

**Health and Human Services Committee October 3, 2019**

**HOWARD:** Good afternoon, and welcome to the Health and Human Services Committee. My name is Senator Sara Howard, and I represent District 9 in midtown Omaha, and I serve as chair of the committee. I'd like to invite the members of the committee to introduce themselves, starting on my right with Senator Murman.

**MURMAN:** I'm Senator Dave Murman, District 38. It's southwest Buffalo County and the six counties kind of southwest, south, and southeast of here.

**WALZ:** I'm Lynne Walz. I represent District 15, which is all of Dodge County.

**ARCH:** Senator John Arch, Papillion-La Vista; it's District 14 in Sarpy County.

**WILLIAMS:** Matt Williams from Gothenburg, Legislative District 36: Dawson County, Custer County, and the north portion of Buffalo County.

**CAVANAUGH:** Machaela Cavanaugh, District 6: west-central Omaha.

**B. HANSEN:** Ben Hansen, District 16, which is Washington, Burt, and Cuming Counties.

**HOWARD:** Also assisting the committee is our legal counsel, Jennifer Carter, and our committee clerk, Sherry Shaffer, and we do have one

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very willing legislative staffer who's going to be our page today--

Sarah [PHONETIC]. A few notes about our policies and procedures:

please turn off or silence your cell phones. This afternoon we'll be

hearing three interim studies, but two we'll be hearing concurrently

so two interim studies, and we'll be taking them in the order listed

on the agenda. Off-- on the table off to the side of the room, over

back there, you'll find blue testifier sheets. If you're planning to

testify today, please fill one out and hand it to Sherry over there

when you come up to testify. This will help us keep an accurate record

of the hearing. Any handouts submitted by testifies will also be

included as part of the record as exhibits. We would ask, if you do

have handouts, please bring ten copies and give them to Sherry; she'll

give them to our page to get them distributed. Each testifier we'll

have five minutes to testify. Since, since we're without our

traditional light system in the legislature, we have these beautiful

yellow sheets. So yellow means you have one minute, red means you are

done, and we'll ask you to wrap up your final thoughts. When you come

up to testify, please begin by stating your name clearly into the

microphone and then spell both your first and last name for the

record. Each interim study will begin with the introducer's opening

statement. For the first two, since we'll be hearing them

concurrently, we'll hear from Senator Lowe first and then we'll hear

from Senator Quick second for introductions. And then the introducers

will also have the opportunity to make closing statements. Just a

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reminder that interim studies are a little bit different than traditional bill hearings in the Legislature. We won't have supportive or opposition testimony; we'll just be taking everyone in turn. So it's not grouped by supporters or opponents. We do have a strict no-prop policy in this committee. And with that, we'll begin today's hearing with LR103 and LR200. Senator Lowe, you are welcome to open.

**LOWE:** Thank you, Chairwoman Howard and members of Health and Human Services Committee. Welcome to my alma mater. And welcome to Kearney. Kearney is a great town, and we enjoy what we have here. This LR is designed to look at staffing concerns at Beatrice State Developmental Center, the Lincoln Regional Center, and the youth rehabilitation treatment centers in--

\_\_\_\_\_ : We can't hear.

**HOWARD:** Is the mic on? Can you tap it?

**LOWE:** Test. Yeah, I don't--

\_\_\_\_\_ : Oh, there you are now.

**LOWE:** Can you hear now? How far back do you want me to go [LAUGHTER]? Do you want me to begin from the beginning? My name is John Lowe; that's J-o-h-n L-o-w-e. And I represent Kearney, Gibbon, and Shelton. Welcome to District 37, to the University of Nebraska-Kearney. This LR is designed to look at staffing concerns at Beatrice State

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Developmental Center, the Lincoln Regional Center, the youth rehab bill, youth rehabilitation treatment centers in Geneva and Kearney. I would also like to thank Senator Quick for his interest in addressing the challenges facing our YRTC facilities and for his willingness to join our interim studies into one hearing. This makes the best use of our time in finding solutions to these challenges. I expect that we will have a very interesting and inform, informative discussion today. I want to quickly give some history for my involvement and interest in our YRTC system. YRTC-Kearney has been a critical question in my district for a long time. The immediately, the immediate concern came to a head in December of 2017, when a constituent reached out to my office after they had a vehicle stolen and taken all the way to Oklahoma. That incident led to a town hall at UNK in March of 2013. I believe we may hear from that person today. There were between 150 and 200 people present to share their concerns. After the town hall, I introduced an interim study dealing with YRTC. That interim study dealt with the security concerns for the residents, the staff, and the neighbors of the facilities. Informative hearings were held in Geneva and Kearney. These hearings led me to introduce two bills last year, one for building a front, a fence around YRTC=Kearney facility and the other to make it a felony to assault a staff and these kids at the facility. Neither bill was able to advance out of committee., although the funding was found to build the fence. This brings us today to today's interim study. I wanted to update the committee on some of the

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numbers dealing with staff vacancies and staff retention rates. Some of these numbers I provided yesterday in Geneva, but I believe they are worth mentioning once again. According to DHHS, as of September 18th, YRTC-Geneva had a staff turnover rate of 29.6 percent in 2018 and 30.5 percent in 2019. Did the ship come in [LAUGHTER]? And YRTC-Kearney had a staff turnover rate of 27.3 percent in 2018, and 32.2 percent in 2019. According to DHHS, there was a total of 99.9 FTEs budgeted for Geneva, with only 31 of those being vacant. In other words, 31 percent of the positions were not currently filled. YRTC-Kearney is budgeted with 209.7 positions, with 59 of them being vacant, or 28 percent of the jobs not being filled. The Lincoln Regional Center is budgeted for 567.63 FTE, with 107 of them being vacant, or 18.9 percent of the jobs not being filled. Beatrice State Developmental Center is budgeted for 412.8 FTEs, with 80 of them being vacant, for 19 percent of these jobs not being filled. They kind of go along with the rest of the businesses in Nebraska. We're struggling to find good help these numbers are quite concerning to me especially in regard to the YRTC facilities. In order to ensure the best treatment for the residents of those facilities, as well as the safety of the staff and the neighbors, fully staffed facilities and well-trained staff should be a high priority. Part of being a well-trained staff requires experience. YRTC-Kearney used to be a place that had a strong retention, which allowed the staff to gain the experience to better understand how to deal with the challenging residents or how to

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prevent situations from getting out of control. By increasing staff retention, more of the staff will have this valuable and necessary experience to deal with these challenging situations that can lead to injury. I'm open to considering solutions to these challenges we face in staffing at all of our DHHS run facilities. But these numbers indicate to me that we need to prior, prioritize our YRTC facilities in order to offer the best opportunities for the residents, the staff, and our neighbors. We had a great tour this morning of the YRTC facilities and the new programming that they're doing up there, and I believe that YRTC. is on the right track. And I believe that we can help solve this here shortly.

**HOWARD:** Thank you, Are there questions for Senator Lowe? Senator Cavanaugh. Now if you can't hear when we do questions, then we'll start passing around the mic. But if you can hear, we won't bother with it. Senator Cavanaugh.

**CAVANAUGH:** Thank you, Chairwoman. Thank you, Senator Lowe, for having us in your hometown today and for showing us a little bit more of Kearney. It's been a wonderful experience. I'm more going to ask you some questions I don't think you'll answer, but maybe gives a heads-up to people that are testifying after you. So you talked about retention of staffing as being a critical concern, and that that used to be

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different for the state. And I'm sorry. Am I speaking loud enough? No, OK.

**HOWARD:** No, all right.

**CAVANAUGH:** I'm going to get real tired real quick if I have to talk louder. Sorry. OK, thank you. So retention of staff is a challenge but not necessarily a historical challenge. And so my question would be if there's been anybody looking into what has changed to-- that the retention of staff is no longer long-term. And then has the staff been surveyed as to what would help increase their recruitment and retention?

**LOWE:** That would probably be a question for somebody to follow.

**CAVANAUGH:** Sure. And then kind of a similar quench, question about the fence. So the fence was put up this summer-- late summer. And has there been an evaluation of how the staff feels this, the fence is working and-- or not, not working-- either way?

**LOWE:** I don't know if there's been an evaluation, so that would also have to be--

**CAVANAUGH:** OK.

**LOWE:** --for somebody later on.

**CAVANAUGH:** Mostly wanted to give people a heads-up; thank you.

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**HOWARD:** OK. Other questions? Seeing none, thank you, Senator Lowe.

Senator Quick?

**QUICK:** Thank you, Chairman Howard and members of the Health and Human Services Committee. My name is Dan Quick, D-a-n Q-u-i-c-k, and I represent District 35 in Grand Island. I want to thank you all for being here, and I'd like to thank all the testifiers for coming today. The letter that I had handed out is something that I talked to our, our judges in, in Hall County, and Judge Corey and Judge Wetzel, and just asked them if they could talk, tell us about some of their experiences. I know it's probably a short letter but I think it kind of tells, maybe, what-- some of the things they deal with and what they, what they need. So I also talked with Connie Hultine with Probation and tried to get some information there, too. And we were able to discuss-- she did send me an e-mail, but I I did not bring that along but I may pass that on to Senator Howard at, at a different point. So, so I've introduced LR200 to examine the programming and off-- examine the programming offered at the youth rehabilitation and treatment centers in Kearney and Geneva and to ensure that we're providing programming that will best benefit the young people in their care and prepare them for productive lives. I think it's important that we are focusing on our YRTC's and the youth they serve. I also think it's important to remember that we're talking about children, not inmates-- children's whose brains and decision-making skills are



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not fully developed, who may have raised-- who may have been raised in unstable homes and exposed to trauma. They may not have the same set of decision-making skills as children raised in stable homes, and we should focus on the treatment and rehabilitation aspect of their care. My main reason for bringing this study is to address the broad range of issues that have happened at our YRTC facilities in Kearney and issues that have recently come to light in Geneva. I first became involved after hearing about staff assaults in, at the Kearney YRTC and wanting to find a way to address the concerns I had for staff safety. What I discovered was a broad range of problems, not only with staffing concerns, but also concerns about safety and programming needs for our youth placed at these facilities. To learn more about the YRTCs, I talked with staff, met with the Ombudsman's Office, the Inspector General General for child welfare, YRTC administration, judges, Probation, legislators and nonprofits for youth advocacy. I also set up a tour through our-- through the Inspector General's Office, of the YRTC facility in Kearney, and attend, and attended the interim study held in Kearney last year. The issues I see as most important to address are: first and foremost, the rehabilitation, programming, and aftercare for our juveniles held in any detention facility; addressing that fact, addressing the fact that we have several juveniles from YRTCs in their county jails; addressing assaults by juveniles on other juveniles and staff; addressing staffing ratios and mandatory shifts; and safety for our citizens who

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live near these facilities. I believe these issues can be, can begin to be addressed by providing adequate programming for the youth along with mental health staff. We have heard reports that some youth at the YRTC in Geneva were only, were only seeing a licensed mental health practitioner once every three months. We have also, we have also heard that the facilities are short staffed, that they're bringing in staffers from front, from other facilities who don't have the training necessary to provide adequate, adequate programming or mental health services to these children. We've all read the news articles pointing out the lack of programming and the lack of structure at the YRTC in Geneva. We can't give up on these kids because it's hard or because it's expensive. I preached to this committee before about prevention, and, and this is a clear example. Prevention means reaching out-- means reaching our children early and helping prevent trauma and bad outcomes. If we can help these youth by giving them the tools to live successful lives, we will benefit our entire state and save money in the long run. We shouldn't give up on these youth because of decisions they have made, but help them with treatment and rehabilitation. I'm of the belief that more evidence-based programming and mental health treatment for youth in these, in these centers will increase the safety of both staff and youth, as well as decrease the instance, instances of youth leaving the facility. I brought this interim study because we should be prioritizing funding for evidence-based programs and providing mental health treatment and transition, transitional

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supports. This requires staff who are trained to implement this type of programming. They require staff ratios that best serve and serve the safety and well-being of, not only the youth, but the staff who work there. These programs will help reduce recidivism rates and best equip these youth for productive futures. I urge the committee to carefully consider what we learned today and how we should move forward with the best interest of the youth in mind. I'd be happy to answer any questions.

