorneys are rating their perceptions of these elements sort of lessen as the system becomes more privatized. And the one exception to that trend was for the availability of services for which attorneys' perceptions of quality increased slightly under partial privatization as compared to before privatization, and then decreased significantly under full privatization. So even though you can't see the line chart in my head, if you kind of look at the means you can see that the preprivatization there, you know, are the highest, except for that first one, and then under partial it's slightly lower, and under full it's slightly lower still. And then in contrast, by comparison, in nonprivatized area the line chart is sort of a V. Attorneys rated the 14 elements highest before privatization, lower during partial privatization, and then postprivatization when the state resumed control of cases attorneys' perceptions of the quality of the 14 elements increased slightly, though not back up to preprivatization levels. The lines decreased with privatization, then again sort of the V sort of increases slightly when the state stepped back in. In the interest of time, I'm going to skip that one. And then I just want to mention the Public Policy Center did a little bit more complicated analysis look comparing attorneys in privatized versus nonprivatized areas on those 14 dimensions and under full privatization, and found that

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attorneys in nonprivatized areas rated caseworker judgment, responsiveness, and contact significantly higher than did attorneys in privatized areas. And if you can see that, those are the scores that are indicated with kind of a tiny asterisk there. Those are significant differences between perceptions of privatized attorney...attorneys in privatized areas versus nonprivatized areas under full privatization. Okay. And the final two questions that we asked attorneys, they were asked to rate their perceptions of child safety, permanency, and well-being since privatization, compared to the way it was before, on a five-point scale of better, somewhat better, same, somewhat worse, and worse. And mean scores for both groups of attorneys fell between somewhat worse and the same on all three dimensions. And then we asked them to rate the extent to which they agree with the statement, "privatization, as it is currently structured, will eventually be successful," on the five-point scale from strongly agree to strongly disagree, and mean responses for both groups fell between strongly disagree and disagree. And then we also asked some open-ended questions as to whether the attorneys had any other concerns about privatization that were not covered in the survey and to list three things that they feel would make the biggest impact and improve the system as it currently exists. Those open-ended questions...or the trends are summarized in the Public Policy Center's report. To highlight a few of them, some trends that emerged about concerns were concerns related to funding, services, caseworker turnover, training and caseloads. Attorneys also suggested reducing caseloads, improving communication, and addressing funding issues and service gaps as ways to improve the system. So in conclusion, you know, we certainly don't speak for all attorneys who practice in juvenile court or even the 90 attorneys who responded to our survey, but I think their perceptions about the system are noteworthy. Attorneys representing children and families in juvenile court have a front-line view of the needs and challenges in the system, and I thank you for the opportunity to share their feedback with the committee today as you work to find solutions to improve the system as part of the LR37 process. [LR37]

SENATOR CAMPBELL: Questions? Senator Gloor. [LR37]

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SENATOR GLOOR: Thank you, Senator Campbell. Sarah, this is just...you've got to help my fading eyes on something here. [LR37]

SARAH HELVEY: Okay. [LR37]

SENATOR GLOOR: I want to make sure I do this right. [LR37]

SENATOR CAMPBELL: What page are you on? [LR37]

SENATOR GLOOR: Well, I'm on page 4, the table on the very bottom, is that Table 11? [LR37]

SARAH HELVEY: You know, I didn't save myself a copy up here. [LR37]

SENATOR GLOOR: I just can't quite make it out. If so, I just want to make sure I can reference it since the print is so small on that. [LR37]

SARAH HELVEY: Sorry about that. [LR37]

SENATOR GLOOR: I think it's...I think I...well, that's all right because I think it's on page 13. I just want to be able to write in the reference on it when I want to take a look at what the responses are. [LR37]

SARAH HELVEY: Sure. And now are you saying page 4 of the PowerPoint or of the report? [LR37]

SENATOR GLOOR: Well, page 4 of the handout, and I think it was the PowerPoint that you flashed up just before we went into mean differences between attorneys in private and nonprivate areas. [LR37]

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SENATOR CAMPBELL: And you said you're not going to go into a great deal on that. I think that is Table 11. [LR37]

SENATOR GLOOR: I think so. Bottom of page 4, the very bottom left. [LR37]

SARAH HELVEY: Oh yes. Okay. [LR37]

SENATOR GLOOR: I think that's Table 11 that we would then find on... [LR37]

SENATOR CAMPBELL: So that one. Does that look like it? That is Table 11. [LR37]

SENATOR GLOOR: Well, it's hard to make out but I think so. That's my question. [LR37]

SARAH HELVEY: Okay. I'm sorry. The PowerPoint is small so... [LR37]

SENATOR GLOOR: Yeah, that is my question and I think it is. I think Senator Campbell is reaffirming to me, I can read that if I just turn to page 13... [LR37]

SARAH HELVEY: Okay. [LR37]

SENATOR GLOOR: ...where it's... [LR37]

SENATOR CAMPBELL: Is that right? Would you go to 13 there, Sarah, in your book, in your booklet, your handout. I think that's the same chart. You can all tell, aging eyes here, we're alike. [LR37]

SARAH HELVEY: Yes, that's Table 11, correct. [LR37]

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SENATOR GLOOR: Good. [LR37]

SENATOR CAMPBELL: Okay. [LR37]

SENATOR GLOOR: That's my question. Thank you. [LR37]

SENATOR CAMPBELL: Other questions for Sarah? Sarah, my guess is that we're going to have to spend some time because I don't think we've all had as much time to look at your report as we might have components of the Ombudsman's Office, so we'll have to take a look at it. But I thought it was very interesting that you noted that you'd asked people specifically if they had filled out another survey not to fill this one out. I think that's particularly helpful. And once again review for us how spread across the responses were in terms of the five service areas. [LR37]

SARAH HELVEY: I don't have it broken down by service area but there were about 60 percent in the Lincoln-Omaha area and then about 40 percent for the nonprivatized areas of the state,... [LR37]

SENATOR CAMPBELL: Okay. That would help. [LR37]

SARAH HELVEY: ...but I don't have by service area or by judicial district. [LR37]

SENATOR CAMPBELL: Okay, but that's helpful to know that percentage of split. If there was...and I'm going to...somewhat of the same question, you know, a major weakness to the system, if you had to summarize all the data you've looked at, and a major strength, where do you think we are today in terms of a major strength or a major weakness. [LR37]

SARAH HELVEY: You know, I mean I think the trend that we saw with this survey is that attorneys tended to have more favorable ratings when they were working directly

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with the NHHS caseworker, and so I think there's a real...and I don't know if that's partially in the rural areas of the state. I know anecdotally a lot of attorneys have worked with those caseworkers for years and have really strong relationships and trust established, and so, you know, that they're comfortable working with those caseworkers. But that was a trend that we saw that I think is important to take a look at. [LR37]

SENATOR CAMPBELL: Interesting. Any other questions or comments? From what little opportunity I've had to take a look at it, some of the comments in some of the areas would certainly be backed up by the testimony of Mr. Braaten when he was here for the Lincoln hearing. [LR37]

SARAH HELVEY: Uh-huh. [LR37]

SENATOR CAMPBELL: Some of the points that he covered I think you are seeing in your report. [LR37]

SARAH HELVEY: Yeah, and there are a lot, you know, similar trends in terms of communication, turnover, and other issues. [LR37]

SENATOR CAMPBELL: Right. So that the themes that are in...sorry, Senator Howard. [LR37]

SENATOR HOWARD: That's okay. [LR37]

SENATOR CAMPBELL: So the themes that you might be seeing in the Ombudsman's report somewhat then roll off into larger themes that you're also seeing, particularly on the case managers. [LR37]

SARAH HELVEY: Uh-huh. [LR37]

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SENATOR CAMPBELL: Senator Howard. [LR37]

SENATOR HOWARD: Which is exactly what I was going to point out in following up with the Ombudsman's report. Did your attorneys feel that the Health and Human Service case managers were easier to get in touch with, to communicate with than the private agencies? [LR37]

SARAH HELVEY: I mean their questions were adequacy of caseworker communication... [LR37]

SENATOR HOWARD: Yeah. [LR37]

SARAH HELVEY: ...and timeliness of response. [LR37]

SENATOR HOWARD: And they felt better with which? [LR37]

SARAH HELVEY: With the HHS caseworker. [LR37]

SENATOR HOWARD: Okay. Gratifying. Thank you. [LR37]

SENATOR CAMPBELL: Senator Krist. [LR37]

SENATOR KRIST: Statutorily, who should be doing the case working for the department? [LR37]

SARAH HELVEY: You know, I guess how I would answer that is, you know, I believe that when a child is made a state ward that the state is ultimately the legal guardian and the custodian of that child, and so they have certain legal responsibilities for oversight and so that makes it easier, in a way, when the department is making those decisions.

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They are the ones that are responsible. And so I think even when you do privatize you just have to be very careful about that oversight piece, but I think there is some, you know, consistency when the department, who is the legal custodian, is making those decisions. And I don't know that that could...I mean that component is always going to have to be there and that oversight piece is critical. [LR37]

SENATOR KRIST: Well, I can...and I don't want to be flippant but I want to make the point. I can appreciate that you opine that it is your opinion that you do, but isn't it true that statutorily the law says that it will be a state of Nebraska employee, employed to take care of the state guardian who is speaking for the child in court? [LR37]

SARAH HELVEY: Yes, that's my understanding and I can't think of a specific statute that says that, you know, exactly, but that is my understanding of the law. [LR37]

SENATOR KRIST: So if there is a contractor or a person who's acting on behalf of the state who is contracted to the state and there is not a state employee advocating for the child, we are in violation of that statute. Would that be your opinion? [LR37]

SARAH HELVEY: You know, I'm not comfortable making that legal conclusion, but I think that that relationship and that line of authority is a very important legal question. [LR37]

SENATOR KRIST: Okay. Thank you. Thank you, Chair. [LR37]

SENATOR CAMPBELL: Okay. Any other questions? Thank you very much, Sarah,.. [LR37]

SARAH HELVEY: Thank you. [LR37]

SENATOR CAMPBELL: ...and once again we want to thank Appleseed for stepping

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forward and saying how can we help you,... [LR37]

SARAH HELVEY: Sure. [LR37]

SENATOR CAMPBELL: ...and conducting the survey for us. Thanks a lot. [LR37]

SARAH HELVEY: Yeah. [LR37]