**HOWARD:** Thank you. Are there questions? Seeing none, thank you, Senator Quick. How many folks are willing to testify on the first, in the first hearing, by a show of hands? OK, all right. We'll invite our first testifier up.

**JUSTIN HUBLY:** Good afternoon. My name is Justin Hubly; it's J-u-s-t-i-n H-u-b-l-y. And I'm the executive director of the Nebraska Association of Public Employees. We are the state's largest public employees union, and we represent more than 8000 state of Nebraska employees, including approximately 68 nonsecurity staff members at YRTC Geneva and YRTC Kearney. I'm here today on behalf of, not just the employees that we represent at both of the YRTCs, but on behalf of all of our members. Our members are proud Nebraskans who work as civil servants to provide vital services that make the state of Nebraska run. They are nurses, counselors, custodians, cooks, and housekeepers, just to name a few of the 630 job classifications that we represent.

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Our members are concerned about the staff shortages, not just at the YRTC's, but at all of our state run facilities, including Beatrice, and Hastings, and Norfolk. And we didn't mention the Veterans Affairs' facilities, including the beautiful new one here in Kearney. They're concerned, not just because the shortages significantly affect their personal life and livelihood, but the staffing shortages affect the quality of life of the most vulnerable Nebraskans, such as: at-risk youth; the developmentally disabled; and our medic, medically fragile veterans. I'm always impressed when our union members almost always cite their concern for the continuity of care first and their own well-being second. In our opinion, the primary cause of the staff shortages are low wages paid to the employees. The low starting wage, coupled with an inability to earn a pay increase for years of service or for sticking around, provides no incentive for a new employee to make a career working for the state of Nebraska in our 24-hour care facilities. The low wage-- starting wage is just the start of a vicious cycle that repeats itself at facilities across the state every day. The low wage leads to staff turnover. Those who remain are forced to work mandatory overtime, oftentimes 16 hours a day, which is the max in our contract; and that leads to burnout. Imagine if you were working the overnight shift and came into work at 11:00 p.m., and as the sun rises at 7:00 a.m., you find out, 15 minutes before you're supposed to go home, that you'll be required to work until the early afternoon and quite possibly have to go home for a few hours and

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return for your next shift at 11:00 p.m. the next day. The process starts again and the vicious cycle repeats. These hardworking women and men eventually quit, many within their first year of service, as you heard from some of the turnover numbers. And the process repeats itself over and over and over again. The end result is a lesser quality of care for the people who we serve. I hope that at today's hearing you'll have a better understanding of some of the problems that we face every day. And I know that you're concerned about these conditions. And I'm here today not to complain or just to answer your questions, but I want you to know that we're here to help solve this problem together, and I hope we can count on you for that help. As a senator, it might seem like you're at a distance, but you can help. Your support, whether it be through appropriations or oversight or legislation, is what we need to increase starting wages for hard to staff positions; \$10.38 for a custodian, \$10.97 an hour for food service assistant, and \$11.79 an hour for a cook just won't cut it in today's economy. All workers deserve a living wage and we need your support when we bargain our contract next year in order to ensure we can provide the services Nebraskans have come to expect and deserve from our facilities. I thank you for your time today. I'd be happy to answer any questions that you might have.

**HOWARD:** Thank you. Are there questions?

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**WALZ:** Go ahead.

\_\_\_\_\_ : I'll get it for you.

**WALZ:** Oh, I can probably talk loud enough actually.

\_\_\_\_\_ : OK.

**WALZ:** I don't have a problem with that. So thank you, first of all.

**HOWARD:** Yeah.

**WALZ:** And thank you for being here. I would imagine wages are the number one reason why we can't recruit people to work [INAUDIBLE].

**JUSTIN HUBLY:** I believe that's the first, most important. There are other issues that come, but that's foot in the door, sure.

**WALZ:** OK. So that leaves my second question. What other factors do you think that we should take into consideration when we're looking at recruitment?

**JUSTIN HUBLY:** Sure. I think listening to employees-- this is more for DHHS management, I guess, that run the facilities. I know some are in the room, and I'm sorry that my back is to you as I say this, but they have to listen. The people that work the front lines in our facilities every day, whether you're a nurse, a counselor, even a custodian, they know what's happening in these facilities. What happened in Geneva was no surprise to any of them. It might have been to some of the

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management. I don't know why; they need to listen to their staff. And I guess the other thing that I would add, as opposed to just wages, it's make a career. I'm rather new in Nebraska, but almost all the folks who've been around for any time say the state of Nebraska used to be the employer of choice. And our veteran members feel bad that that's not the case anymore. And part of it is this wage stagnation. I think it goes back to that.

**WALZ:** Um-hum.

**JUSTIN HUBLY:** And it's just-- this is not where I'm going to make a career.

**WALZ:** Thank you.

**JUSTIN HUBLY:** Sure.

**HOWARD:** Senator Cavanaugh.

**CAVANAUGH:** Thank you. Thank you for being here today, and welcome to Nebraska.

**JUSTIN HUBLY:** Thank you.

**CAVANAUGH:** So I had asked previously about -- and kind of following up on what Senator Walz was asking about retention-- has your organization done a survey of the staff to see what it would take to increase retention?

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**JUSTIN HUBLY:** Yeah. So I'm in the process of 33 town hall meetings across Nebraska. I Was in Broken Bow last night and Ainsworth on Tuesday, and so I've got 31 more to go. So we're doing that right now 'till Thanksgiving. And then we actually do have a survey going out to all of our members; it's going to go out December 1st. So by the end of the year, we'll have some data from our folks. I can tell you we talk to our folks all the time.

**CAVANAUGH:** Sure.

**JUSTIN HUBLY:** And so when we talk about retention, there is no mechanism in our contract. There used to be. I think your question before was why did there used to be retention and there isn't anymore. Our contract-- and I think this dates back 20 years, from what I've been told-- used to have a step increase or a longevity increase; for each year of service you made a little bit more money. That mechanism is gone, and getting it back under the current state employees collective bargaining act, unless there is a will by the folks we negotiate with, that's not going to happen. So when you've worked somewhere for ten years and somebody applies tomorrow and they make the same wage that you do, that's a slap in the face. You are a better staff care technician, you are a better nurse, you are a better custodian ten years and then you were on your first day. And I guess the other piece, to answer your question about retention, our folks, you know, the last contract before I got here, they bargained a 1.5



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percent pay increase. And people said we're getting a 1.5 percent pay increase, but that didn't account for the premium increase in their health insurance for the next year. So when it was all said and done,-their take home pay was less. If insurance premiums, that they pay through our contract, are more than the pay increase, they end up making less money; that's a pay cut. Who want, who wants to take a pay cut at work? So those are the-- to answer your question on retention, I think those are the key factors.

**CAVANAUGH:** Um, I have a follow-up.

**HOWARD:** Sure.

**CAVANAUGH:** So following up to that, you said that it was maybe ten years ago that they had a longevity increase?

**JUSTIN HUBLY:** I believe 20; I think--

**CAVANAUGH:** Twenty years ago?

**JUSTIN HUBLY:** --it's been 1 or 21 longer than that, um-hum.

**CAVANAUGH:** And first of all, very excited about your town halls. Is that-- the information from that-- is that something that you'll be able to share with this committee?

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**JUSTIN HUBLY:** I would be happy once that I'm done with that. I'm going to Lexington as soon as I am done here for tonight. But yeah, we'll get a summary of that. I'd be happy to share with you.

**CAVANAUGH:** Thank you. I think, also, our introducers probably would be interested in that, as well.

**JUSTIN HUBLY:** Absolutely.

**CAVANAUGH:** But did longevity increase, do you, does your organization have data on when that happened and like the decrease in retention, a correlation [INAUDIBLE]?

**JUSTIN HUBLY:** That's a great question. I'd have to go in our files in our office. If we don't have it, we will, and sometime soon, 'cause that's a great question. I would like to know the answer myself, and I'd be happy to share it when we find it.

**CAVANAUGH:** It would be helpful to know if that is impactful.

**JUSTIN HUBLY:** Sure.

**CAVANAUGH:** And I thank you.

**HOWARD:** Any other questions? Seeing none, thank you for your testimony today.

**JUSTIN HUBLY:** OK, thank you.

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**HOWARD:** Our next testifier? Good afternoon.

**PAUL SCHULTE:** Good afternoon. My name is Paul Schulte, P-a-u-l S-c-h-u-l-t-e, and I'm the vice president of the 28,000-member Nebraska State Education Association. NSEA represents 21 teachers, counselors, and staff responsible for the education and well-being of the children at the YRTC facilities in Geneva and Kearney. Over the past few weeks, NSEA staff has met multiple times with our members at these two facilities to understand and discuss their concerns. I'm here today to share those concerns regarding the education of the children in the state's Kearney and Geneva facilities. We hoped to have members testify today, however, these are dedicated teachers who feel they are needed at their work sites today. When a teacher is absent, it pulls other teachers, staff away from their duties to provide coverage. Additionally, many are stressed and not comfortable with publicly, publicly speaking about their concerns. So here are the cons, primary concerns expressed by our YRTC members. First, there are serious security, space, and education hour problems with the Kearney YRTC facility housing both the boys and the girls at this location. Kearney YRTC has lost 25 percent of its instructional space and 50 percent of its special security living unit space. This has severely impaired the ability to remove acting-out youth from the learning environment. In addition, our members are concerned that, with the current 9:30 a.m. to 1:30 p.m. school day for the girls, the girls

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will not meet the annual requirement of the 1080 hours of required educational time. While the decision to move the girls to Kearney was said to be temporary, the decision is now having a negative effect on the education of the girls and the boys alike. Number two, the Department of Health and Human Services is seriously behind in the hiring of faculty and noneducation staff and is not paying adequate wages necessary to recruit, train, and retain quality, long-term employees. Providing treatment is an art, and it is refined with time and experience. Staff longevity is key in promoting better treatment. Staff with four months of experience should not be the staff training new hires during the on-job training. Our members are not complaining about their compensation and benefits; rather, they are concerned about their colleagues in the facility and living units. DHHS must move quickly to fix the situation to ensure the safety of all staff and youth, and to provide the best educational outcomes for all students. Number three, the hiring process for teachers at DHHS must be changed, both in terms of who is doing the hiring and when. Currently DHHS staff, not educators or the principal, screen applications as they are received. The hiring of teachers at the facilities doesn't start until May or June, and it is completed in August, when most teachers in Nebraska have already signed a contract for the upcoming school year. Our members believe DHHS's inability, inability to effectively understand the educational recruiting timelines, process, and retention of teaching staff is negatively

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affecting the education of youth in our care and the success of the YRTC mission. Four, in addition to the academic concerns, the youths' new treatment program also appears to be at risk of failing due to inadequate training of staff and available living space. There are concerns regarding the safety teachers are able to provide for themselves and the students in their classrooms. Noticeably in the past year, teachers have been left on their own accord, on their own to address mounting safety concerns occurring in their classrooms. On more than one occasion, teachers have been left with students who have become imminent threats to themselves or others, and there is little-- or often no-- security staff response. This creates an unsafe environment for students and staff, making it difficult for teachers to create an effective learning environment. And five, communication has been abysmal. Teachers on the Geneva campus were e-mailed on a Friday evening at about a mandatory staff meeting on Sunday afternoon, a day before their contract year began. On the first day of school. the Geneva teachers were told, an hour into their day, that the youth in Geneva would be moving to the Kearney campus. Staff were then given no training until they pushed to have it, and then they were given very little training about Kearney's campus and how it operated. Geneva's teachers and other staff are expected to adopt Kearney's program without being trained on what it looks like. And a teacher or a school representative can speak with one staff on one day and feel like a situation has been figured out, and a new staff member comes

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the next day and everything runs differently. The lack of consistency and communication has created more stress, frustration, and an increase in safety concerns throughout this process. Teachers and staff as well-- are well aware of the multitude of issues that have come up over the past seven weeks while sharing a campus. However, many of these issues were presented before the YRTCs were consolidated and will persist unless addressed broadly across all state-- all staff and campuses. YRTC staff know all too well that, unless small day-to-day issues, such as communication between staff, perception of different groups on campuses, and safety can be resolved, it will be impossible to resolve the larger issues at hand and get us to a place where we can effectively serve our youth. Our members-- and I believe this community-- understand that many young people at our YRTCs come from dysfunctional families. Many have suffered from neglect, abuse, and severe trauma that has contributed to their destructive behavior. This is our chance to help them acquire life skills, coping mechanisms, and an education that will help them develop a plan for success. I grew up near here, in Pleasanton, and in fact, my father was a security officer at the Kearney YRTC for a number of years. While attending UNK to earn my degree in education, I had the opportunity to tour and observe the programs, teachers, and students at the Kearney YRTC. There is no doubt that education plays a key role in the, in a successful rehabilitation and strong support for the education component in Nebraska's youth programs, and is critically

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important. We believe the state of Nebraska, the Governor, DHHS, and this committee must move quickly to restore a positive culture within the facility, as well as the return of lost staffing and funding to both of these facilities. It was quite a shock to NSEA that, in the '17-18 fiscal year, DHHS did not spend \$3 million dollars dedicated to these facilities, and then the Governor cut that funding from his budget request. These children, staff, and this faculty need the state's support, in meeting these critical issues, to create a positive learning and living environment.

**HOWARD:** Thank you.

**PAUL SCHULTE:** Thank you.

**HOWARD:** Are there questions? All right, Senator Cavanaugh.

**CAVANAUGH:** Thank you for being here today.

**PAUL SCHULTE:** Absolutely.

**CAVANAUGH:** And thank you for outlining-- sorry; there we go. Thank you for outlining the concerns of the faculty at the YRTC, which is very helpful to see. I see you have some recommendations. And part of what we're trying to do here is not just identify the problems, but identify some solutions.

**PAUL SCHULTE:** Right.

**CAVANAUGH:** So I just wanted to see if we could pull those out a little bit more. It looks like funding would be one of them. Would you mind just kind of giving us like the top three recommendations that you would have for how to solve some of these concerns?

**PAUL SCHULTE:** OK. Well, obviously funding -- when we found that the \$3 million dollars weren't spent, and then it was removed from the next year's budget, I think that's really critical. And staffing-- we talked, we heard earlier about the percentages of staff that aren't currently filled, and then the salaries that they're dealing with. I guess one of the major concerns-- as a teacher, I've-- this is my 21st year of teaching-- and I know that when we're hiring staff, we start in December identifying staff that are retiring. And then we start hitting it on January, February, March, looking for new staff members. And so when they're waiting until May and June, that's really late in the game to be getting quality candidates. And we feel that these are some of the most critical students in our state that need high quality educators to be in those classrooms, so--

**CAVANAUGH:** And just one quick follow-up.

**HOWARD:** OK.

**CAVANAUGH:** So the \$3 million that was not spent in the '17-18 fiscal year, was there a decrease in services? Or do you know-- do you have any thoughts?



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**PAUL SCHULTE:** I'm not aware of that, so--

**CAVANAUGH:** I can look into that on my own.

**PAUL SCHULTE:** . I can find the answer, too.

**CAVANAUGH:** Thank you.

**PAUL SCHULTE:** Um-hum.

**HOWARD:** Any other questions? And I'll borrow this one. We can just leave the one. I'm really, I'm really grateful that you visited with us today. One of the things we heard today was something about Rule 10, that there was concern that the girls-- that you wouldn't, you wouldn't meet your Rule 10 requirements.

**PAUL SCHULTE:** Um-hum.

**HOWARD:** I've only served on Health and Human Services. I've never had the privilege of being on the Education Committee--

**PAUL SCHULTE:** Um-hum.

**HOWARD:** --so I'm not familiar with what that means. Can you tell me a little bit about that?

**PAUL SCHULTE:** So in a year they are supposed to accumulate 1080 hours of instruction in the classroom. And so what's happening right now is the staff is being transported from Geneva, they arrive in Kearney,

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they start their day at 9:30, and then at 1:30 they get back and they are transported back to Geneva, and that's on a daily basis, back and forth to Kearney. And so with that reduction in time, from 9:30 to 130-- and you have to figure there's lunch in there and things like that-- it's a reduction in their education hours. And so there's a concern that they might not reach that 1080 hours.

**HOWARD:** All right, thank you.

**PAUL SCHULTE:** You're welcome.

**HOWARD:** Any other questions? Seeing none, thank you for your testimony today.

**PAUL SCHULTE:** Thank you.

**HOWARD:** Our next testifier? Good afternoon.

**ROBIN SMITH:** My name is Robin Smith, R-o-b-i-n S-m-i-t-h. I'm a 35-year employee of YRTC in Kearney, and I am the NAPE representative at the facility. And I've come today, on my own time, to address the staffing and program issues at the, at Kearney.

**HOWARD:** Could I trouble you to spell your name for us?

**ROBIN SMITH:** R-o-b-i-n S-m-i-t-h.

**HOWARD:** Thank you.

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**ROBIN SMITH:** OK. I'm here also because I think that the YRTC is broken. In 1984 when I began working at YRTC-- and then it was called YDC, or the Youth Development Center-- it was affiliated with Corrections. But in 1997, it moved, we moved to HHS. The youth population then was approximately 180 to 190. They were in five living units. By about 2002, the population was hitting-- it was in the mid-200s and sometimes it was over 250, and we had added a sixth living unit. Through those years, the staff numbers remained consistent. You had one staff per shift per living unit; therefore, you could have a staff with 35 to 45-- sometimes 50-- youth. And we did not have those issues that we have today. Today the number of youth-- and I'm, I'm just talking about the boys right now-- is around 90, and-- well-- and they're in five living units today, less than half the number of a few years ago. And because of PREA regulations-- and PREA is the Prison Rape Elimination Act-- the staffing ratio should be one staff to every eight youth. So if there's 20 youth--and a living unit requires three living unit staff at all times-- it's not that the YRTC cannot hire staff; it's that they cannot retain their staff once they've begun. I was figuring probably about 40 percent of the staff hired as living unit staff, and that's the youth program specialist Is and the youth program specialist IIs-- the ones work at night-- they probably, most simply leave within a year, and a lot leave within a few months. And I think the reasons are, is the pay has been low, has remained low, to the mandatory overtime the last couple

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of years, so that staff are required to work the next shift of somebody that doesn't show up. That especially hit the night shift people because then the a.m. staff would call in sick, and so they would have to cover. Some of these young people told me that they may do this four times a week or have had to do it four times a week, a couple of instances that it was four days in a row. And also, and if, and for parents, and for single parents, and for people who have second jobs because they can't make it on the state's salary, this is particularly-- it's difficult. And there really hasn't been any resolution to that. Another issue, I think, is, that I hear about, and that's verbal abuse by the youth and the threat of physical, physical assault, especially for the, for the female staff-- and a lot of them are very young. They, there is a lot of sexual harassment from these young men, and I won't repeat what is said; I think you can kind of figure it out. Also the physical side, it can be dangerous. This morning I had a conversation with a staff that works nights, was a little bit upset. Apparently yesterday some time, they had found a couple of our youth had hidden away two pipe wrenches and, apparently, were going to use them on, I assume, the night staff, and maybe there was going to be an escape. So they were-- that's always in there in their mind. I think the staff also feel that the real value is, is, is to meet the PREA ratio, so they feel like they're just a warm body, that number one to the every eight youth. And I think another reason is, after their initial classroom training, I hear this-- they come

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down and talk about the-- they're set off and they basically have to sink or swim, and they get little or no support from fellow coworkers or supervisors. So after your, your couple of weeks of training, they send you over and apparently they expect you to be able to do that job. And if you're working with kids and you're working with people, it's not something that you just learn in a couple of weeks. And they, and they, they don't feel like they get any support. And another important issue is this lack of structure and, and even more importantly, there's, there's not a really good program, or no program, as far as I'm concerned. As for the program, the facility is trying a-- it's called a Phase program where youth are given a-- rated by the number one to four. So, you know, if you do mop the floors, I suppose you'd get a three or four rating. If you're, if you are belligerent, or whatever, you'd probably get a one. That leads to manipulation of the staff, I feel. It's not a new system. I think if you used about 60 years ago, and also-- I have to stop?

**HOWARD:** Mr. Smith, let's see if there are any questions from the committee. Senator Williams?

**WILLIAMS:** Thank you, Chairwoman Howard. And thank you, Mr. Smith,--

**ROBIN SMITH:** Yeah.

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**WILLIAMS:** For being here today. I want to go down a little bit different line. I think you've done an excellent job outlining some of the reasons that--

**ROBIN SMITH:** Um-hum, um-hum.

**WILLIAMS:** --retention and, and-- has, has not been what it is. But as a long-term employee that's been there for 35 years, you've seen a lot of things some of us haven't experienced.

**ROBIN SMITH:** Um-hum.

**WILLIAMS:** Have you seen other changes in the behavior of the youth that are held there that has caused different changes?

**ROBIN SMITH:** I think we see these changes because we haven't had a really good program. The old program was kind of group-oriented and, because of that, these kids aren't being asked-- there's no-- I guess I was going to say there's-- they're not asked to do accountability. Youth-- the old program there, years ago, was there was this accountability, and there was this helping nature from their peers, because they thought this help from their peers would help. I don't think that-- I think if you're saying, are kids worse than they were years ago, I don't think so.

**WILLIAMS:** So you would not suggest that the acuity level, or whatever, even though you used to have nearly 200--

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**ROBIN SMITH:** Yeah, we would get bad kids and--

**WILLIAMS:** --youth there. But the acuity level is, has not changed significantly.

**ROBIN SMITH:** Acuity as meaning?

**WILLIAMS:** The difficulty of working with their behavioral issues.

**ROBIN SMITH:** Well, I, I think the behavior-- this is my opinion-- we're having more trouble because, when they come in, we do not have a program to deal with that behavior. I think this, when we used to have our, this group program where the kids were in a group, that controlled that behavior. It was kind of self-regulating. They were all, you know, this young man had to help-- got help from the kids and his group. It was kind of all for one and one for all, and I thought it worked very well.

**WILLIAMS:** And have you, have you been trained on the new phase program?

**ROBIN SMITH:** No.

**WILLIAMS:** OK. I just, I wanted to go into that a little, but you haven't been trained on it.

**ROBIN SMITH:** No.

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**WILLIAMS:** Thank you.

**ROBIN SMITH:** OK.

**HOWARD:** Other questions? Senator Walz.

**WALZ:** Thank you, Chairman Howard. Can you just-- I'm just curious to hear a little bit more about the, the peer program that you were just talking about.

**ROBIN SMITH:** OK. So-- and I'm not the best ones to speak on this; there are some people in the back that are-- would be better at it. But this program made-- when the kids came in, they were assigned groups. It was by age, maturity, size. And they would remain in a group of nine. And as the population increased, these groups would get a little bigger. But they would get help-- and from the other youth in their group. And it worked very well because-- and in those days we didn't have a fence or nothing-- the kids could--they self-regulated and they were allowed-- or empowered, as I think we would say-- and they could walk around campus without any kind of escort like we do today. I, it was, I thought it was a much safer system for the kids. It didn't allow for bullying. It was safer for the staff. Does that help you any?

**WALZ:** Yes, it does; thank you.



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**ROBIN SMITH:** It was a great system. May I add one more thing I forgot?

This isn't the first time we've covered this stuff. I was there-- I don't know, you guys would not have been around-- but in 2012, there was an LB972. I think it was to give us some correction. We discussed this-- and I was one of them and there's some in the back-- we discussed these same issues. And we talked about them. We were discussing these issues as early as 1999 and, and on. And we keep having to come back to these issues.