SENATOR CAMPBELL: Our next presenter is Vicky Weisz, who's with the Nebraska Court Improvement as the director and the UNO Center on Children, Families and the Law. And while Vicky is coming forward and getting set up, for my colleagues, I think you will also see in all of these that while these people step forward they wanted to be very sure that they were giving you the data as best they could in a form that we could see. But as they have all said, it comes down to the senators making conclusions, drawing from their experiences. They were very careful to say we do not want to draw major conclusions but we do want to point out certain things. [LR37]

VICKY WEISZ: Thank you, Senator Campbell. [LR37]

SENATOR CAMPBELL: So somewhat of a political disclaimer there but, in any case, that's what I think was important. They felt that we the senators should be looking at the raw data. Vicky, welcome. Thanks so much for coming today and your effort was to step forward and say we would like to help with a survey of the juvenile judges and the judges across the state who deal with juvenile issues. [LR37]

VICKY WEISZ: Right. Thank you. [LR37]

SENATOR CAMPBELL: So with that, I'll let you go ahead. [LR37]

VICKY WEISZ: (Exhibit 4) Thank you and good morning, Senator Campbell and

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Senators, and I would like to say thank you to Melissa Townsend, who you've seen popping up here occasionally, and as she recognizes that old people get flustered if they have to worry about PowerPoints at the same time they're speaking to committees, and I appreciate Melissa helping us out. I'm going to talk about our judges' survey which is not up on the PowerPoint, and I apologize to the audience. It will be posted on our Through the Eyes Web site in the next day or so. The senators, you all have that. That should be on top. And the Through the Eyes Web site is www.ThroughTheEyes.org. And I will spell my name now, Vicky Weisz, W-e-i-s-z. Thank you. So I'm going to talk about the judges' survey, a survey we also did by Through of the Eyes of the Child teams. And then Senator Campbell also asked me to spend a few minutes talking about some of the court improvement efforts, the efforts that the Nebraska judicial branch has taken over the last several years, just to give some background to some of the things that are going on now. I did not do any of the complicated statistical analysis that the Public Policy Center, my collegial group at the university, did, but I think if you look at the judges' survey here, I can talk through. I have bar graphs and it seems like our results were somewhat similar to the ones that Sarah reported, so we do have a bar graph kind of visual that goes along with some of the things. Just briefly, this was an Internet-based survey that we did this summer and we had an 85 percent response rate from the judges with juvenile jurisdiction, which is obviously a really high response rate, and I do think it's a testament to the judges' interest in this issue and their desire to be part of the solution as best they can and to improve the system. We also divided the judges. The first question was, are you in an area that is currently privatized or in an area that is currently nonprivatized, similar to what Sarah did, and then we asked a variety of questions. And as we go through this I'll just...I won't read these or go through them very carefully but I will...if you look at the bottom of page 1, what you'll see in this pattern, this is the format for all of these. On the left side of the page are those judges in the currently privatized areas, which is the eastern and southeastern part of the state, and on the right side of the page are the judges from all the other areas. And we asked the questions in the same way that Sarah did. We asked them to divide, to sort of recollect what it was like prior to privatization, during partial privatization, and then for

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those parts of the state that reverted back to HHS, you know, postprivatization, and then for those that have gone full privatization. And what I did, so we had all these questions and there was a scale, a five-point scale, with five agree or five excellent and one average. And I did put the entire scale, so that you could get a sense of where...sort of where they were in this but we started with the availability of services and you can see on the left it actually wasn't hugely different but a tiny decline, on the right a decline, and then an increase. So in the nonprivatized areas they saw some increase. On page 2 we asked about the timely access to services. Again, on the left is the currently privatized areas, the right the nonprivatized. And I'm going to kind of fly through this so that I have time to go over both things but I can certainly answer questions. The quality of services, then on page 3 we turn to the judges' perception of the casework. And I do want to make one statement here which we didn't ask in the survey, but everything judges say to me constantly is that they think that the individual caseworker who comes into their courtroom is typically trying to do the best that they can, and they, even when they're judging the quality of casework, I think they see that as a system issue, not necessarily an individual responsibility, because they see a lot of the caseworkers just having caseloads that are too great or not having very much experience. So the first was the caseworker knowledge of the case. The second was the caseworker's judgment in the case, and you can look. Again, left is the privatized and the right is the nonprivatized, and that trend that Sarah described where in the nonprivatized areas now, where it reverted back to HHS, you see an improvement in their perceptions of the caseworkers. The caseworkers' preparation for hearings is on the top of page 4, the caseworkers' contact with children and responsiveness to children's needs, and that pattern of sort of gradual decline for the currently privatized and an uptick for the nonprivatized continues. And then finally on page 5 with the same pattern there is the caseworker contact with other parties. Next we asked specifically a couple of questions about juvenile OJS cases and the caseworker capacity in those on the bottom of page 5. And then if you go to page 6, services for OJS cases, the access to services and then the access to placements, and services and placements is an area that in the nonprivatized area there is a continual decline in that, which I think is consistent with other testimony that

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people have heard at different times. If we move on to page 7, talking about case plans and court reports and placement stability--again, the left side of the page is the eastern part of the state where it's currently privatized and the right side of the report...of the page is the nonprivatized--and there has been a decline in the timeliness of the reports in the nonprivatized areas. Then on page 8, a question about the stability of placements and I will let you make with that. There's a little bit of an uptick on both of those but it's rather small and they're all kind of below average, as many of these ratings are. We also asked a question about guardians ad litem, on the bottom of page 8, and this bar graph is a little different so each of the...this was not a comparison across different points in time but the questions were whether the judge was satisfied with the participation of guardians ad litem, and you can see there's greater satisfaction in the rural parts of the state, the nonprivatized parts of the state, than in the eastern part of the state. Guardians ad litem provide useful information about children's needs, and there's that same pattern. And the guardian ad litem input has been more important since privatization. Then we asked some general questions about the impact of privatization and we just wanted them to rate in general whether things are now worse, the same, or better. And so depending on, you know, whatever it is, if it would be worse, you know, that might be shorter or longer but everyone would know kind of what worse would be. And so you can see that in the...so we asked about child's well-being, permanency and safety, and in the privatized part of the state, the currently privatized, they're seeing that things are about the same. They're seeing that as being worse in the nonprivatized parts of the state. And then there were questions, I'll just point out the need for increased judicial monitoring. On both parts of the state they're saying that's somewhat worse, which means that the judges do see the need for more increased judicial monitoring since all this has happened. And then finally on the bottom of the page we asked a straight question about how successful...do you think this will eventually be successful the way privatization is currently structured, and there was mild disagreement with that statement. So I think I will move ahead and fly through the next survey you have or do you want to ask questions first? [LR37]

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SENATOR CAMPBELL: Vicky, let's just stop for a minute. Is there any questions on the judges' survey as Vicky has gone through it? I'm sorry, Senator Bloomfield. [LR37]

SENATOR BLOOMFIELD: Yeah, back on page 7, that top graph,... [LR37]

VICKY WEISZ: Yes. [LR37]

SENATOR BLOOMFIELD: ...in the prior to privatization, where I would have thought everything would be pretty well equal throughout the state, why are we so much higher do you suppose in that column? [LR37]

VICKY WEISZ: The timeliness of court reports? [LR37]

SENATOR BLOOMFIELD: Yeah. [LR37]

VICKY WEISZ: Well, I think, you know, I think it's something that people have noted that the system had problems before privatization happened and, you know, I don't know why in the urban areas that would have been more of a problem to get the reports in on time, but obviously it was. I don't know. I don't know why there would have been that difference. [LR37]

SENATOR BLOOMFIELD: I'm just a little surprised in several of these graphs that the prior to privatization that there's such a big change... [LR37]

VICKY WEISZ: Right. [LR37]

SENATOR BLOOMFIELD: ...in the ones that have switched back. Okay. Thank you. [LR37]

SENATOR CAMPBELL: Senator Krist and then Senator Howard. [LR37]

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SENATOR KRIST: Were there opportunities for the judges to comment other than check block? And particularly I'm interested in access to placement postprivatization. We've heard across the state that that's a huge issue... [LR37]

VICKY WEISZ: Right. [LR37]

SENATOR KRIST: ...and kids are going places that kids shouldn't go because they don't have any alternatives. Can you speak to that? [LR37]

VICKY WEISZ: Well, there was...there wasn't a space for every question but we did have some general, at the end, open-ended questions which it was too hard to make sense of them so we didn't bring them in. And I'm not sure if anyone spoke to that issue, but I just have been around the state with our regional conferences and have talked to a lot of judges and there has...they're really struggling in western Nebraska particularly with a lot of placements and group homes closing and not really having any...and foster parent, their perception being that there are fewer foster parents. [LR37]

SENATOR KRIST: Just to follow on in a question or a request, we have some of that data in the hearings in terms of testimony, both in close and open session. Would it be possible to get some of those comments from your database, just raw data, to the committee? [LR37]

VICKY WEISZ: Of course. [LR37]

SENATOR KRIST: Please. [LR37]

VICKY WEISZ: But I'll even, if it doesn't...it may not...you mean the entirety of the raw data or ones that relate to placement? [LR37]

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SENATOR KRIST: I'm interested in placement. [LR37]

VICKY WEISZ: Right. [LR37]

SENATOR KRIST: Other committee members may be interested in other raw data but particularly in placement is very much of interest to me. [LR37]

SENATOR CAMPBELL: Senator Krist, are you talking about the comments? [LR37]

SENATOR KRIST: Yes. [LR37]

SENATOR CAMPBELL: Yeah. [LR37]

SENATOR KRIST: The judges' individual comments. [LR37]

SENATOR CAMPBELL: I think we're looking for the comments because most of the data was reflected in your graphs I think. [LR37]

VICKY WEISZ: Right, but you're talking about the open-ended question, right. [LR37]

SENATOR KRIST: The subjective, yes. [LR37]

SENATOR CAMPBELL: Yeah, the comments. [LR37]

SENATOR KRIST: Yes, ma'am. [LR37]

VICKY WEISZ: I can provide that. [LR37]

SENATOR CAMPBELL: Okay. That would be great. Senator Howard. [LR37]

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SENATOR HOWARD: Well, thank you. I think it's important to provide some more information to Senator Bloomfield regarding these...the timeliness of court reports, and I'm sure you're familiar with there's an expected three days ahead of juvenile court hearing those court reports are expected to be in to the judge and the guardians ad litem and the other attorneys involved. I would expect with much lower caseloads that the private agencies are supposed to be handling that those reports would be in, in a timely fashion and that the quality of the reports would be...those graphs would be way up there. [LR37]