**WALZ:** Thank you.

**HOWARD:** Other questions? Senator Cavanaugh.

**CAVANAUGH:** Thank you, Chairman Howard. Thank you for being here, Mr. Smith. What is your role at the YRTC?

**ROBIN SMITH:** I work in the warehouse now.

**CAVANAUGH:** OK. And you've been there how many years?

**ROBIN SMITH:** Well, I'm starting my 36th year.

**CAVANAUGH:** Oh, my goodness. Well, thank you for your decades of service to the children of Nebraska.

**ROBIN SMITH:** I loved it; it was a great place.

**CAVANAUGH:** So one of the concerns I've heard but I'd like to know a little bit more about is the fence. And when the fence was put in, was

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the staff, to your knowledge, surveyed about how that would impact the community there?

**ROBIN SMITH:** OK. I can say I thought it was an abomination, but I had been around in the old days with it ,and we didn't need a fence. I think most staff felt that, that they didn't, they didn't care for the fence. We have no, we have no, really no staff left that were around years ago when we, we used to, they just they used to tell us, you know, if you put these kids in a fence, you-- and they're kind of like putting animals-- they're going to act the way-- you know, if you fence them in, they're going to act worse. It was there was kind of the way we were taught years ago. But no, I don't care for the fence; I don't think it really worked, and--

**CAVANAUGH:** So nine or-- I don't know how many weeks it's been-- 12 weeks in with the fence, do you feel like that theory has played out, or not as much?

**ROBIN SMITH:** No, it doesn't help. It just--you know-- they can take off and run. And I, I, I didn't think it-- I, I think-- I don't know. it's just--it-- that's not helpful, no. I don't think it's helpful, psychologically, for the kids and for the staff. Who wants to work behind a fence? It makes it-- it gives us a very prison-like atmosphere.

**CAVANAUGH:** I'm sure.

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**ROBIN SMITH:** Does that help?

**CAVANAUGH:** That does, yeah. Thank you. And then we are-- it's our understanding-- and, and we'll probably hear more about it in the coming weeks-- but that this is not necessarily a permanent situation. So I understand, in asking you this question, that this could change. But having the girls from Geneva at Kearney, how does that-- that obviously changes who's in what buildings.

**ROBIN SMITH:** Yes.

**CAVANAUGH:** And how does that--

**ROBIN SMITH:** The dynamics of the whole place.

**CAVANAUGH:** --how does that impact, in your view, the, the culture?

**ROBIN SMITH:** Negatively, negatively.

**CAVANAUGH:** Could you tell us about that.

**ROBIN SMITH:** Well I'm not out and-- with-- out with the boys and the girls but, you know, the girls-- we have to, we have to really watch so that there's no interaction. We're already having trouble with notes being passed. They have to go to school at a certain time, they come to eat at a certain time so there's no interaction or whatever. We went through this about 30 years ago, when they were going to move that there, and we were in a panic then, so--

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**CAVANAUGH:** And the result 30 years ago was?

**ROBIN SMITH:** Was we didn't get them. No, thank God.

**HOWARD:** All right. Any other questions? Seeing none, thank you, Mr. Smith, for your testimony today.

**ROBIN SMITH:** All right.

**HOWARD:** Our next testifier?

**TAMI JAMES MOORE:** Thank you all so much for being here today. I'm Dr. Tami James Moore, a full professor of family studies here at UNK. I do have to disclose to you that I'm on the City Council, but that is not why I'm here. My three graduate degrees are in human development, in family organizational psychology, and diversity development. I've taught--

**HOWARD:** Could you spell your name for us?

**TAMI JAMES MOORE:** Oh, yes. T-a-m-i M-o-o-r-e.

**HOWARD:** Thank you.

**TAMI JAMES MOORE:** You bet. I've taught in the Family Studies department for over 20 years. And most of our graduates are prepared to go into facilities like this, into work, but very few of our graduates ever do. And I think you, you've kind of already heard about what might be keeping them: the low wages and turnover. But I, I'm

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really here as a long-standing researcher and teacher, and I want to get to the fence because I think you had-- you were going in the right direction there. I came out publicly against the fence at YRTC, in an Op-Ed column of the Kearney Hub last year. My points were based in research and practice and not intended to defame Senator Lowe or our city leaders. They took their civic positions very seriously. Their focus was on increasing the security and the safety of our citizens. They really did believe that this fence would make it safer, and we even had some residents who came forward and said they had purchased firearms because they were afraid of the escapees. So I think the fence was one of those examples of doing the wrong thing for all the right reasons. I do find it disturbing, though, that the state department authorizing almost three quarters of a million dollars for this fence did not do their job. They did not pull in a study that would look at human development issues and behavioral issues associated with fencing in a facility like this. That may kind of explain why we are having problems at the center of the rehabilitation process. Do we have the individuals in place that understand child development, adolescent development, human behavior? I want to share just a couple widely understood psychological concepts here. I'm sure many of you, if you took an intro-to-psych class, you heard of the Stanford experiment where they created a mock prison situation, and they found out that people responded, then, in more violent, aggressive ways. For those of you who have had teenage children, or

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have had any human development, you know that the adolescent-- especially the male adolescent-- has surging testosterone and androgens scientifically related to aggression, competitiveness, territoriality, and defiance. So the fence really is more of a challenge to them than it is a deterrent. And we've seen that with the breakouts, since it's gone up. So cutting to the chase, trap an adolescent male.-- and now we have females in this situation-- and they will feel a need to problem-solve themselves out of that situation. Again I question-- not Senator Lowe but the state level department and leadership-- creating and delivering the rehabilitative programs at YRTC. I do not question the leadership of our local program. The men and women who work out there are trying to do their best with what they have. They are members of our community, and they are very amazing people. The constraints upon them and the programming forced upon them comes from above, and it is not their fault; and that goes up to our level of legislation. Why was there no focus study of the probable impact of that fence before that much money was spent on it? As a social scientist in professional and human development, I pose a more probable solution. The population at Kearney's YRTC is different ,and you were getting at that with your questions. Out of the mid- to late 1900s, we have seen a change in our throwaway population. Judges are making difficult decisions about placement of adolescents who have offended the laws, the community, and their families. When adult prison is not an option, YRTC becomes the

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recipient of those youth offenders. Many of those young men can be rehabilitated and can learn skills that can make them productive citizens. But we are dealing with a new layer, or a new slice. There are adolescents in the state of Nebraska who have been exposed to, and indoctrinated into, the cult-like web of organized gangs. Their vulnerability is identified by adults when they are quite young, and they are pulled into drugs, prostitution, and extortion. They are recruited,, taught and often forced to further those organized activities. They then look at selling drugs, stealing, threatening, intimidating, and physically harming others as easy money. And eventually that's their new norm. Those young individuals should not be in the general population of YRTC. To help them requires a much more sophisticated program with even more highly-trained, and probably more expensive, personnel. My hope is that taxpayer resources will be funneled to a group of experts who are given the charge of rebooting this entire youth rehabilitation system instead of pouring them into Band-Aid approaches to the superficial needs, while ignoring the fundamental problems and possible research- and practice-based solutions. That's the extent of my testimony.

**HOWARD:** Thank you. Perfect timing. Are there questions?

**WALZ:** I have a question.

**HOWARD:** Senator Walz.

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**WALZ:** Thank you, Chairman. This thing is bothering me. Can you explain again what you teach?

**TAMI JAMES MOORE:** I teach-- well, I have been there for 20 years, so I can teach pretty much my specialty areas. But my background is in human development, pretty much birth to death.

**WALZ:** OK. And you said that you had students in the class who would be willing, or would like to go and work at YRTC, but-- what was stopping them?

**TAMI JAMES MOORE:** Well, graduates of our program come out with the same skill set that they can apply for the jobs that a Bachelor of Science social worker could apply for. We are a family-strengths approach, so that we look at the strengths of families instead of just, you know, what has, what has happened to to harm them. But they have family life education skills to go out and work with youth, create programming, deliver programming. But with a four-year degree and you look at a job that pays \$11.00 an hour, with the kind of security risk that you have out there and the kind of turnover they've had, some of them have done their internships there, but very, very few will stay in, in that.

**WALZ:** Well, what would you expect to make as you graduate in another field then?



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**TAMI JAMES MOORE:** OK. Well, a four-year degree-- I would certainly hope that you could be, you know, above the \$30,000 range. Our students generally are between \$35,000 and \$50,000, depending on where they go, but a lot of them would like to stay in the Kearney area.

**WALZ:** OK. And then my last question was going to-- it had something to do with the opportunity for intern, internUm-hum.

Ships.

**TAMI JAMES MOORE:** Um-hum.

**WALZ:** And it sounds like you already have that relationship.

**TAMI JAMES MOORE:** Um-hum.

**WALZ:** Can you talk about the percentage of kids who are taking advantage or who are using up that opportunity at YRTC?

**TAMI JAMES MOORE:** Sure. One obstacle to internships at YRTC is they do need to have that mandated training, which is important; I totally understand that, with the whole security approach. So if internships are not longer than, let's say, four or five weeks, spending that time up front, with that kind of training, makes it a more difficult intern, internship to complete. But when they do internships, they also look at the end result, and if I did do well at this internship and they did hire me, what would I expect in that kind of a position?

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**WALZ:** OK, thank you.

**TAMI JAMES MOORE:** You bet.

**HOWARD:** Other questions? OK. Seeing none, thank you for your testimony today.

**TAMI JAMES MOORE:** Thank you.

**HOWARD:** Our next testfier? Good afternoon.

**NEIL MILLER:** Good afternoon, Chairman Howard and members of the Health and Human Services Committee.

\_\_\_\_\_: The microphone doesn't seem to be working. We can't hear anything back here.

**HOWARD:** Oh.

\_\_\_\_\_: Get it closer to you, closer.

**HOWARD:** Pull it, pull it closer. And then--

**NEIL MILLER:** Is that better?

**HOWARD:** --you're always welcome to sit in front, as well.

**NEIL MILLER:** Does that help?

**HOWARD:** Yeah.

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\_\_\_\_\_: Yes.

**NEIL MILLER:** OK. Good afternoon, and welcome to Kearney. My name is Neil, N-e-i-l, Miller, M-i-l-l-e-r. I am the Buffalo County sheriff, and I run the Buffalo County Jail. And I am a part of the YRTC program. Now you might ask yourself how can that be-- you're at a county level. Well, trust me when I tell you that I always have at least one person from YRTC in the Buffalo County Jail. At times I've had up to 10 percent of the population of your facility in the Buffalo County Jail. And I understand what happens as we get people up there that are violent and they commit crimes and staff is concerned. They're scared about working up there because of that. And the easy solution to that, because there is no other solution for those people who commit assaults on staff, is to charge them with a felony and drop them into the Buffalo County Jail. We heard about PREA earlier, and you might say, well gee, Sheriff, you run a jail; that's what you do. Why' do you have a concern about this? What, what, what's the problem with having these juveniles in your Buffalo County Jail? The problem is that I do not staff nor provide programming to a level that a juvenile correctional facility does. If you'd look at the PREA standards, which were mentioned earlier, which is the Prison Rape Elimination Act, you will see that the standard staffing, recommended staffing, is 8 to 1. I'm running at 25 to 1. Now I am concerned about assaults that could occur while those juveniles are in the facility.

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I'm concerned about prison rape, and I'm concerned about their general well-being from lack of programming, because I don't get the ones that do the best at YRTC; I get the ones that do the worst. And then we drop them into an environment with no programming to make them better. Again, I understand the concern from staff-- and by the way, I want to, I want to, you know, pat on the back to the YRTC staff. They do an amazing job up there. They do good work, and they are doing wonderful things for the juveniles and the people of the state of Nebraska. But we have got to do better with that 10 to 15 percent population that do not fit up there, because not only do they not fit there, they do not fit in the Buffalo County adult jail. And so I'm here today just to make sure that you understand that what-- I don't want to be a part of your youth treatment program but, because of what you do, you force it up on us. And Buffalo County pays those bills while they are locked up in our facility. And, and there's a better way to do this. I don't know that I have the exact answers for that ,but I think we owe more to those kids that end up and that have more of the issues, have anger control issues, who have been aggressive, who've been assaulted themselves, than to drop them into an adult jail because they assault staff because we have nothing else to do with them. I think that's sad. And so I'm asking you today to take a good look at what you can do for the kids, for the safety of those people who work at YRTC, who work hard and do a good job. Let's figure something out here because it's a, it's a 10 percent, 15 percent number that need more intense

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treatment., and we need to do something for them because, right now, they're throwaways. Concludes my testimony .I'd be happy to take any questions that any of the senators might have.