VICKY WEISZ: Right. [LR37]

SENATOR HOWARD: Because when you've got 45 to 60 cases, you don't have the time... [LR37]

VICKY WEISZ: Uh-huh. [LR37]

SENATOR HOWARD: ...that you have when you have 16 cases to really focus on those court reports and get them in. True? [LR37]

VICKY WEISZ: I would think so, but, you know, it's not clear that the private contractor workers have lower caseloads. I don't think that they do. [LR37]

SENATOR HOWARD: It is expected... [LR37]

VICKY WEISZ: Right. [LR37]

SENATOR HOWARD: ...in the contract. That's the agreement they made with the department. Why would they not have those lower caseloads? [LR37]

VICKY WEISZ: I don't know. [LR37]

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SENATOR HOWARD: I have my own question, too, if I may? [LR37]

SENATOR CAMPBELL: Sure. [LR37]

SENATOR HOWARD: What...can you explain to me, I don't quite understand why we talk about, on the right-hand side of the page, these graphs that refer to the nonprivatized areas and yet the graphs go from prior to privatization, partial privatization, and postprivatization. If it's a nonprivatized area, what is this telling us? [LR37]

VICKY WEISZ: Right. I probably didn't take enough time at the start to explain that, but what I meant was the part of the state that is currently not privatized. So the Northern, Central, and Western HHS regions, which started out...everyone started out not privatized, everyone went to the lead agencies, and when Boys and Girls pulled out it reverted back to HHS in those parts of the state. So I just, for simplicity's sake, called that the nonprivatized part of the state. So the first phase is prior to that process starting, the second phase was when Boys and Girls had their...so we called that partial privatization with the lead agency, and then the period after they pulled out we're calling postprivatization. [LR37]

SENATOR HOWARD: So in reality, that would be return to Health and Human Services. [LR37]

VICKY WEISZ: Right. Right. [LR37]

SENATOR HOWARD: Okay. So it's a different postprivatization than on the left-hand side. [LR37]

VICKY WEISZ: Well, the left-hand side, it's full privatization because that's... [LR37]

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SENATOR HOWARD: Right. [LR37]

VICKY WEISZ: So the period we're in now, and we could call it anything and I guess those were just the words and there's nothing... [LR37]

SENATOR HOWARD: But it's not the same thing. [LR37]

VICKY WEISZ: Well, full... [LR37]

SENATOR HOWARD: I mean post in one area is not the same as post in another. [LR37]

VICKY WEISZ: Well, it's full on...it's called full privatization on the currently privatized area, the Eastern and Southeastern Service Areas, because now that is fully privatized, and we called it post on the other because it's after it ended. So we could have said back to HHS, and if that would have been more clear, I apologize for not doing that. But that's what it means. You know, it's after it ended, so... [LR37]

SENATOR HOWARD: Thank you. [LR37]

VICKY WEISZ: You're welcome. [LR37]

SENATOR CAMPBELL: Senator Gloor. [LR37]

SENATOR GLOOR: Thank you, Senator Campbell. And Senator Howard brings up, as usual, a good point that I was working my way through and it then finally clicked on me when I saw the graph on page 9, the last page, the impact of privatization, thinking, well, how could the area not be...that hasn't been privatized rank things, from what we've been hearing, as far worse than the area that currently operates under privatization.

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And the answer to that is privatization interruptus. I mean, you know, the problem that we've heard and that I see in my area is the programs and services that were discontinued because of the challenges... [LR37]

VICKY WEISZ: Exactly. [LR37]

SENATOR GLOOR: ...that resulted in moving away from it. And that graph I think drives home the fact that what's worse than the move to privatization, I think, was the move to privatization, then after things got bad we stopped it and turned it back over to the state. We didn't have any choice but we're still left with a lack of people to provide services or programs... [LR37]

VICKY WEISZ: Right. [LR37]

SENATOR GLOOR: ...that are in existence anymore. And I think that graph dramatically points out why, even though we've stopped privatization in that area, the judges are rating it worse than they are in the areas that have moved to full privatization. [LR37]

VICKY WEISZ: Right. But I think, you know, if you divide between the impressions about caseworkers and the impression about services, I think the judges were rating that there was an improvement in caseworkers when it went back to HHS but a continual decline in services. [LR37]

SENATOR GLOOR: Although, you know, you look at the overall ratings for some of these things, they've also dropped. I mean I think there's a negative halo effect here. [LR37]

VICKY WEISZ: Right. Right. [LR37]

SENATOR GLOOR: I think the overall discontent within the system has not just judges

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but attorneys... [LR37]

VICKY WEISZ: Uh-huh. [LR37]

SENATOR GLOOR: ...and all of us looking at a number of areas in a very negative light that's probably not fair but it's the inevitability of if you don't have trust in the system you're hard pressed to give a high rating or even an average rating... [LR37]

VICKY WEISZ: Right. [LR37]

SENATOR GLOOR: ...because you've been burned so badly. That's a commentary. Thank you. [LR37]

SENATOR CAMPBELL: I'm going to go back to questions in a minute, but you know part of the thing that you're seeing if you look on the right side of the pages is you are seeing somewhat of very similar to what we saw the pattern of what Ms. Helvey talked about,... [LR37]

VICKY WEISZ: Uh-huh. [LR37]

SENATOR CAMPBELL: ...which is the V and where there was a strength and then it went down and in some cases, other than the issue where Senator Bloomfield, that's one of the charts that doesn't look the same, but it hasn't come back up yet. And I think that's what Senator Gloor is saying. You're seeing the V but it's not come back up, because in most of these cases and a majority of the charts that you're showing us, actually they rated it, when it was not privatized, as higher and it's come back up. So the same V is apparent in both. Senator Krist, you had a question. [LR37]

SENATOR KRIST: Comment and question. First of all, I've said it many times and I'm going to say it again because it's more applicable right now. We can't go back, we can't

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stand still, we can't go forward. We can't go forward because the system is broken in so many service area ways. You mentioned judges to be more familiar or more accommodating or more comfortable with caseworkers that now belong to the department again in those post whatever we're going to call that era, but the services aren't there anymore. We've destroyed them. [LR37]

SENATOR HOWARD: Uh-huh. [LR37]

SENATOR KRIST: The system has destroyed the service that's out there. So in some cases in a judicial district a judge is dealing with different regional areas that have different processes. I'm sure we'll talk about it in terms of some of the things that will come out of LR37 and all of the things we'll put together, but we have to help the judges in their district do what they need to do contiguous to their districts and sufficient enough to give them the services that are available and required and advertise those services to them. And to that point, did any of the judges reflect or in your survey did any of the judges make statements that one region or one area, as they sit on a border, was easier to work with than another? Was it difficult for them to, if they were sitting in Scottsbluff, deal with two different regions of care? [LR37]

VICKY WEISZ: You know, I really haven't heard that very much from judges, and I think one of the things in the rural areas, as you know, people are used to driving to get services or whatever. And I think if there were services in the area that the judge's circuit was, I think they considered themselves lucky,... [LR37]

SENATOR KRIST: Right. [LR37]

VICKY WEISZ: ...even though in Lincoln, you know, people would squawk about nothing for 40 miles or whatever. But...so I haven't heard judges...I think that they probably would access them in the areas in their circuit but I don't know. [LR37]

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SENATOR KRIST: And I would say that, for us, we need to pay attention to some of those comments in the rural areas where judges are saying transportation is a huge issue, services are a huge issue, I can't find anyplace to put this in terms of the placement, and yet in another community-based program those communities had those same systems. We heard that from several judges. [LR37]

VICKY WEISZ: Uh-huh. [LR37]

SENATOR KRIST: It was easy to deal in one community as it was very easy to deal in another. So thank you, Chair. [LR37]

SENATOR CAMPBELL: Senator Howard, did you have a... [LR37]

SENATOR HOWARD: Oh, I was engrossed in Senator Krist's comments. [LR37]

SENATOR CAMPBELL: Oh, okay. Do you have another question? [LR37]

SENATOR HOWARD: Thank you. [LR37]

SENATOR CAMPBELL: You didn't have another question? [LR37]

SENATOR HOWARD: No. [LR37]

SENATOR CAMPBELL: Okay. I would have to say that I think that what you're seeing in this report from the judges is also mirrored in the testimony we heard from judges as we went across the hearings, and I think that's what Senator Krist is talking about. Some of the most pointed testimony we had was from the judges in terms of how they are viewing prior and now what they are facing. So I think we'll go on. Do you want to make comments about the Eyes of the Child report? [LR37]

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VICKY WEISZ: I think...yeah, I just will say I think it's set up...rather than take the time, I think it's set up in the same way with the same...and I apologize, Senator Howard, using the words post-privatization for, you know, those parts of the state that have reverted. So it's...the questions are a little different because these were nonjudges that we asked the questions, but I think, you know, the format is similar, so it's something you should be able to figure out. [LR37]

SENATOR CAMPBELL: They are even less optimistic. [LR37]

VICKY WEISZ: The one thing is they were more negative than the judges. I mean, that would be the primary difference. [LR37]

SENATOR CAMPBELL: Just glancing at the bars and at the very last graph on page 9, I want to underscore that. [LR37]

VICKY WEISZ: Right. Although as a social scientist, there's an explanation that might be different, which is...and we did get 144 responses for the Through the Eyes teams. I don't know what the number of Through the Eyes teams' members is, because the teams are sort of fluid, but there are 30 teams. And if there are 10 or 12 people per team, you know, it's probably 400 people, so it's a much lower response rate. Which sometimes when there are lower response rates, that means people who have more passion respond, and in this case there may be more negative response. So it could be just the fact that people responded if they were more unhappy for this one, and the judges, you know, we did get a really good cross section of the judges, but. [LR37]

SENATOR CAMPBELL: Okay. Any other questions? All right. And I know you are all ready to go but I think what we'll do is we'll take a five minute recess for everybody, and a break, and then we'll come back and finish with Vicky. Okay? (Recess) All right, I think we'll go ahead. And so, Vicky, we'll be on the second part of your presentation to talk to us a little bit about the Court Improvement Project or Eyes of the Child so that we have

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some background here. [LR37]