**HOWARD:** Senator Williams.

**WILLIAMS:** Thank you, Chairperson Howard. And thank you, Sheriff Miller for being here and for your commitment. A question that's come up a couple of times in our discussion, that I would like your opinion on is, watching this for as many years as you have the opportunity to-- and you used the term "throwaway" kids. But has the acuity level, has the level of behavior changed over this period of time that they're dealing with at YRTC?

**NEIL MILLER:** I believe that it has. I believe that that, that has changed. I also believe that there are more mental health issues out there than we have had in the past, and I believe that that is contributing to part of this. And the environment that some of these children are growing up in, that has changed, and I think that's sometimes worse than what it was 20 years ago. There's more violence. There's just more violence generally, and so I do think that that group, that there, there are, they're tougher to deal with, more issues and-- with a certain percentage that group than there were 20 years ago. I, I just, I do believe that.

**WILLIAMS:** This morning we had the opportunity-- those of us that are sitting here-- to take a tour and to have some fairly lengthy, in-depth discussions out at YRTC, with the program people out there, and I want to be sure I'm understanding. You come into play when someone is, is being charged with a felony. Is that, Is that correct? Or just when they call and say we've got an incident, can you explain when, when and how you get involved?

**NEIL MILLER:** I can. Up until the time that the law changed on juveniles, and the burden for going to adult court went back to, we're going to start in juvenile court and you have to move us to adult court, proving to the court that this needs to happen, it used to be that they were able to start in adult court and then they had to work their way to juvenile court. So that law changed. Back when it, you start, could start out as a juvenile and charged as an adult, there were times that we held 10 percent of the population of YRTC in the Buffalo County Jail on various charges of: escape, assault on a staff member, assault on another juvenile at the YRTC. So those were charged as felonies, they were brought to the Buffalo County jail when the crime was committed, they stayed there as a pretrial detainee rather than going back to the hill, which I've always been against because that is a critical time and there's absolutely no programming going on for them during that period of time. So then they go to court and then they could get sentenced to the Buffalo County Jail, as a part of

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their sentence for the crimes that they were charged and, and convicted of. So there were times that we would be over a year that we could have these juveniles in jail. Since the law changed and now the requirement is on the state to charge as an adult rather than the juvenile, we have seen the numbers go down. As I said, I have two currently, and I believe they're both in there. And that's part of the issue, too, is that we've got this 19-year-olds going up to age out at 19, so we've got 18 year olds up there YRTC, as well. I'm not sure that's a good mix, to have the 18-year-olds up there in that group. But anyway, these two that I have are both 18 years old, both charged with felonies and so they're being housed as adults in the Buffalo County Jail. The problem with that is, were it not for YRTC, they would not be in the Buffalo County Jail because they don't live here. The crime was committed only because they were at the youth rehabilitation and treatment center. So those are costs that Buffalo County bears when a judge specifically said this juvenile has to go to wire T.C. That's where they expect they'll be that's where they expect them to go. Not to the Buffalo County Jail where sometimes they end up.

**WILLIAMS:** Thank you. Other questions? Senator Walz.

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**WALZ:** Thank you, Chairwoman Howard. What-- I'm just curious. Do you have any communication while these youth are in jail. What's the communication that you have during that time with YRTC?

**NEIL MILLER:** There virtually is not any communication going on. We have some conversation about prior history, so we know what kind of the prior activity has been, kind of some of what they, you know, the problems that they've had. Certainly medical information is exchanged because we want to be able to have current medical information on what their needs are with that. But there's not a lot of interaction after that. It's kind of one of those things where, well, we don't, we don't have any place for them up here. We want to go to the jail, and it's your deal because you're down there with you now. So again, I come back to, I think, rather than us, there needs to be some place that we can provide more intense, more intense treatment for them, which will make it safer for staff to work up there and for everybody involved. I believe that.

**WALZ:** Thank you.

**HOWARD:** Other questions? So one of the questions that has been coming up with the committee is the efficacy of the fence. Do you feel as though it's been effective in preventing escapes?

**NEIL MILLER:** You're talking to a guy who's in Corrections. And if I were to build a fence to keep people in ,it would not look like that



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fence. OK? It would look much different than that. So I think that, if you go into it with a fence that is not designed to keep people in, you're going to have problems with that fence. I get it. You know, it's juveniles and it's rehabilitation, and the state's role is rehabilitation, and incarcerate so you can rehabilitate, and rehabilitation being number one. But I just think that, you know, that the debate is long about the fence. And certainly there are multiple opinions about what a good fence would look like. And so I'm just going to be one of the many would have an opinion about that.

**HOWARD:** What is your opinion of a fence, of a good fence?

**NEIL MILLER:** I think a fence needs-- if you're going to have a fence, then design it so that if you don't want it looking very, very "Corrections," at least put a-- some type of a inward-facing barrier to keep them from climbing over the top. That fence has nothing to stop them from going over the top. I heard just the other day that that's the staff-stopper fence, well, because what happens is the kids run, they go over the top, and the staff watches them take off. So I think that designing a fence, if you truly want a fence to keep them on the grounds, then have somebody come in and tell you how to build that fence so it's not so "Corrections" looking, like a prison, but at least has the ability to have some downward facing element to keep them from going over the top of it.

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**HOWARD:** Thank you. Any other questions? Seeing none, thank you for your testimony today.

**NEIL MILLER:** Thank you very much. Our next testifier? Anyone else wishing to testify? Is that someone coming up? Good afternoon.

**DELINDA MOHRMANN:** Good afternoon. I am Delinda Mohrmann, D-e-l-i-n-d-a M-o-h-r-m-a-n-n. I worked-- I'm nervous, Sorry.

**HOWARD:** No, that's all right.

**DELINDA MOHRMANN:** I worked at the YRTC in Geneva in the '90s, when it was part of Corrections, and then I worked there again-- I quit to raise a family, and then I came back in 2017. And a year and a half later, I quit-- couldn't handle it. Sorry. There needs to be training. When Deb Moravec quit, who was in charge of training at YRTC in Geneva, nobody was replaced. It came out of Lincoln-- we're not replacing her. So you have nobody in charge of training. They also took away cottage supervisors. So you have nobody in the cottage, training them in the cottage, so they-- the training is a matter of, you have different pieces. You know this person is in charge of this class, and this person in charge of this class. But nobody ties it together, nobody for them to turn to, to answer questions. When they get to the cottage, the other cottage staff are supposed to train. You're lucky if you have someone that's been there 90 days. We have people that had been there 40 days training new employees. You can not

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train them that way. And it's resulted in chaos. Nobody knows the rules. Nobody knows what the rules are supposed to be. So none of them are consistently enforced. So the youth don't know. So it's run wild. When the cottage supervisors were taken away-- the supervisors provided consistency for staff and youth, just simple day-to-day routine things. Where do you line up? How do you go about organizing the youth? And that routine, all of us need at every age. We want that routine in our lives. They would put us in a new cottage and say, make it your own. So ten different people have ten different routines. The youth have no clue what to do, so they're frustrated, so they act out. Results in attacks on other youth and on staff. We consistently had at least two staff out ,due to assault, at all times. You can't go to work like that. And put on that the 16-hour days with no break, and come back an eight-hour [INAUDIBLE] and do it again. Programming-- if you're changing programming, you need the new program in place before you get rid of the old. When they would decide to change programming, they got rid of the old and we flew on autopilot-- no clue what to do. The new one needs to be in place, the staff need to be trained so everybody on campus is part of that program. They need-- the youth need the time with the counselors, with the therapists, but they also need constant small bits that the cottage staff, that the ODs [PHONETIC], that the frontline staff can do. The frontline staff can't do the big stuff, but with that constant intervention, you make a lot of progress. And these kids need that. They need to be expected to

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participate in stuff. In our culture we like to give people choices, which is, in some ways, good. These kids are not good at making choices. If they were, they wouldn't be there. So we tell them, you know, yeah, participation is your choice. It helps you get better, but it's your choice. Let's go to school. Do you feel like it? School's not even mandatory there. It's mandatory everywhere else, and we're not teaching them how to have a job if we can't teach them to go participate in the group therapy, in the rec, in the school. So while there's not programming-- sometimes there was programming-- they just didn't have to participate. And then they complained that there wasn't any. So but the expectation needs to be there-- you will go. It's a big behavior modification program, and that requires two parts: the consequences when they are not-- when they're showing the undesirable behaviors, there's consequences; and when there's desirable behaviors that we're wanting them to learn, there's rewards--positive consequences. Any behavior modification program knows you would have to have both. If you only have one, it's not effective. A lot of the negative consequences were taken away and not replaced, and nothing what to do instead. So-- and then there was a time to do a lot of the positives. So sometimes we lost both parts, so it didn't work. One of the previous people mentioned the separating the youth by how they function. So your higher functioning, more sophisticated, are separated, at their house, to one area and the lower ones in another area. We need to go back to that. That's the way it was in the '90s.

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And I saw a lot of the lower functioning ones taken advantage of and abused by the other youth because they're all together. They just kind of were housed randomly anymore, so-- and my time's up, so any questions?

**HOWARD:** Thank you. Are there? Questions Senator Murman? We'll pass the mic down.

**MURMAN:** Yes, thank you. Thank you very much for coming in to testify. You touched on something I asked about yesterday. There is a big problem, I think, with when a resident doesn't want to participate in a program. I at least thought the school was mandatory. But any other program or school, also, if they don't want to participate, what kind of-- you know, I, I don't-- I think sometimes it's not possible to do it all with incentives to get them to participate.

**DELINDA MOHRMANN:** Right.

**MURMAN:** So what are some of the consequences that can be used to get them to participate? And then, also, if they don't participate, you know, are they allowed to just play video games, watch TV, or, or take a nap? You know, probably most of us would rather do those things than participate in anything.

**DELINDA MOHRMANN:** You're right.

**MURMAN:** So--

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**DELINDA MOHRMANN:** Yeah, we all would. In the '90s, they would go to-- well, I think today they call them the cool-down rooms. It's basically, here's your own room, here's the walls-- nothing to do for the day. And boredom would say, yeah, I think school is a whole lot better. Now, when I was there the year and a half this last time, if you didn't go, it was kind of a roller coaster. They were allowed to just hang out in the cottage and do whatever they wanted. Well, then figured out, oh, that's not a good idea. So they would start, you know, someone would make the decision that, OK, they have to stay out in the family room, which is kind of the commons area, and no TV, no games, basically sit here and be bored. Well, they would start pressuring enough, and enough staff didn't have enough training or enough backbone. OK, well, I'll let you play cards, but that's it. And it would evolve into, they can hang out and do anything they want. And then it'd go back to, nope, they're just gonna sit here and be bored. So it was just a swing back and forth. There was no absolute. So yeah, at least half the time they could play games, watch TV, sleep the day, whatever they wanted.

**MURMAN:** So what are the positive or negative incentives that you can use to get them to participate? Do you have ideas on that?

**DELINDA MOHRMANN:** Well, the absolutely nothing to do, so you're bored, which is kind of like in-- I have a teaching background, also. And so in school, you know, they get ISS, in-school suspension. They sit in a

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corner and they're bored for the day. And one youth I worked with in the high school, she purposely got ISS just to see what it's like. She swore she'd never do it again because she was bored for the day and hated it. So you know boredom can be a good punishment, a good deterrent. You have to make it, yeah, boring enough or-- either that or they work enough that-- which would have been what happened at my home-- that they don't want to be there, so that school is a better place.

**MURMAN:** Thank you.

**HOWARD:** Senator Walz.

**WALZ:** Thank you, Chairwoman Howard. I'm just curious. Who, who makes the decision to change the programming? Where does that come from?

**DELINDA MOHRMANN:** A lot of the changes that I saw came out of Lincoln. Now who above--a lot of the decisions that were very well-intentioned, but not understanding the program, where very bad results came from above anybody on the Geneva campus.

**WALZ:** Came above anybody on Geneva campus, OK.

**DELINDA MOHRMANN:** Yeah. When I started in June of '17, they were just starting the levels program. And from listening to the staff that had been there, it had been almost a year that they had nothing.

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**WALZ:** Thank you.

**DELINDA MOHRMANN:** So you know, and that-- the therapy programming is vital.

**WALZ:** OK.

**HOWARD:** Other questions? All right. Seeing none, thank you for your testimony today.

**DELINDA MOHRMANN:** Thank you.

**HOWARD:** All right. Our next testifier? Maya [PHONETIC], you want to do it? So you start by stating your name and spelling it for the record, and then you tell us whatever you want to for the next five minutes.

**MYA DELANO:** OK. My name's Mya Delano. So I say it, like spell my whole name?

**HOWARD:** Yeah.

**MYA DELANO:** M-y-a D-e-l-a-n-o.

**HOWARD:** Can you pull the microphone close?

\_\_\_\_\_: Thank you.

**MYA DELANO:** Oh. Mya Delano, M-y-a D-e-l-a-n-o. Can you hear me now?

**HOWARD:** Yeah.



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**WALZ:** You can move the-- you can move--

**HOWARD:** You can bring the mic close to you.

**WALZ:** You can move it to you.

**HOWARD:** There you go. OK now.

**WALZ:** They're scary things.

**HOWARD:** Yeah. What would you like to tell us?

**MYA DELANO:** I don't know. I'm not good at like just saying it. I like-- I need questions or something.

**HOWARD:** Well, you have five minutes. Why don't you tell us a little bit about what it was like when you were at Geneva, before you left?

**MYA DELANO:** It was chaos, I guess, like when I was there, 'cause like a lot of things was happening, like a lot. So like when I was in Geneva, there was like a lot of like, like people were like pulling sprinklers and stuff like that, and like fighting and everything. And, but-- so like this-- when the sprinklers got pulled, it like got too much, like damage and stuff. And then, so like, well, they picked four of us like to go to Kearney at first, like there was only four people, like four girls who went, 'cause they thought we were the main ones like doing everything wrong and stuff, I guess. And then like they were blaming us for it, so like, yeah. Well, we went to Kearney and

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then we were in Kearney and like they weren't-- I don't know. Geneva didn't really get in contact with us like that much like, I don't know like. When we went to Kearney, we're doing the like guys' program, you know, and like, kind of like going from there and stuff. And then more girls came to Kearney and stuff like that, and then like, like the rest of the girls came because, I guess, people said that they couldn't be there and everything. And so like there was no schooling and stuff like that, like when we were-- when I was there, and like nothing was there for the graduates and all that stuff, like we were just basically sitting there, looking at each other for a long time, and like we would like-- some of us would like try breaking out to go outside, 'cause like they wouldn't let, like let us go outside or nothing 'cause the boys and stuff. But the boys would get to go outside and everything. Like I don't know what the difference was 'cause like we were behind locked doors like just like them; we couldn't go out and stuff like that. I don't know like what else like. There's a lot of stuff that happened I guess, yeah.

**HOWARD:** Well, let's see if the committee has any questions for you. Yeah, it looks like everybody does. We'll start with Senator Hansen.

**B. HANSEN:** Hello, Mya. Thanks for coming.

**MYA DELANO:** Yeah, hello.

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**B. HANSEN:** All right. So if you could pick one thing that you wish you would have changed when you were in Geneva, what would it have been?

**MYA DELANO:** Like personally--

**B. HANSEN:** Yeah, .

**MYA DELANO:** --that I would have changed?

**B. HANSEN:** Yeah, to make it better.

**MYA DELANO:** My attitude towards everything.

**B. HANSEN:** That's a good one. What about what the facility in general, what do you think, if something could change there to make it better?

**MYA DELANO:** Um, to where-- I don't know-- like we could all like, like all the cottages like intermingle and stuff like that, like I don't know, 'cause like we did a lot of stuff like just to go see them and stuff like that, so like intermingling and stuff. Change over the staff, too, 'cause some of them like take things personal, I guess, so--

**B. HANSEN:** OK. Thank you.

**MYA DELANO:** Um-hum.

**HOWARD:** Senator Cavanaugh.

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**CAVANAUGH:** Hi, Mya. Thanks for being here today. So you were in Geneva, and then you moved to Kearney. You were in the first group that moved to Kearney?

**MYA DELANO:** Yeah.

**CAVANAUGH:** And you're not there longer. Could you tell us about why you're not there any longer?

**MYA DELANO:** 'Cause I aged out.

**CAVANAUGH:** OK, so you're 19.

**MYA DELANO:** Yeah.

**CAVANAUGH:** Congratulations on being 19.

**MYA DELANO:** Thank you.

**CAVANAUGH:** So how long were you at Geneva? Do you remember when you started there?

**MYA DELANO:** Not really. Like January, I was in there in January.

**CAVANAUGH:** OK. And so could you tell us a little bit about your experience in Geneva, and maybe just kind of take us through it from January until August when you moved to Kearney? You arrived at Geneva. And was there programming when you arrived?

**MYA DELANO:** Yeah.

**CAVANAUGH:** And what was that like?

**MYA DELANO:** It was like, basically, I was in LaFlesche, this one cottage, and like you do orientation and everything like that. So like to get out of orientation, you have to do like the videos and all that stuff. So I basically did that for like a week or something like that, and then I got-- what's that, like oriented? Like something, to like a cottage-- like I got assigned to a cottage.

**CAVANAUGH:** Sure.

**MYA DELANO:** And then I moved there to "Sac" and-- I don't know, it was like going good for a little bit but like I had like stuff going on, so like I had to leave for a little bit of time, and then I came back, basically because of some stuff. And after that like everything changed, like I didn't know like what happened.

**CAVANAUGH:** So like the staff changed or the programming changed?

**MYA DELANO:** The programming changed, like there was no program when I came back from what I was going through and stuff like that.

**CAVANAUGH:** Was it the same staff?

**MYA DELANO:** Yeah, but there was like less.

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**CAVANAUGH:** Less staff but-- and no programming.

**MYA DELANO:** Yeah, none.

**CAVANAUGH:** Do you know if that was like summertime or spring?

**MYA DELANO:** It was in the summertime.

**CAVANAUGH:** OK. So then what happened after there was no programming?

**MYA DELANO:** Everybody went crazy.

**CAVANAUGH:** Well that's kind of a generic term. Could you maybe tell us a little bit about that?

**MYA DELANO:** Um, well, there's no program. There's like nothing, like no school, no programming. Like I've been to Geneva before, so this wasn't my first experience and nothing. So like had like, they used to do like improv and stuff like that. And there wasn't that this year, so like we were in the cottage so we got bored. Like we're bored and, when you get bored, you start wanting to do things. So like we just did a lot of stuff, like we just kind of went crazy. Like we would--

**CAVANAUGH:** You were very creative.

**MYA DELANO:** Yeah, creative.

**CAVANAUGH:** Thank you.

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**MYA DELANO:** Um-hum.

**HOWARD:** Let's see if there are other questions. Senator Walz.

**WALZ:** Hi, Mya. Thanks for coming today. You know you just mentioned that you were in Geneva before.

**MYA DELANO:** Yes.

**WALZ:** How long ago was that?

**MYA DELANO:** About a few years ago.

**WALZ:** A few years ago?

**MYA DELANO:** Yeah,

**WALZ:** Was there a program in place then?

**MYA DELANO:** Yes.

**WALZ:** Did you graduate from that program.

**MYA DELANO:** Yes.

**WALZ:** That's how you left?

**MYA DELANO:** Um-hum.

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**WALZ:** After you left, was there any follow up or any type of transition, anybody checking up on you to find out how things were going?

**MYA DELANO:** From Kearney-- Geneva?

**WALZ:** Yeah.

**MYA DELANO:** Um, no.

**WALZ:** OK. And then-- oh, I had another question. Today you, you've aged out of the program, right?

**MYA DELANO:** Well, yeah.

**WALZ:** You're no longer at Geneva-- or at YRTC because you, you've turned 19.

**MYA DELANO:** Yeah.

**WALZ:** So can you tell me what's going on now, like what's going on with your life now? Are you-- is there any follow-up from the program? Or can you tell me what's going on?

**MYA DELANO:** Like-- um--

**WALZ:** What's the plan, I guess?



**MYA DELANO:** Well, right now I'm an independent living, and stuff like that right now, for my adult stuff. And then-- yeah, that's really like what's going on. Geneva hasn't like gotten in contact with me.

**WALZ:** OK. Do you think that the first time you left-- the first time you graduated-- if there had been some follow-up with you from the staff that you knew at Geneva, do you think that would have helped you not have to return?

**MYA DELANO:** I think so, yeah, 'cause like they're showing support. So yeah.

**WALZ:** Thank you.

**HOWARD:** So there might be other questions, but you and I have spoken on the phone before, right? And I've texted with your mom. And so I'm really glad that you were able to visit us today. There are two things I want to ask you about. The first one is, all of this started because there was a disturbance. And so yesterday we were in Geneva, and we heard from the sheriff in Geneva, and we learned a little bit about his perspective of what had happened. But can you tell me your perspective of what happened?

**MYA DELANO:** So like one day this-- is the day the disturbance happened-- we were like in the gym and stuff because somebody had pulled the sprinklers and stuff like that. So we couldn't be held in that cottage. So they made us go to the gym for the whole day. So like

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we were in there the whole day and did nothing, basically. And so that day, this one staff was like trying to make us go back early and stuff. And we, we don't go to bed there 'cause they changed the program where it was like there was no programming. So it was like, I think, 9:00 or something like that. And we weren't-- she was trying-- it was like 7:00. And she was trying to make us go back to be in our rooms, like just to lock us in our rooms and stuff for no reason, like we were all like playing cards and watching a movie and stuff. And she was like, OK, everybody, let's go, like we're going back to the cottage right now, so clean up 'cause we're going back. And we were like, for what? And she was like, 'cause you guys-- like I don't know, she was like making excuses up and stuff like that. And so we just all said, oh well, like forget it. So we just got our stuff and we went back to the cottage. And the smell, like mildew or something, was like getting so strong, like it had already builded up for like the three days or something, 'cause I think there was already mold in the walls or something. And so we went back, and the smell was like really bad, and like everybody was throwing up, like everybody was. And so, basically, after that happened, everybody basically got fed up, like they were like, we don't want to be in here. There was wires hanging from the ceiling. There was like a lot of-- it was like messy in there. It smelled bad and all that stuff. And so a lot of those girls in the cottage like don't really be having a voice, I guess. And like I'm a loud person, like if I'm trying to make a point, I'm going to

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make it across, you know, like-- yeah. So basically I told them I'm not going to stay in this cottage no more; none of us want to be here. And we had a pregnant girl in our cottage, too, like. But she was gone off like campus and stuff, but like still, it's the fact that we have a pregnant girl there. Like what if she was here for that, you know? So basically that happened, and so like we were basically like-- me and like two other people were like, basically, getting on the staff's necks, like get us out of this cottage and stuff, like we just want to get out of the cottage, like we don't want to be in here; this smells bad. And it's early, like it's not even our bedtime. And they were like, well, we have to call Mr. Spiegel or Mr. Popple, or all these, all these people and stuff, to get approval. And we're like, for what? It's like bad in here, you know. So they didn't listen to us and like-- long story short-- we basically like started turning up on them, like some of us like rocked [PHONETIC] our hands up, I guess-- that's what you can say. But like those, like a lot of things that happened in-- yeah. And well, like nobody was trying to go to their rooms, like none of us was trying to go to our rooms. So they thought it was like we were rioting and stuff, whatever you want to call that. And then they called like the sheriffs, and like state trooper people was out there and stuff. They scared us. So like they took the main ones, so they took me and like another youth, and they-- but everybody else that was not in the rooms, like they got to stay in the cottage and stuff like that. And so we went to room confinement, like they

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took only us two to room confinement, and everybody else stayed. And then, so basically, that's what happened that night, that disturbance thing. Nothing really like actually like popped down crazy. It was just like we didn't want to go to our rooms and-- 'cause of the smell and the stuff that was happening in the unit.