VICKY WEISZ: Great. And thank you very much for the opportunity to talk about some of the activities that the courts have been doing over the last several years to try and improve the child welfare system. There are three interrelated projects that I...it's confusing so I just wanted to touch on a little bit. There's a Court Improvement Project, the Supreme Court Commission on Children in the Courts, and the Through the Eyes of the Child Initiative, and they're all kind of run by the same tiny group of people, so they're...and they're all funded by the same funding source which is the Court Improvement Project. I have attached a written narrative that's like four pages long, that you can look at after, that gives more of the history and the funding in a little more detail. But, right now, I'm not going to talk about the Court Improvement Project except to say that it funds the Supreme Court Commission and the Through the Eyes of the Child Initiative, and I'll spend my time talking about those. The Supreme Court Commission on Children in the Courts is cochaired by the Chief Judge of the Court of Appeals, Everett Inbody, and Juvenile Court Judge Doug Johnson from Douglas County. It's an advisory group on children's issues and it makes recommendations to the Supreme Court. Our former Chief Justice John Hendry established it in 2005. It's an interdisciplinary group. It meets twice a year for about a day for each meeting. It has about a dozen judges on the commission, probably a dozen attorneys, and then it has the directors from HHS in the Children and Families Division. Some senators are on the commission. And then the directors or representatives of a number of the child-related agencies: Foster Care Review Board, Voices for Children, etcetera. And the way the commission works, there are subcommittees that are all led by judges, run by judges, and they work on different things. Just briefly, some of the things that have come out of the commission that you may or may not be familiar with, the commission established training for guardians ad litem, or recommended to the Supreme Court, and then the Supreme Court made court rules to establish training requirements for guardians ad litem and guidelines. They expedited the appellate process and cut off quite a bit of time from the time it took to get cases through the appellate process, developed guidelines

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for parenting time, which is visitation between parents and children in the child welfare system, and developed a caregiver information form for foster parents. It is currently continuing to work on guardian ad litem, reviewing the report that was a legislative report from the Judiciary Committee, and seeing whether there are any other recommendations to be made. There is a committee working on immigration issues. There's a committee working on alternative dispute resolution types of activities. And one on tribal and state court relationships, trying to improve the relationships between state courts and tribal courts to better serve Indian children. So that's a very quick overview of the Supreme Court Commission. The Through the Eyes of the Child Initiative is probably our best known brand and most well-known activity, in part because it's all over the state, and every...you know, all of the senators, I know, probably have had contact with the teams in their areas. Chief Justice Heavican leads that initiative, and the project chair is Judge Larry Gendler who is a juvenile court judge from Sarpy County. So it is...there are 30 local teams around the state led by judges that work on local system issues, with the overall goal of improving court processing in abuse and neglect cases. I wanted to take a minute to talk about some of the kind of informal principles. We don't really have this written down anywhere but I wrote it down for you on some of the principles that guide the Through the Eyes efforts, and I will talk about them in turn. The first is leadership, and I think you all have heard...or many of you have heard the Chief Justice talk about the commitment of the courts to children and those issues. But I want you to know that it's a really hands-on leadership. We meet with the Chief Justice once a month for a meeting that's supposed to be an hour but goes on to two hours a lot of the times, and he is wanting to know all of the details of what's going on in the teams, you know, what are the issues, what needs to happen. And so I think that the top-down leadership is critical to the success. Janice Walker actually has been working with me. I've been working with her since 1996 on the Court Improvement Project, and she is, you know, very involved and knowledgeable. And I think that, as I travel around the country to meetings and all that, I think people remark about how well versed our Chief Justice and Court Administrator are in all of these issues. Because in a lot of states, this is, you know, one of many things that people

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worry about and it's not necessarily the most important. But this is very important to both of them. Judge Gendler, besides, you know, running a court, he spends...he has visited many of the teams around the state. He's always answering questions for judges. He just traveled with us to our regional conferences that were in Lexington and Sidney and Norfolk. And I will say, when Judge Gendler arrives, all the other judges are both surprised and pleased that he's made the trip to be out there and spend the day with them. And then, of course, we have 30 judges around the state who are developing agendas, holding meetings, providing leadership, buying pizza. You know, they're doing a lot, which this couldn't happen without a lot of work by a lot of leadership and a lot of judges, and I think that leadership is very important. Secondly, collaboration. And the whole idea of the initiative is these local collaborative teams that are multidisciplinary. But at the top level, again the Chief and Janice meet with Kerry Winterer, and Todd Reckling previously, Vicki Maca now, and also Roger Breed, the Commissioner for Education, and they meet on a...I think it's every six weeks, every couple months, depending on what's going on, and talk through a lot of these issues. And then again the teams are meeting, you know, at the local level. Some of the things we've learned about collaboration is everyone thinks about it as, you know, getting buy-in for their ideas so everyone will get on board. And having a common goal is indeed important, but we also have learned that, you know, all the other people at the table know something different than the other people know and have a different perspective, so there's actually a very concrete benefit for having a lot of people together sort of hashing out solutions to difficult problems. The solutions are a lot better when they are hashed out by a lot of people with other information. And then finally, the best idea is, you know, can be killed by a lack of logistical thinking about how to actually make it happen. So all of those team members are really essential to making things happen. The next thing I just wanted to talk about is good ideas. If something is a bad idea, it doesn't really matter how many people are working around the table trying to make it happen or trying to get buy-in, you won't get it. But we really pride ourselves by relying on a lot of national resources and experts around the country. There isn't a lot of evidence-based work in child welfare, and the court process is part of it, particularly.

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There's growing...I mean that's growing. There's more research and evaluation now. So when there isn't that, and if there was that or when there is that, we go for that, but otherwise we try and be guided by the expertise of people from around the country at the national level. And then finally, even with good ideas and using experts, it's good to see whether it's working here in Nebraska, so we quite a bit of evaluation. One of the things that we have been doing for the last three years is provide each of the teams with a data report that's very comprehensive, that includes data about the court process, the timeliness of hearings. But also, with cooperation and help from the Health and Human Services, we're also able to provide the teams with the child welfare outcomes for the cases in their jurisdiction. And those data reports are all up on the Web. I think the ones that we just gave out last month are not up on the Web yet, but the ones from 2009 and 2010 are up on our Through the Eyes Web site, and if you look under evaluation you can find them. We've evaluated the impact of prehearing conferences, the impact of children coming to court. Actually had that published in a peer-reviewed journal. And recently, and at the bottom of your pile for your reading later, your reading pleasure later if you like, is we did a court file review of substance abusing parents. It's kind of the fancy looking handout at the very bottom. And I will touch on that and I'll mention that again in a minute. But that's just a reflection that we do try and do evaluation to make better...so we can better inform the kinds of improvements we're trying to make. And then I'm going to just talk about a couple of examples that will illustrate some of these concepts. The first example is prehearing conferences. And for those of you that don't know about that, I'll just take a minute to describe it. In the olden days, when a child was removed, there would be--and the olden days meaning, you know, earlier this century--when a child was removed, the first hearing, which typically occurred within a week or two weeks of the child's removal, would be a very brief hearing where the parents would be given their rights. The parents would be appointed an attorney for later. I mean they would be told you have an attorney now. And the judge would do an overview of the affidavits or whatever brought...the petition that brought the children into care, and would typically, you know, make a finding that the child would remain in temporary custody, and then there would be another hearing two or three weeks later.

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So with prehearing conferences, that is a hearing...a conference that occurs before the first hearing. So it typically occurs within a few days to a week of a child's removal that is right before the hearing, and parents are coming to that hearing with attorneys that have already been appointed before the hearing, so they come with their own attorney. And the guardian ad litem has already been appointed, so that person is there. The parents are there, Health and Human Services, the worker who made the findings, the county attorney. And they discuss for about half an hour a lot more details about the case, so that when they go into the hearing a lot more can happen. If the child has been removed and it looks like they could be returned safely home right away, that can happen. If the child is in foster care with strangers, they are often then moved to relatives who are identified in that prehearing conference at that time. If the child is a member of a tribe or subject to membership, the whole ICWA thing can happen at that time. If there's a father involved, they will be, you know, getting going on finding where that person is. And most importantly, or as importantly, many times parents might agree to voluntary services at that time. You'll hear in a minute that many of our parents have drug or alcohol problems, so many of them...they will be offered those voluntary services at that time and can get into it right away. So this is obviously a good idea. At our first Children's Summit in 2006, a couple of our judges had already been doing that in the state, and they made presentations about it, and then the teams went back to their local communities. And, right now, and they...you know, with the judicial leadership and the multidisciplinary, how are we going to do this, how are we going to get the parent's attorney appointed, who has to do what, what does the county attorney have to do with their schedule, what does a worker have to do to be prepared. I mean, it's easier said than done I will say. But now I think that there are prehearing conferences are happening pretty much in every court across the state; there may be a few exceptions. And it's that top-down leadership training and then local implementation. And then I just will add that there are a number of courts and teams that have decided this is such a great idea, we could make our permanency hearings better if we had a prehearing conference about six weeks before the permanency hearing to really see what's going on without the judge there, and then get everything so that the permanency hearing is

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more meaningful. And then another example is the problem of substance abusing parents and the child welfare system. At our second Children's Summit in 2009, all the participants, the 400 participants voted on some state priorities and having a more effective response to substance abusing parents was one of the priorities that they selected. So with that, we and, you know, me with the courts and Health and Human Services secured some in-depth technical assistance from the National Center on Substance Abuse and Child Welfare. And then as part of that, the courts did, with court improvement funds, that report that you just saw which we just presented at our regional conferences around the state. But we did a...we didn't really have good data anywhere in the state about what is the scope of that problem. And so we did a court file review of a random sample of all cases in a six-month period in 2009, and we looked at 400 cases, and found that over half had substance abuse as a significant problem and that for those parents there were long delays to the beginning of treatment--on average, four months--and that many parents got a lower dosage of treatment than they needed. Many of them were getting one or two hours of week of outpatient treatment, which our consultants said will probably not do the trick for parents whose substance abuse is so severe that it has resulted in their children having to be taken from them. So anyway, we went around, and the last...we had our consultant. We've done a lot of training with our consultants at regional conferences last year, at our lecture series. And this year, she did the road trip with us to, as I said, Sidney, Lexington, Norfolk, and Ashland, and she presented on the findings of that report. And she also talked about some innovative models, one which is a model, a housing and substance abuse treatment model where basically people in the child welfare system with substance abuse needs are invited to live in apartments that are contiguous to one another or places that are contiguous so the treatment can be wrapped around them and the case work can be wrapped around them on location, and there can be ongoing help, I guess, so the children can be safely reunified with them more quickly while they're going through treatment. Anyway, I won't talk about that now, but what I want to say is that on September 10, this was discussed in Sidney, Nebraska, in a presentation. And on September 11, we got an e-mail from Judge Roland that they were already looking for apartments. He had a little group that

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was out there looking for apartments, and they've had several meetings since then and they have a plan. They're hoping by December or January that they will start having this plan. I would like to say that a couple of your colleagues, there are two senators, Senator Harms and Senator Schilz, that have been involved and have gone to some of their meetings. So this bottom collaborative, you know, ground level collaboration from our teams is key. Again, on September 23, we were in Norfolk and we had this presentation, and I was actually leaving town the afternoon on the 24th around 4:30, and I got an e-mail from Judge Stoffer: "Vicky, what's the contact info for that consultant, because I have a meeting set up for October 14. I've got housing coming, I've got behavioral health coming, HHS." And they've had some meetings since then. So I just want to tell you there's a lot of leadership coming from the courts. They are really very energized to try and help solve some of these problems. I have...I'm not going to go through it because there's more...I'm not going to go through these other slides with some other selected activities, because I've taken enough time and all of that is on those slides and in that narrative that I have. But thank you for your time, and I don't know if there are any questions. [LR37]

SENATOR CAMPBELL: Are there any questions from the senators? Senator Gloor asked me a question about who the senators were on the State Supreme Court Commission on Children. And by virtue of the office, I serve representing the Health and Human Services Committee, Senator Ashford serves from the Judiciary, and Senator Howard has an individual appointment. The Casey Family Programs invited some of us to go to the national meeting of the State Supreme Court Commission on Children. And what was very interesting for Senator Ashford and myself is that we were the only two senators from any state, and a number of people stood up and said, well, you don't have to invite your state senators because they'll never come to a meeting and they won't read anything, you know, this...(laughter). And so I got up and gave a commercial announcement that really they ought to rethink that. But I much appreciated the overtures from the court system and from the Chief Justice as we have gone through this, and his interest in LR37. That leadership, you're right, does start at the top. So

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thank you, Vicky, very much for your reports this morning. Lots of information for us. Our next report I specifically requested, and it's Corey Steel and Amy Latshaw--and I hope I'm saying Amy's name right. This is a pilot project from the State Probation Administration Office, which has been operating in Douglas. Is it also in Sarpy? [LR37]

_____ : Just Douglas. [LR37]

SENATOR CAMPBELL: Just Douglas. And I thought that it would be interesting for the senators to hear about this project that has certainly received a lot of very positive attention from a number of people, and I thought we ought to be aware of it. I'm sure that Douglas County senators have heard about this or certainly had information, but for the rest of us I thought it was important to know. So welcome, Corey, and I'm glad you could be here. Thanks for coming. [LR37]

COREY STEEL: (Exhibit 5) Thank you, Senator Campbell and members of the committee, for having Probation come and speak on behalf of a project that we feel is showing some great success in Douglas County. This is Amy Latshaw. She is going to accompany me through the presentation, and if there's some specific detailed questions, I may ask her to answer those questions. My name is Corey Steel, C-o-r-e-y S-t-e-e-l, and Amy Latshaw. Her last name is L-a-t-s-h-a-w. So once again, thank you, Senator Campbell and members of the committee. I'm going to first talk a little bit about a brief overview of what juvenile probation is to give you a little snapshot of what we deal with in juvenile probation, then we'll go into the Nebraska Juvenile Service Delivery Project. It is a project that through the great leadership of Chief Justice Heavican, Janice Walker, former CEO Chris Petersen, former director Todd Landry, current director Todd Reckling, and Kerry Winterer, and then also through the great leadership of Ellen Brokofsky with Probation, came together and sat down at the table and talked and said: How can we make things better in the juvenile justice system? So it is a little bit different than what you've heard earlier on the child welfare side. We're going to talk about specific juvenile justice, which is status offense and delinquency population. So I'll

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give you a little snapshot of juvenile probation. We are housed under the judicial branch. Chief Justice Heavican oversees the judicial branch and oversees probation administration, with Ellen Brokofsky as our administrator. In 2010, probation touched or had some oversight of over 7,000 cases, and I'll talk a little bit about what those 7,000 cases consisted of. We are under Probation's Division of Community-based Programs and Services, and we develop specialized juvenile programming for juveniles in juvenile court and those juveniles that are housed in the adult court system as well. Juvenile probation services include juvenile intake. Anytime law enforcement comes across a juvenile for a new law violation and they need placed somewhere, whether that be detention or another suitable placement outside of the home, they call Probation 24/7, 365 days a year, and we make a determination on the need for placement of that juvenile, whether it be a less secure facility or a nonsecure facility for a law violation or a juvenile court warrant. LB800 authorized Probation now to oversee all intakes on any judicial warrant of arrest for juveniles under the age of 18 as well. Court-ordered predispositional investigations. Those are investigations that the juvenile court orders probation, it's a social investigation to figure out and determine whether further evaluations for substance abuse, mental health, behavioral types issues, or placement of those juveniles and conditions. And then supervision, which is the essence of probation. Supervision, and we supervise those juveniles through the juvenile court and we also, those juveniles that are in the adult court system, supervise those differently as well. Once again, in 2008, the leadership that I talked about came together and sat at the table and said: How can we do things a little bit differently in Nebraska? At this point in Nebraska we're seeing record numbers of state wards with the Department of Health and Human Services Office of Juvenile Services, growing numbers of juveniles being placed by the Office of Juvenile Services, and juveniles being placed on probation decreasing. And the determination is, why were we seeing that? So the Office of Probation Administration, once again in collaboration with the Department of Health and Human Services, is dedicated to eliminating the barriers to juveniles receiving needed services, thus preventing unnecessary penetration further into the juvenile justice system and improving outcomes. As this leadership sat around the table and talked

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about what are the barriers, why are we seeing a record number of state wards with the Department of Health and Human Services Office of Juvenile Services, one of the things that was brought up was barriers--the barriers for needed services. And as we look at those barriers, we look at...they all come down to payment for services. We were seeing unnecessary Office of Juvenile Services evals to access Medicaid funding. We were seeing inappropriate levels of services through the court just to try and get a service in place to help the kid or the juvenile. Or we would go without services at all, where we would just increase our supervision on probation, increase urinalysis testing, do what we could at that point in time. And unnecessary commitments to Health and Human Services Office of Juvenile Services. We felt that we could supervise these juveniles on probation if we had the access to the needed resources. The barrier came down to lack of payment for services, as the previous slide kind of talked about. We were able to provide all these functions on probation: assessment, intake, case planning, case management, set up behavior change, develop assets, support systems. But we weren't able to do this without that needed service or that needed payment for those services. So these two slides really show the access problem that the leadership committee came up with. Out of that leadership committee, we proposed the Nebraska Juvenile Services Delivery Project. This provided access to services in the community for juveniles placed on probation. We were able to continue to keep those juveniles on probation supervision and access needed services and pay for those needed services. The first contract was a 30-month contract...or not a contract, excuse me. The first interagency agreement between the Department of Health and Human Services and Probation was a 30-month contract. Within this contract time, we served 635 juveniles, kept them on probation instead of making them a state ward by being able to access services while on probation. There are two things that took place with this project. One, there was some needed funding through the Department of Health and Human Services that came our way. The second is, in Probation, we were now getting better at accessing Kids Connection, Medicaid, and other forms of insurance or other forms of payment for those services as well. We say the goal of the Nebraska Juvenile Service Delivery Project is to provide meaningful opportunity for juveniles within the juvenile

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justice system to be rehabilitated, as well as provide beneficial, targeted services to the juvenile while on probation, which will promote reduction of negative behaviors and increase rehabilitation. It really comes down to, if we can meet these three things: least intrusive environment, least restrictive manner, and maintain safety of not only the juvenile but the community, we felt we would be able to keep kids on probation and have a better success rate. We believe these three specific things have allowed Probation to have a 83 percent success rate of keeping the juvenile in the family home while receiving services. So of those 635 kids that we dealt with in the project, 83 percent remained in their family home, and we were able to wrap services around them while they were maintained in their family home. We were also able to reduce the number of duplicated resources. One of the reasons Douglas County was chosen for this project is (a) the amount of juveniles that we felt that we could serve, and (b) we had a lot of juveniles through the juvenile court that were dually supervised. There was a caseworker with HHS involved in that case and there was a probation officer tied to that case. At the start of the project, there were 244 cases that we considered were dually supervised--two state agencies working on one case. By the end of the first 30-month contract, we reduced that by 72 percent. There are currently only a little over 60 cases that are dually supervised in Douglas County. We reduced the number of state wards. We wanted to keep juveniles on probation, access to the treatment needs at the time that they showed up, keep them on probation, and not place them in DHHS custody--in essence, making them a state ward. We wanted to maximize the resources as well. We not only wanted to maximize dollar resources in the best way, using family insurance, private pay, Kids Connection, Medicaid, and then go to the dollars, we also increased resources in and the amount of providers. We have 188 providers that provide services to the juveniles in Douglas County alone. So we've maximized resources in two ways. This talks a little bit about the funding available. There's 72 different levels of care that we've identified. When we talk about levels of care, it can be treatment levels of care. It can also be ancillary services or what we call nontreatment or support services: tutoring services, tracker services, transportation services, that are all funded through this initial contract. The difference: We do not...we have the money