**HOWARD:** I was told you guys had weapons.

**MYA DELANO:** Yeah. So like-- I mean if you consider like a piece of a broomstick and like a vacuum piece and stuff is a weapon, but yeah, I guess so.

**HOWARD:** And were you moved, initially moved to Lancaster County?

**MYA DELANO:** Yeah.

**HOWARD:** Or were you-- you were initially moved to Lancaster County. OK. Can you tell me a little bit about what you were told when you were moved and maybe what your mom was told when you were moved?

**MYA DELANO:** Well, I wasn't told anything the day like-- I didn't get told nothing until like later, after we got there. Like when we got there is when I got told we're going to the detention center, because they just came and got us 'cause we were in room confinement for four days, and then they had came and knocked onto our doors and stuff and said, you're coming with me, you're going to Lincoln, you're going to Lincoln. That's the only thing that they said to us, and we didn't

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know why. So they just shackled us up and then they put us in the transport van or whatever. And then, yeah, they weren't trying to tell us nothing, like it was a big secret or something. Like we're not going to find out and like, you know? So yeah, we got to the detention center and then I called my mom. And she was like, why are you there, 'cause you know. And I was like, oh, I thought you knew, and she's like, no, I didn't hear anything about you even moving. So yeah.

**HOWARD:** And when you say they shackled you, where did they shackle you? Was it just like your wrists, or was it your ankles and your wrists?

**MYA DELANO:** My ankles and my wrists.

**HOWARD:** And who drove you? Do you know?

**MYA DELANO:** The Midwest driver guy.

**HOWARD:** The transport?

**MYA DELANO:** Yeah.

**HOWARD:** Other questions? Senator Cavanaugh.

**CAVANAUGH:** Thank you Senator Howard. So Mya, you said that after you were taken back into the cottage and the disturbance happened, that you were put into, into rooms, into roomr confinement, was that in the LaFlesche cottage?

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**MYA DELANO:** No. That was in Burroughs.

**CAVANAUGH:** You say you removed out of that cottage that evening.

**MYA DELANO:** From Sac?

**CAVANAUGH:** Oh, I'm sorry. You were in Sac.

**MYA DELANO:** Yeah.

**CAVANAUGH:** Which cottage had the sprinkler?

**MYA DELANO:** Sacagawea.

**CAVANAUGH:** Sac had the sprinkler, and you were returned to Sac. And that's when you got upset for being in there because it smelled really bad. And then you didn't stay the night in Sac that evening.

**MYA DELANO:** Yeah, no.

**CAVANAUGH:** OK. And that evening when you were removed from Sac, do you know if the law enforcement people that showed up, did they go into the building?

**MYA DELANO:** Yeah, they all did.

**CAVANAUGH:** OK.

**MYA DELANO:** 'Cause we were walking with them.

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**CAVANAUGH:** Do you know if anyone was contacted when you had made the request to not stay in there, and they said that they needed to contact a couple of different people for approval-- Mr. Spiegel?

**MYA DELANO:** Oh, Mr. Spiegel and Mr. Popple.

**CAVANAUGH:** Were they contacted for approval to have you not in that building?

**MYA DELANO:** Well, Mr. Popple showed up that same night, and he was saying that basically nothing was wrong, so--

**CAVANAUGH:** He came into the facility, into Sac, and said nothing was wrong.

**MYA DELANO:** Basically, yeah.

**CAVANAUGH:** OK. And what is Mr. Popple's role? Do you know?

**MYA DELANO:** Not really.

**CAVANAUGH:** OK; that's OK. And then when you were moved to Lancaster, it was yourself and another?

**MYA DELANO:** There was four of us.

**CAVANAUGH:** Four of you. OK. And were any of the four of you the young lady who was expecting? The pregnant--

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**MYA DELANO:** Oh, no.

**CAVANAUGH:** Sorry, OK. Thank you.

**MYA DELANO:** Um-hum.

**CAVANAUGH:** Thanks for sharing your time with us.

**HOWARD:** All right. Any other questions? Senator Arch.

**ARCH:** Thank you, Mya, for coming. If, if you had a concern, how would you express that concern when you were a, when you were a resident there at Geneva? If you wanted to say, I don't feel safe, something's wrong, how would you have, how were you-- were you, were you instructed? How would you express that concern?

**MYA DELANO:** I guess-- talking to staff? I don't know. I really-- usually they just say, if you have a problem, write a grievance, I guess.

**ARCH:** So a grievance is, is the way you were told how to express that. And, and do you know what that procedure would have been, how you would have, how you would have gotten a piece of paper to write that, where you would have put that grievance if you had a, if you had a concern?

**MYA DELANO:** They have a grievance box and like the grievances beside it and everything, so yeah.



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**ARCH:** In the cottage?

**MYA DELANO:** Yeah.

**ARCH:** OK. All right. Thank you.

**MYA DELANO:** Um-hum.

**HOWARD:** Any other questions? Seeing none, thank you for your testimony today. Any other testifiers?

**LEIGH HESSEL:** Yes.

**HOWARD:** Yes.

**LEIGH HESSEL:** Other testifiers.

**HOWARD:** Great. The blue sheets are right there. You just have to fill them out and give them to Sherry. You can fill it out when you're done, as well.

[BREAK]

**HOWARD:** OK. Come on up.

**LEIGH HESSEL:** Do you want to take this, too?

**HOWARD:** Oh, Ms. Sherry. Good afternoon. You have five minutes to tell us whatever you like. You'll see a yellow light or a yellow piece of paper when you have one minute left.

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**LEIGH HESSEL:** OK. My name is Lee Hessel. I live here in--

**HOWARD:** Would you, would you spell that for us?

**LEIGH HESSEL:** --Kearney, Nebraska. L-e-i-g-h H-e-s-s-e-l.

**HOWARD:** Thank you.

**LEIGH HESSEL:** I live here in Kearney, Nebraska. We've lived in Nebraska for-- or I've lived in Nebraska for six years and in Kearney for about five and a half. My partner, who is a Nebraska native, lives-- lived here for 40 years, moved to Colorado, then moved out to California with me. And after the recession, when we couldn't make a go of it anymore, we came back and first moved to Hastings and then moved to Kearney-- move to Hastings September, 2013, and then moved to Kearney December, 2013. She got her job at YRTC, I think, October or November, 2013, and has been there ever since. Do you want me to go ahead?

**HOWARD:** Yeah.

**LEIGH HESSEL:** Keep going?

**HOWARD:** Oh, yeah.

**LEIGH HESSEL:** So she used to work day and swing shift, and some things happened where kids would go after other kids. And one night she-- one day she was pushed, when one kid was trying to get to another, into a doorframe, a metal door frame, and came home with bruises one inch off

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her spine, all the way down her back. That was-- and that really, really worry and concerned me. There are other times she's been pushed down, which has damaged her knee, and she eventually got knee surgery on her own dime, rather than through worker's comp. And then this summer she got beat up twice in one of the cottages in August. We were going to go on vacation to Colorado August 3rd and she worked half a night shift till 2:00 in the morning and made it to 1:00 o'clock in the morning, when the guys were rumbling around outside the officer room. And she told her coworker several times not to open the door. And finally, he went and opened the door, and they-- eight of them came in. And one guy took one, two, three steps-- bam-- and hit her several times. The other guys knocked out the other two staff and they had to go to hospital. I think at least one of them had to go to hospital. And she got looked over. It overshadowed our whole vacation. Her eye-- right eye-- was completely black here, and she had to tell everybody that I didn't do it, that it happened at work. And it completely overshadowed our-- she was so freaked out, she was really freaked out. After it started-- the swelling started going down, you could see a big-- like a light-colored bruise but like how it far extended here, the rest of her face. And she started-- slowly things started coming back to her and she thinks that she also was, was-- had a concussion. She had headaches and other symptoms going on, and forgetfulness, tiredness, things that are symptoms of, of, of concussion. Then three weeks later, almost to the day, exact same

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thing happened. They went and knocked out another staff and kept pushing her up against the door, and her hip is now in a lot of pain. They didn't beat her up like they did that one time, but it damaged her limbs and she may now have to have hip replacement surgery. She's had terrible PTSD, a lot of crying jags. She's still working; we need the money. We're both insured through it, so we both have insurance through the state, which is good. But she dreads going to work every single day. And then, you know, so she's always in fear of getting hurt. The wall hasn't helped at all. In fact, I think that it's hindered, in my opinion, and made it worse, because now they're more desperate to escape so they've got to get more violent to give them more time to escape, get up and over that wall. But of course it's-- doesn't have any barbed wire, so they can just leap on over it. But it seems like they've gotten more violent, not less, since that wall has been, that wall has been put up. So when she told me about this, I decided I was going to come here and testify, or whatever I could do, let anybody know. I mean, I'm living with a partner that is-- I mean she does, could qualify for retirement at 62 and in February. I mean that would put a real crimp on us having insurance and having a good quality of life. I work full-time myself, but my job doesn't pay near as good as hers does, and it's a state job with state insurance. But this is what we're facing, and I'm dealing with a spouse that's got major PTSD. She's already had that from, you know, childhood, but it is absolutely triggered because of the violence that continues to go

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on. And I feel very strongly-- I don't know why that they backed off on making it a felony. If they made it a felony,--I think they just give them a slap on the wrist and they go right on back. They stay in, you know, the one facility for a few days and then they're back on the floor again. So--

**HOWARD:** So that's time. Let's see if there are any questions from the committee.

**LEIGH HESSEL:** Thank you.

**HOWARD:** Are there questions?

**WALZ:** I'll ask a question.

**HOWARD:** Senator Walz.

**WALZ:** Thank you. Thanks for coming today. I'm kind of curious about the incident, the first incident where she asked the staff person to not open the door. Do you know how much training that staff person that she was working with had had, prior to working the shift?

**LEIGH HESSEL:** I think that person was fairly new. I can't remember all the details, but one of those-- one of the three that got beaten up was fairly new.

**WALZ:** So there were three staff.

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**LEIGH HESSEL:** There were three staff. She put her arm on the guy's arm that was being [INAUDIBLE] and said, you don't have to do this. And he backed off. But they knocked the other two guys out cold. And one of those staff, I think, was fairly new, yeah.

**WALZ:** OK. And then-- oh, shoot, I forgot my question. I'm sorry. Oh, I do have it. I'm sorry. You also mentioned PS-- P-- PTSD [SIC].

**LEIGH HESSEL:** PTSD.

**WALZ:** PTSD. Sorry.

**LEIGH HESSEL:** Yes, absolutely.

**WALZ:** Do you know, did she-- or do staff who are injured on the job, do you know, are they receiving any type of support or emotional supports, when that happens, from the facility? Anybody helping them with that?

**LEIGH HESSEL:** I, I don't think so 'cause I kept asking her, is there, you know, .you know, do you think you need to go to the safe center? Or. You need to, you know-- is there somebody you can talk to? And i got, oh no, I can handle it, I can handle it. So it doesn't sound like, from what I've heard, that there's anybody really coaching them and helping them through it, at least from what I can see.

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**WALZ:** Um-hum. And incident reports, do you know about that? Incident reports are [INAUDIBLE].

**LEIGH HESSEL:** Where I work. I also write out incident reports, so I know all about incident reports from my job, too.

**WALZ:** OK,. All right. Thank you.

**HOWARD:** Other questions? Seeing none, thank you for-- oh, oh, wait.

**MURMAN:** I guess I had one.

**HOWARD:** Senator Murman, all the way at the end.

**MURMAN:** Yeah, thank you very much for coming in to testify again. I don't remember, did this incident for your partner happen at night?

**LEIGH HESSEL:** Yes. She, she's on night shift.

**MURMAN:** OK.

**LEIGH HESSEL:** So--

**MURMAN:** We just toured the facility at Kearney. They have beds, like 24 in a room. And you talked about they were in a room. Was this in solitary confinement that it happened?

**LEIGH HESSEL:** No, this was in one of the-- I think it's Creighton. I believe that's the collar-- cottage that she was in. This wasn't the solitary confinement one; this was the regular dormitory. And there's

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been like two or three incidents in the last couple months, two incidents of which she was involved with the injuries that I mentioned.