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that we have follows the juvenile. So the juvenile needs this service, we get that service and we pay for that individual's service for that juvenile. Once again, 188 providers are registered to provide services with Probation. We utilize current Medicaid rates for payment of services, and we utilize single focused evals. If it comes to the determination of the court that this juvenile needs a substance abuse evaluation, we get a substance abuse evaluation instead of the lengthy OJS evaluation which is numerous parts and pieces. So we look at a single focused eval process. We make recommendations to the court through evidence-based accurate assessment and quality investigation and supervision. Payment options analyzed early on. When a juvenile comes into Probation at that investigation phase, we start looking at payment options at that point in time--how can we access services through these different payment options. Treatment recommendations identified at an earlier stage. We're able now to identify treatment at a much earlier stage instead of trying to put a Band-aid on the situation. If a kid starts testing positive, has substance abuse issues, we're able to now access a substance abuse evaluation immediately on that juvenile, instead of go back through the court process, motion revoked, and as you've heard, sometimes it takes months to get back into the court system. So we've just supervised that kid until we get that done. Now we're able to access those services in a much timelier fashion. Juvenile officers are specialized in a lot of different training. Our officers are specialized in motivational interviewing, cognitive group facilitation, incentives and sanctions, and school engagement. When that juvenile is under our supervision, we call it a coordinated case management. All of these types of things are put in place for the juveniles that we serve. We look at a much different supervision tactic than just making sure the kid is following the court order. It's case management. The services, the school, the family are all engaged in that process. So again that responsive case management, it's individualized to each and every juvenile that we come in contact with. It's not a cookie-cutter approach. Every juvenile has a different case management philosophy and it involves the family's input. Teen meetings. The family is there any time a decision is made of what's going to take place with that juvenile. Once again, 83 percent of those juveniles are in their home receiving services. Outcome-driven

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collaboration with the juvenile, the providers, and the families. We include the provider in our case management. They are a piece of that. We don't ship the juvenile off to treatment and say: Let us know when they're done and tell us how they do. We're involved in that treatment. We are at the team meetings. We are at the treatment appointments. We are making sure everything is going well, and if it's not, then we are involved in a deeper capacity at that point in time. Evidence-based matching. Right time, right service, right cost. What does that equal? It equals better outcomes for juveniles and for the families, preventing unnecessary penetration further into the juvenile justice system. That was one of the main goals of this project was we don't want kids to become state wards just to access funding. We want to be able to keep them. We're able to supervise them on probation. We just needed access to those services. As we said before, that key...we needed that key or that extra link to be able to provide those needed services to those juveniles. We talk a little bit about the outcomes, what has the project...I've talked a little bit about some of these. But once again, from January 2009 to June 2011, we had 635 juveniles that were able to access services while under our supervision rather than becoming state wards. Seventy-two percent reduction in dually-supervised cases. When we started this process in 2007, that was one of the data elements that we looked at: how many dually supervised cases. There were 244 dually supervised cases in Douglas County. We've reduced that to around 60 juveniles at this point in time. Eight-three percent, once again, remain in their family home while receiving community-based services in the project--once again, with 188 different providers in Douglas County. And responsible resource management, and we're able to stretch that dollar a little further with single focused evaluations, coordinated case management, and timely services. If we can get the kid in the needed services at that time, we're not having to have them fail at several lower levels of care before they are put in the appropriate level of care. We believe in putting the kid in the appropriate level of care at the right time. Benefits to the juveniles and family. How is this helping the juveniles? It's reducing the barriers to accessing services. We're able to get services in a more timely fashion. One state entity involved in the case, and one entity helps make a clearer picture and road map for that family instead of having two

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agencies and dealing with two different entities in dealing with that case. Intensive coordinated case management and supervision, as I outlined it with our officers. An option to serve the juvenile at the probation stage without the need of deeper end, more costly services. Just in and of itself, making a juvenile a state ward is more expensive because of the oversight. How does this help the community? How does this project help the community? It's the opportunity to serve more juveniles in the least restrictive, least intrusive environment. Which, once again, 83 percent in the home. Serving more juveniles in their community with community services, which helps grow those services in those communities. Continuity for the family, greater chance for positive change with that juvenile, and improved safe communities. That's always at the forefront of what we do in Probation is safe communities. Any questions? [LR37]

SENATOR CAMPBELL: Corey, one of the questions that I have is back on your report when you talked about, you looked at I think it was 635 juveniles--it's on page 4--the purpose of it. How did you select at that point and how do you continue? What's the criteria for getting into this program? [LR37]

COREY STEEL: There were two criteria. The first, we looked at all of those 244 cases, those dually supervised cases, and we went back to the court and said: If Probation has access to pay for the services that that juvenile needs, could they continue just to stay on probation supervision? A lot of the times, the judiciary was jumping to OJS or making the juvenile a state ward just to pay for the services. So we were already supervising that case. Now could we pay for that service? And so those cases would go either with Probation, or if it was a true issue where they needed the department because maybe of custodial issues, then they would stay with the department. So we were able to meet with the judiciary on some of those cases, and say: We can now provide some of those services on probation. The second part of the process was at the investigation stage we were identifying these juveniles earlier on. When they would come in for a predispositional investigation through the court, we would interview the child, the family. We would see if they were Medicaid-eligible, what their insurance was. And if it was

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determined at that time they needed a service, here were the payment options. If none of those payment options fit, we then would choose them to go into the project and say the project would pay for those services, because services were identified and there was no funding source identified. [LR37]

SENATOR CAMPBELL: All right. So that I'm not making the false assumption, not any of the juveniles in your program are in out-of-home care, or are they? [LR37]

COREY STEEL: No, they are. And I have a second sheet here that talks about the highlights. We do. Seventeen percent of the juveniles were in out-of-home care. Eighty-three percent were in-home receiving services; 17 percent were in out-of-home. And that ranged from foster care, group home, treatment group home, and enhanced treatment group home. Those were the levels of care that we used. We strictly did not take residential treatment at this time because that's a high-end costly service and it would have drained the funds even faster. So we, as a committee, chose that would stay with the department. Plus, there's a lot of transition with those juveniles that come from residential treatment as well, so it's a lengthier time period, and so 17 percent of those juveniles did fit in those categories. And we have those in this next handout that I was going to share. [LR37]

SENATOR CAMPBELL: Okay. That would be great. For the senators, what you have on your desk also is what we asked of the department, and on September 3 they provided the data for that date as to how many total wards there are in the state. That's what this...oh, I'm sorry. I thought everybody... [LR37]

COREY STEEL: I've seen that one. I do not have it with me. [LR37]

SENATOR CAMPBELL: The total wards in state care, the wards in out-of-home care. And in that number, Corey, where there's the OJS out of the 2,000 wards in in-home care, 604 in OJS, and HHS there's 1,416. And I know that you may not be able, you

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know, to know from these numbers, but we're trying to figure out whether your numbers are in any of these numbers. Just... [LR37]

COREY STEEL: (Exhibit 6) They should not because these juveniles in this project stay on probation. They are not committed to OJS, so these are primary probation numbers. They would not be reflected in the OJS statistics because they're not committed to the Office of Juvenile Services. [LR37]

SENATOR CAMPBELL: Okay. So they would...they should not...there's an unduplicated number here, because part of the thing that, at least the legal counsel and I have started looking at, is the number of kids who are OJS kids who are in the system all across the state. And attached to the handout that you have, Senators, is a subset so you can tell where the OJS wards, HHS wards, and then what the total is, and then it's broken down by service area. And so we've started taking a look at that, and partly because of our interest in your project too, Corey. Because I know that...I mean it's been a highly successful project and I know the department has felt by renewing, because I think you just renewed the agreement again, that this is working well. So it's been a good collaboration between the two. [LR37]

COREY STEEL: Right, Senator. It has been a good collaboration, and I do want to emphasize though, the new contract is a little bit different. The presentation and the outcomes that you have in front of you is the first 30-month contract up unto June 30 of this year. July 1, 2011, the only services that are funded now through the project are in-home services. We no longer can utilize any out-of-home services or any out-of-home costs. The cost was too great at that point in time. So it was determined, at that point, that only in-home services would be paid for. [LR37]

SENATOR CAMPBELL: Okay. We're going to start on this side and work over. Senator Wallman. [LR37]

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SENATOR WALLMAN: Thank you, Senator Campbell. Yes, thanks for being here. I noticed in one of your slides you had about education, are any of these kids, are they truant, you know? Do you deal with that? Are they offenders of some kind also? [LR37]

COREY STEEL: Yes. We have...Senator Wallman, we deal with both populations. We deal with delinquency and status offense, which would be that truancy cases. We do have a pocket of these kids that are truancy cases. I can tell you with the kids that are in the project, 94 percent of them are identified and in school. So that's one of the things that we do track, that they do continue their schooling. And we do have a pocket of truanancies that could access services through the project as well. [LR37]

SENATOR WALLMAN: Thank you. [LR37]

SENATOR CAMPBELL: Another other questions, coming this way? Senator Krist. [LR37]

SENATOR KRIST: I am pretty proud of this project, being in Douglas County, and watching it over the last year and a half, and talking with the folks who have been involved with it. So you really have struck a nerve, particularly with this in conjunction with what we have heard in testimony around the state. Two questions. The first one: When you went into this thing and you started finding the money that you needed to take care of the services, that being continuum of care, managed care, if you will, breaking down those silos and finding what you needed to and keeping them out of the programs, how difficult would it be for you to actually give us some numbers? In other words, "We spent so much in this area, this area, this area. This is where we found the money." Because I think it's going to be important to us as we go through our recommendations in LR37, if this works, then why are we siloing people in other areas and keeping that percentage of out-of-home recoveries, if you will, so high? Are the numbers there? [LR37]

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COREY STEEL: Yeah. I think we could provide pretty much what services we paid for exactly and the levels of care, and I think that's something we can provide to the committee. We could e-mail the committee those statistics and those dollar amounts... [LR37]

SENATOR KRIST: If you could. [LR37]

COREY STEEL: ...and where they came from. [LR37]

SENATOR KRIST: The second one is--and it came to me as I was thinking of my question. The contract has changed to the point where you can no longer use out-of-home services. Does that mean that that percentage of kids are going to fall to be wards of the state, because we can't afford to keep them where they are? [LR37]

COREY STEEL: Correct. [LR37]

SENATOR KRIST: I'd like to see a statistical analysis of what it's going to cost us to not fund your program, because I can't believe it's going to be less expensive to do that. Now again, was that a contract change that you asked for, or was that the state? [LR37]

COREY STEEL: That was...the state had asked for that, that change in that interagency agreement. [LR37]

SENATOR KRIST: Wow. [LR37]

COREY STEEL: We continue on the probation side to meet with the Department of Health and Human Services and show them the need for, as you just said, the continuum of care. We do have juveniles that sometimes are on probation and they do need that out-of-home care to get their behaviors under control, and to be able to access that and then bring back into the community and that case management. And at

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this point in time we're not able to use those services. [LR37]

SENATOR KRIST: But the point is, if I understand the system well enough, and this needs to be public, known publicly, once they go to be a ward of the state, it is very difficult to get them back out of that status. So it would seem to me that that cost as well, and the quality of care would have to be considered before you would ever allow them to go out of your program. [LR37]

COREY STEEL: Correct. If a needed out-of-home placement with a juvenile, at this point in time in Douglas County, then we would have to recommend the Office of Juvenile Services commitment, because we don't have the funds to pay for those. If they are not Medicaid-eligible or we can't access other types of funds, then we would recommend commitment. [LR37]

SENATOR KRIST: And once again, that wasn't your project's request for that change in contract. That was Health and Human Services? [LR37]

COREY STEEL: Correct. [LR37]

SENATOR KRIST: Wow. [LR37]

SENATOR CAMPBELL: And what we'll do is we'll follow up. I know there are several people here from the department today. So what we'll do is we'll follow up and ask that question so that we get a response from the department. But part of the thing on the initial, when you looked at the 244 and tried to...which were dually supervised, if I was listening to you correctly, part of it had to do with in terms of the cost of the services or the severity of what they needed, and so then they were not eligible for your program. Would that be...? I mean, because you said it depended on the services needed. [LR37]

COREY STEEL: Right. Right. When we sat down and we went through each individual

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look of those 244 cases, there are some cases that Probation could not adequately supervise: if it was a parental issue; if there were some high-end needed services that just did not make sense for Probation to continue to supervise. And so those were the ones we went in together in court and we said: This case would be a better HHS case because...and we would outline the reasons why. On the same token, we would go in and say this kid makes more sense to be on probation because we can do the case management of this case and here's the services we now can access due to the payment source. And so that's how we determined of those 244 cases where they kind of would fall out between the two agencies. [LR37]

SENATOR CAMPBELL: That would make sense to us, too, but we'll ask the department to go through that and revise that. Senator Howard. [LR37]

SENATOR HOWARD: Thank you, Senator Campbell. Kind of a quick question here. Who does the single focus evaluation, and how long do kids usually wait to get that done? [LR37]

COREY STEEL: I'll defer that to Amy because we have a lot of providers, and so maybe you can speak to it a little bit more. [LR37]

AMY LATSHAW: We do. And Senator Howard, we utilize a number of providers in the Douglas County area, obviously, (inaudible) substance abuse related. These are providers that are registered through the standardized model through the court, Supreme Court rule, in statute regarding around the parameters around what kind of evaluations we need structured for the court. So it's a number of providers. I can't specifically name any. [LR37]

SENATOR HOWARD: These are individuals? [LR37]

AMY LATSHAW: Yes, they're individuals as well as agencies, individuals working under

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the umbrella of an agency. [LR37]

SENATOR HOWARD: And how long does it usually take for the youth to be seen?
[LR37]

AMY LATSHAW: We're finding that we are able to get those evaluations done or at least begun within a couple weeks' time at the most. I have not heard of any waiting lists or any problems that we have had during the project with waiting lists, with getting juveniles in. [LR37]

SENATOR HOWARD: In the past, some of these youth would sit in the Youth Center waiting for an evaluation. So you've been able to eliminate that? [LR37]

AMY LATSHAW: I wouldn't say eliminate, but we've been able to definitely make the possibility of, as Corey had talked about, needing a full scale OJS evaluation simply to get that substance abuse portion, for instance. We've been able to say: Your Honor, we can release this juvenile and we can get this evaluation set up in the community, and that can be done in an expedited manner. So it's definitely given us an option that we did not have before. [LR37]

SENATOR HOWARD: Are there some of your evaluators who would be willing to go to the Youth Center? [LR37]

AMY LATSHAW: We do have some that are willing to do that, yes. [LR37]

SENATOR HOWARD: Okay. Thank you. [LR37]

SENATOR CAMPBELL: Okay. Any other questions? Corey, we'll follow up with the department and also on the question that Senator Krist asked, and then if you could send us the data, that would be helpful. [LR37]

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COREY STEEL: We'll send it to you and Michelle and then... [LR37]

SENATOR CAMPBELL: Absolutely, and we'll get it out to the committee. [LR37]

COREY STEEL: Okay. [LR37]

SENATOR CAMPBELL: Thank you very much for your presentation. [LR37]

COREY STEEL: Thank you. [LR37]

SENATOR CAMPBELL: This has been a very interesting pilot project. All right. We will move to our last presenter this evening--this evening? (Laughter) Boy, I'm spending my day up, aren't I? Carol Stitt is here from the Nebraska Foster Care Review Board. For the audience, in every one of the five hearings that we had, the Foster Care Review Board did testify and provide information to us on those service areas that we were located in, and it was always helpful to have a picture of it. We've asked Carol to come today to provide some additional data to the committee, and so I'm going to turn the presentation over to her. [LR37]

CAROL STITT: (Exhibit 7) I'm Carol Stitt, the executive director of the Foster Care Review Board, and I would like to really thank the committee again for your hard work this summer, and I'd also like to tell you, every hearing I've been able to attend or a transcript I've read, I have been able to learn more things not only about the reform, but about services provided and needed by our youth. One of the things that the Foster Care Review Board's responsibility is to track children in out-of-home care. And Senator Campbell made a very specific, I guess request, for information and I brought our maps today and luckily our tape is working. But if you look up here, all the gold, all the kids in gold are the youth 16 and over, and those are the children and youth who we'll be talking about today. I would also like to introduce Linda Cox. She's going to take you

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through how we track this information, briefly--how we verify this information, and then I'm going to take you through this yellow chart and some of the highlights there. [LR37]

LINDA COX: My name is Linda Cox, L-i-n-d-a C-o-x, and I'm data coordinator for the board. Some of you have had the opportunity to come to our agency to have a presentation on the data, so I'll try and make this short, sweet, and to the point. We receive information by law from both Health and Human Services and the courts, and the lead agencies report through the Health and Human Services System to us. We get information when children are removed from the home, when there's a change that is substantial such as a change of placement or a change of worker, and when children exit. By comparing the Health and Human Services information to the court information, that is our first source of verification. And throughout the process of tracking children, we have verification steps that are built into the process. We do have a chart for you here under Tracking and Review. Some of you may have seen this already. Through our tracking process, we are then able to determine which children need to be reviewed at which time. In the review process, the review specialists, our professional staff people not only collect additional information on those children that are being reviewed, but they also verify the information that was previously reported to us. So we always feel that our strongest information is the review information because of having that second set of eyes on it. We verify this and then that becomes the reports that we are able to provide you. There's been some really concerning statistics that we have been sharing with you, and in the green--hopefully, it's green for everyone--it's Area Maps. There's a series of area maps that show some statistics on children over 16. Children over 16 who are in the system...I should say, who are age 16 through 18, who are in the system, are very vulnerable because they are soon to be moving out in the adult population. And a lot of those children are really ill-prepared for that transition, as could be expected with some of the backgrounds that some of these children have experienced. If you look at the maps, for example, the very first one is the Omaha/Sarpy County area. And in that area there's 564 youth that are age 16 and older who are in out-of-home care, and then there's some statistics about those youth: 398 of those youth have had four or more

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placements throughout their lifetime; 324 of the youth have had four or more DHHS workers over their case while they have been in out-of-home; 306 have been in care for two or more times; 139 of those youth have been in care for 24 contiguous months or longer; and 64 of those youth have had four or more lead agency workers in the approximately 18 months since lead agencies have come into play. We do have maps on some other areas as well, and some additional information about some of the issues for each area. For example, we have the next map is the Lincoln area. We show the number in the northeast area, which I think is always interesting for senators to look at some of the information involving some of the more rural counties, where there's 107 of those youth in that particular area. And again, you can see the number that have had four or more placements, four or more HHS workers who have been in care for 24 contiguous months or a longer who have been in care more than once. And then the next map takes you to the central area of the state, the Grand Island, Hastings, Kearney area, and you see 117 youth in that area. So we just wanted to bring this kind of information, and there's information for the other areas in your booklet as well so that you can see the dispersion of the children. It's not an urban area issue, it's not a rural area issue; it's a statewide issue. And I believe that Carol will be discussing some more of the statistics that are in the longer yellow handout that's in the booklet. [LR37]

CAROL STITT: This is the handout that I would like to bring your attention to. I think at several hearings Senator Krist and Senator Campbell have asked for some specific information on youth in out-of-home care. And I would like to say to all the senators, I'd like to let you know Senator Campbell does keep us busy at the Foster Care Review Board (laugh), but she asks excellent questions, and sometimes it's very helpful to have some external questions in tying things together, and that really led us to this handout. For youth 16 and older, we have 1,263 youth in out-of-home care who fall into that category. Linda gave some area numbers, and I would just like to point out that 887 of these youth have had four or more placements; 700 have been in care two or more times; and 293 have been in care two years or longer; 670 kids have had four or more workers. And when you talk about the research, the one thing that is a very negative

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indicator for how kids are going to do in out-of-home care, children and youth, are changes in workers--and that is a flag I am trying to raise today. We are seeing more worker changes than we saw previous to reform. And then 198 have had four or more FPS workers, which means the lead agency workers. So some youth are having their HHS CFOMs workers, they have changed numerous times, and then you have lead agency staff change. An issue that again I was asked to bring to you, 616 of these youth we're not able to review due to budget cuts. We do not have the staff to review these youth as well as some of the other kids on the list. And that's really one thing that I have been asked by the Appropriations Committee to bring to their attention as we get closer to that piece. When I was visiting with Senator Campbell, she really wanted to take a look at what is happening to these kids 16 to 18, what are they getting in terms of services. So we looked at 120 youth, so we could report those to you, statewide. We did a sample statewide. Ninety-nine youth had plans, and those were educational plans; 12 had already graduated; and only 8 files were unclear. That's really the good news of today. But the basic independent living skills are kind of a different story. Forty of the 120 had skill training offered; 15 never had the skill training offered; and 65 files, you were not able to tell what they had received. Regarding post-foster care support, those are the kids who are leaving our system, and I know you heard from them at every hearing, 73 did not have that support in place, and these kids are very, very vulnerable for, as Linda said, a number of reasons. And many of you who have had teenagers, have nieces, nephews, that's a very concerning number. The statistics for youth in out-of-home care, 74 of the 139 were placed in YRTC/detention, medical facilities, residential treatments, and these are the actual numbers of where those youth are. So we had 13 placed in an Arizona facility, 1 in Colorado, 33 in Iowa, 10 in Missouri...you can go through the list and see. Ironically, at the same, between 2009 and 2011, we had 19 facilities close in our state and two shelters. And I think this is really when the board continues to talk about infrastructure concerns and infrastructure concerns, all kidding aside, I would like to thank Senator Campbell for asking me to lay this out this way, because it shows what we've been trying to communicate to the state. These are the facilities we've lost. Some were due to payment, some were due to Medicaid

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eligibility issues. You know, there's just a whole host of reasons. But this is very concerning when we talk about lack of infrastructure. In terms of the Foster Care Review Board recommendations,... [LR37]

SENATOR CAMPBELL: Carol, just one minute. On the out-of-state placements, and I noticed that you've had there, are a number of these...none of these are placed with relatives. [LR37]

CAROL STITT: Right. The remaining number, if you subtract 139 from 74, those are relative placement group home placements. This is the 74 youth of that population who are placed in institutional care in other states. [LR37]

SENATOR CAMPBELL: Senator Krist, do you have a question? [LR37]

SENATOR KRIST: We heard from a judge in Scottsbluff that he had placed three kids in Colorado, and actually gave us a number. [LR37]

CAROL STITT: Right. [LR37]

SENATOR KRIST: This only shows me one child placed in Colorado. [LR37]

CAROL STITT: That may be, Senator, because these were September numbers, and these numbers are a point in time. [LR37]

SENATOR KRIST: Okay. [LR37]

CAROL STITT: So I have no doubt that he placed three kids in Colorado. Two of them may be back by now. This is what showed in September. But what I like to do with that kind of information is follow up and contact the court and make sure they're still there, because we know there are youth that are not always reported to us. And because the

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courts report to us, and HHS, we usually have that verification process, you know, if a worker's caseload is vacant or whatever. So that's definitely something I will follow up on. [LR37]

SENATOR KRIST: And also to that point, some of these facilities are incredibly expensive... [LR37]

CAROL STITT: Incredibly. [LR37]

SENATOR KRIST: ...and the money is being paid in outstate. Do you have that...is that...would it be too much to ask that you would be... [LR37]

CAROL STITT: No. I actually tried to get that for today. And what I realized is I needed, we needed to dig into these key findings on GED plans, etcetera. I can get this. I know the highest I think I've seen is \$12,000 a month. But what we can do, we can research that because that's reported. I mean it's on the N-FOCUS side that we can go in and get. [LR37]

SENATOR KRIST: Great. Thank you very much. Thanks, Chair. [LR37]

SENATOR CAMPBELL: Any other questions before we move on? Senator Howard. [LR37]

SENATOR HOWARD: One thing I'd be curious about, I don't know if you are able to get this. When you mentioned three children, the judge had placed three children, are these...or do you have any idea of how many of these were placed by the court system or how many were placed by Health and Human Services? Because that would be kind of a telling... [LR37]

CAROL STITT: You know, we can look at that. [LR37]

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SENATOR HOWARD: If you can find it. I know sometimes it's hard... [LR37]

CAROL STITT: Yeah, even if we look at every tenth case or something, we can look at that. [LR37]

SENATOR HOWARD: Yeah. Sometimes it's hard to tell from... [LR37]

CAROL STITT: One of the issues, though, I think that I would like to say in terms of the judges that I interact and work with, when you look at the number of facilities, this is the story. This is what we've lost. And sometimes we're also down in the number of licensed foster homes. We have approved homes or child-specific, but some of these youth have pretty concerning behaviors and we listed those for you, why they're placed. And we can definitely drill down to the next level and I'd be glad to do that for the committee. [LR37]

SENATOR CAMPBELL: And we do have to recognize that certainly an emphasis continues to be both federally as well as here on fostering connections of trying to have children and youth with relatives... [LR37]

CAROL STITT: Right. [LR37]

SENATOR CAMPBELL: ...and kinship of some sort. So to see that those numbers in some cases are rising, yes, we would want to see that because that is an emphasis. [LR37]

CAROL STITT: We do find about 80 percent of those placements appropriate. We have had some concerns about 20 percent of those youth. Yeah. [LR37]

SENATOR CAMPBELL: Right. And I think that's a question that the committee will need

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to look at deeper and maybe have a discussion with the department in terms of how do they determine on a kinship and what's the oversight there different, because there have been some cases, I would agree with you. [LR37]

CAROL STITT: Yeah. [LR37]

SENATOR CAMPBELL: And I'm sure that's a surprise to everyone. You don't expect that you're going to run into problems necessarily with a family member. But it happens. [LR37]

CAROL STITT: Yeah. One thing I would... [LR37]

SENATOR CAMPBELL: I'm sorry. Senator Krist, did you want to follow up before we go on? [LR37]

SENATOR KRIST: Well, just to make the point and make it known. Some of the hearings, some of the testimony that we heard I was disappointed to hear that some instate facilities that are still available were not accepting placements because of the payment. [LR37]

CAROL STITT: Right. Right. [LR37]

SENATOR KRIST: Yet we're spending \$12,000 a month for a kid in a Colorado facility. And at that testimony, what I heard was three kids from this judicial district placed in a Colorado home--3 times \$12,000--\$36,000 month. Now if that's what we're doing, and we're playing a shell game with the money, I'll bet you we could build some wonderful facilities in the state and keep the money here, or pay the providers who had the beds available who are refusing placement. So it does go...I mean it all goes back to the money, every once in awhile. [LR37]

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CAROL STITT: And I think when you look at these two charts, and for over 15 years we have sort of made your point, maybe not quite this clear, but the issue is it's not that we don't need placements. These placements are being closed while we need placements. And the issue with, you know, making kids...you know, that the youth who come into care, we build the whole payment system around medically eligible kids. If you look at why most of our kids come into care, they don't come in because their tonsils were out or their shoulder was broken. I mean, we have to match up how we fund this with what our needs are. And even many of the older youth have been abused for years, and they've been under the radar. They start acting out and then the system responds. [LR37]

SENATOR CAMPBELL: Senator Howard. [LR37]

SENATOR HOWARD: Thank you. Well, along with this information, what I would want to see is what's the case plan for the child? I would say in probably 90 percent it's reunification for these older kids. But then if they're placed in some place, say, Pennsylvania, what's the visitation plan? How are those family members that are connected to that child working with the child...how could there be any ongoing work to reunify that child? And you know as well as I do, the longer the child is out of home, the more difficult it's going to be to get him back into their biological family. So I think that's a real piece of it--what's being done to address the family work that has to go on to get the kid home. [LR37]

CAROL STITT: There is one point that I thought of that I really feel like I want to communicate with the senators. In 2004, 2003-04, the state went through a whole process of identifying how overloaded our caseworkers were. And the Foster Care Review Board did research on child deaths, and we found some very alarming numbers around caseload sizes. And the Legislature prioritized, at a very difficult budget time--not much different than what we're in, maybe not quite as harsh as what we just saw--but \$10 million was appropriated for additional caseworkers. And that's when

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caseloads went from 40 to state workers to 12 to 13. I saw with a group of workers in Omaha, went around and asked what their caseload size was, and they were all around 13, 14. I know one of the big concerns that we have as we look at the system, in the reform part of the system, is how high some of the caseloads are and how detrimental that has been to the overall system. Because workers don't...many times aren't able to get the services authorized that the children need. They're not able to see the children in their home...I mean, it goes on and on and on. And I really think that's an investment that the Legislature made that in a very short period of time we sort of erased some of the real progress we saw as a result of that, and I wanted to bring that to your attention. One of our number one recommendations is whoever is providing these services, and that's your decision not ours, you have to have the front-load workers being able to manage this work. They have to see the children. They have to be able to authorize the services. They have to understand the system they're working in. And, you know, I've had some very sobering interactions with some of these workers, as you have, and I think it just has to be one of the priorities. The second is rebuilding this infrastructure. This is a very serious problem, and it's not just that we've lost facilities. We've lost shelters, etcetera. And those are just the two things I think that if we could start there, you know, that would go a long ways to improve the lives of our children, and you know, help the overall system, the burdens you hear from the legal system, etcetera. So that's really all I have. And I've got an assignment today. (Laugh) I'll get with it. I do want you to take a look at your numbers. I think it tells quite a story, how many youth in our state are depending on all of us to sort of work to correct some of these issues. And what I love about Nebraska, you know, while we may be limping along here, we have a judicial system that's really stepped up, and I think your committee has really stepped up and provided the leadership we all needed on this issue. So thanks again, Senator Campbell. [LR37]

SENATOR CAMPBELL: Thank you for bringing the report forward. One of the reasons that I had asked for this is that we know that while the largest percentage of children in out-of-home care is still young children who come into that, but the fastest growing

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number is in the adolescent and teenage years, and really how instrumental can we be and should we be to helping these who are going to age out of the system. And that's what this picture is beginning to look at, because we all know the national statistics in terms of what happens to kids who age out of the system who don't have a good support system or are unprepared and have a plan to go forward. The other thing that I think that this begins to illustrate for all of us and one we certainly are struggling with, and I think we see that at the department too, that they're looking at, is how do these all interface in terms of child welfare, behavioral health, DD, OJS, and how do we look at having services for those kids and seeing that these are not just all separate populations. Then you throw into that the whole issue of trying to comply with the PRTFs and the IMD issue. I mean we just have a lot of issues, but they all are connected and they have an effect on kids in the state. [LR37]

LINDA COX: And interestingly, our population of the older children is just about equal to the 0-5 age group. [LR37]

SENATOR CAMPBELL: Wow. About equal. [LR37]

LINDA COX: Yeah. I'll get you the statistics. [LR37]

SENATOR CAMPBELL: I would like to see that. Yes, Senator Howard. [LR37]

SENATOR HOWARD: Thank you, Senator Campbell. I just have one thing that I can't not comment on. Clearly, the department recognizes that there's a reasonable caseload number because they put in the contract just as clearly as the fact that the department has no enforcement mechanism, and so it's basically worth about as much as the paper it's written on. [LR37]

SENATOR CAMPBELL: Any other comments today? Thank you, Carol. And yes, we will continue to send assignments over. [LR37]

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CAROL STITT: Okay. Thanks so much. [LR37]

SENATOR CAMPBELL: We have no other testimony this morning. I want to thank everyone for coming. This afternoon the committee will meet in Executive Session, and so we will close this portion of the hearing. And stay tuned, because we will have additional dates for hearings and we will try to keep those posted for you. [LR37]