**MURMAN:** So the employees had like fled to a room [INAUDIBLE]?

**LEIGH HESSEL:** Well, they have their own office.

**MURMAN:** OK, yeah.

**LEIGH HESSEL:** And the kids-- they could tell that the kids were agitated, and I guess they didn't read the signs. Some of them-- and, but she had a sense that they were all at the door and they were all dressed in jeans, and that's not proper for like 1:00 or 2:00 in the morning. And that's why she kept telling this guy, don't open the door--there's something-- you know, she could sense that something was up-- don't open the door. But he did anyway and--

**MURMAN:** OK, yeah. That was my next question. If the-- that specific incident could have been prevented possibly by having more staff readily, readily available. It probably happened faster than they knew it-- that it was necessary, possibly.

**LEIGH HESSEL:** Or maybe like a hole, you know, those little holes through the window where they could talk through the window or, you know, security-- the advanced, the higher level of security. But there were like eight of them and only three of them, only three staff and



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eight boys that were up at-- 1:00 in the morning sounds suspicious to me.

**MURMAN:** Yes, that's why I was, wondered why it was eight against three, you know, that it sounds like more staff-- of course, hindsight is 20/20 -- but more staff should have been there sooner. Thank you.

**LEIGH HESSEL:** You're welcome.

**HOWARD:** Any other questions? Seeing none, thank you for your testimony today.

**LEIGH HESSEL:** Oh, you're welcome, ma-am.

**WILLIAMS:** Don't forget your jacket.

**HOWARD:** oh, jacket-- teamwork. Is there anyone else wishing to testify?

**WILLIAMS:** Yeah, here she comes.

**HOWARD:** Good afternoon.

**REBECCA DELANO:** [INAUDIBLE].

**HOWARD:** You start by-- you get five minutes. You can tell us whatever you want. You'll see a yellow and you have a minute. And then you start by saying your name and spelling it for the record.

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**REBECCA DELANO:** My name is Rebecca Delano, R-e-b-e-c-c-a D-e-l-a-n-o.

You know, I am the mother of Mya Delano. The staff at Geneva, some of them were not equipped to take care of some of these inmates-- or some of the girls that were there. There is a girl that has seizures out there and, on several occasions, I had seen this girl have a seizure. She'd alert staff, I'm about to have a seizure. She would lie down on the floor and it took the ODs 15-20 minutes to find her emergency meds. Why are her meds not where they're accessible? Then with ours, Mya, they denied her meds. They denied her medical when she hurt her knee. DHHS said that the reason she didn't get her meds is because she abused them. If that was the case, there would have been paperwork on it. We all would have signed off on it. None of that was done. So you, once again, picked up the rug and swept it there [INAUDIBLE]. She was about to age out. Well, get her appointments for her mental health meds. So you sent her home to me a hot mess. But some of the other girls are still there. There was one there, for a point in time at Kearney, that they stopped giving her her meds. Her mom raised chaos, like she does best. Then finally they got her back on some type of a med. And they just started going back to school. But when Mya was there, they hadn't even began school. She just sat in a wall, in a room looking at walls. And she would call, and she was like, this is so stupid. She said that they could have released her when she was at County, at the Lancaster detention center, 'cause she was so close to her aging out. Far as staff, they would "ha ha, hee, hee" the girls

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while on visitation. There'd be four girls in the back, four ladies that worked in the back of the hallway, watching in on the staff or the girls-- on visits, just laughing, giggling-- mocking them. And they will let fights happen. [INAUDIBLE]. Another fight, another day-- oh well-- and not even try to get in there to break it up. There is a fight that happened in a visitation where the mom of said child had to break up the fight because the girl overheard her name, but it wasn't her name; she was regarding to her child. [INAUDIBLE] in question of the disturbance, Mya and all those girls were calling me and a couple other parents. And I told Mya-- I said, well, I've made my calls. And she was like, what do you mean? And I said, oh, CPS has been called. I've called the sheriff. They'll be out. So just, just hold on. It's going to be a wild ride from here on out. And she was like, for real? I was like, yeah, just hold on. All you babies need to just hold on. That is it.

**HOWARD:** Thank you. Are there questions? Senator Cavanaugh.

**CAVANAUGH:** Thank you. Thanks for being here.

**REBECCA DELANO:** Um-hum.

**CAVANAUGH:** And thank you for being an advocate for your daughter and those other girls. It's really amazing that you were able to help bring this along. It might not feel like it, but-- so you called CPS the night of the disturbance. Did they show up that evening?

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**REBECCA DELANO:** They didn't show up, from my understanding, but the sheriff did on several different occasions, at least two occasions.

**CAVANAUGH:** Did CPS inform you as to why they didn't show up? Did they [INAUDIBLE]?

**REBECCA DELANO:** They said it was a state facility.; they can't come out. But they would look at Trevor Spiegel and the higher-ups that overranked some of the other ones.

**CAVANAUGH:** They would look at them. What does--

**REBECCA DELANO:** Look at them and see why they didn't call them, because, like them-- and I, I am a mandatory state reporter. Like if I see something happen, I have to report it to the state. They failed doing their job; they didn't report.

**CAVANAUGH:** So has CPS come back to you with a report?

**REBECCA DELANO:** No.

**CAVANAUGH:** Did they say they would get back to you with a report?

**REBECCA DELANO:** They didn't with that incident, but with another incident that my, my daughter was involved in, they did get involved. My daughter did talk to the CPS worker. She did talk to the state troopers.

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**CAVANAUGH:** I have two more. So with the meds that your daughter was not receiving, and they said that she was abusing them-- and as you said, there'd be documentation. Were you ever given any documentation of her medication beginning or stopping when she exited? There's no file transfer.

**REBECCA DELANO:** There was nothing-- nothing. I never signed a thing for them saying that she abused them, that they would try another medication. I got a phone call-- or I called in to DHHS-- Dannette Smith-- and she said, well, we will get you an appointment set up; and that's basically all it was.

**CAVANAUGH:** And did anyone inform you if you could request a copy of her records?

**REBECCA DELANO:** No.

**CAVANAUGH:** OK. And just-- final question is, you have a unique perspective in that Mya had been in the facility previously. And we've heard a little bit about how the facility has then over the years. Could you maybe speak to what your experience, as a parent, was years back?

**REBECCA DELANO:** The first go-around she was there, they had a program installed and then, midway through it, they said, oh, we're changing this whole program. And we were like, what? And they gave us this idea of what it would look like. So it was this painted, pretty little

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picture of all these little lovely colored shirts: orange, pink, green, yellow. And you start off with orange because that just says you're a newbie. Then you go to a yellow, and then you go to a green. And then you get the neon pink, which means you're in honors and you're getting ready to go home. And that worked really well for Mya because she got to see, oh, I leveled up. I got a different highlighter shirt. So she gets to put that one away and then, oh, I got another highlighter shirt and I get to go home on visits. So she got to see the rewards. This last go-around she got the shirts. She got a couple visits and then, after graduation, it ceased. They pulled the shirts. Everybody was wearing neon orange. And that's when, you know, you just started to see the downfall.

**CAVANAUGH:** Thank you.

**HOWARD:** Any other questions? Seeing none, thank you for testifying today.

**REBECCA DELANO:** Thank you.

**HOWARD:** Is there anyone else wishing to testify? Good afternoon.

**STEVE ENGLAND:** Hello, welcome. My name is Steve England, E-n-g-l-a-n-d. I live at 3004 Country Club Lane in Kearney. I've lived there for going on 40 years, and the-- until the trees between us grew up, I could see all of YRTC from my back deck. So I've been a resident there for a long time. Every meeting you've ever had here, I've

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attended. And unfortunately, not too much-- I hear the same stories over the last 30 years, but not too much has changed. My first-- as a resident there., my first incident was, I came home because I had a boy that was sick and I was babysitting him one afternoon. And all of a sudden, I heard a bunch of ruckus ,and the police were hauling six YRTC kids out from under my deck. Well, those kids-- this is quite a few years ago-- those kids were somewhere around 12 to 14 years old. They were all very small. They looked pretty downtrodden because they'd been caught. But when one of them run off, the whole team had to run off. Referring to Mr. Smith-- Robin Smith testified earlier-- that was a system where there was peer pressure, and so if one was going to act out, the team got punished, the team got things. And, and that incident went by and very, very few times did we have any issues. But in the last, you know, few years, it's gotten much more serious. I'm, I, I'm very thankful that there's been an attempted fence. Unfortunately, they didn't ask any of us what this fence should look like, and I agree with, with our sheriff that it should have been built with them in mind, where it's actually going to accomplish something. But when you get text-- I travel a lot. Sometimes my wife is-- goes and sees her family or something and she's driving home at, you know, 6:30 at night. It's-- she knows she's going to get into our house that's been vacant for several days, and it's dark. And she gets a text that says there's two escapees, 6 foot 2, 180 pounds-- 16 years old, another one 6-1, 175, also 17 years old. That is not the kids

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that used to be there. These kids have-- are-- it's a lot more serious situation, and so it's been a little bit of a peace of mind. I am disappointed in what the fence looks like, but it certainly is something that, that our city leaders finally stood up and said, we've got to do something to show we're trying to protect the neighborhood a little bit. And so I'm-- that the-- a couple other things that I might mention. As a businessman and somebody that networks with business owners around town, the talent that you need out there to, to work and administer to these kids needs to be trained, they need to be well-paid, and if a starting salary is \$11 and something an hour, I mean that's ridiculous. There isn't anybody in town right now that can hire anybody competent at that rate. I mean it-- and not to mention the training that these people need to have. And so there's-- you know, as a business person that's networking, and the quality of help available-- I just talked to a fellow that owns two businesses in town, and he just called me the other day and he said, I just walked into a couple of my restaurants, and he said the quality of my help is just so bad from what it used to be. He said, I just can't compete for the kind of people that I need to compete for. And most of these people in my restaurants I might not even have hired ten years ago, you know. So that's the situation we have to face, face. And so, you know, we and these kinds of-- as citizens, we need to face that is going to cost, cost a lot. The other thing is, I've traveled, doing a lot of business plans and things. And one of the things you start with



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was, there's a lot of statistics, and really research it. But I found out it's extremely hard here to, to really know what's actually happening in our YRTC situation. You hear, well, there's little recidivism, but nobody will ever give you any real good thing-- a good documentation there. How many of the former YRTC people are now in either Tecumseh or Lincoln? I would like to know that as a resident that lives just a. a rock's throw away. How many people actually can we prove never have had another problem in, in our court system after attending Geneva or YRTC? There are lots of-- government is usually very, very good at statistics, but I have searched and searched and searched, and there is not a lot of statistics. And I've attended these meetings and spoken before, and I can't get those questions answered. It gives you-- you need to know, you know, how severe the, the situation is. We all know, by reading the newspaper, how full all of our, our prison system is. And so are there kids here that just-- they just don't have a place for them, and they're just a small-- you know, maybe they can survive and maybe they can help them here. But this is a severe problem. I'm glad you guys are all-- the-- all the senators are really here. And if there's anything, any other questions, I'd be happy to answer them. Thank you.

**HOWARD:** Thank you. Are there questions? Seeing none, thank you for your testimony today. Is there anyone else wishing to testify? Going once-- CEO Smith?

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**DANNETTE SMITH:** So some of my remarks today are going to be exactly what my testimony says, but I'm also going to defer from some of it because I don't know that it's all necessarily appropriate. You've had an opportunity to tour Kearney, and I don't know that there's really a necessary-- for me to repeat what you said. And so I would rather just speak to some of the things that I think are most important. And as appropriate, you can ask me questions and I'll go from there. Does that sound fair? Good afternoon, Senator Howard and the Human Services, the Health and Human Services Committee. My name is Dannette Smith, D-a-n-n-e-t-t-e, middle initial R; last name is Smith, S-m-i-t-h. I am the chief executive officer for the Department of Health and Human Services, and I am testifying here today on LR200 and to provide an update on programming at the youth rehabilitation and treatment center here at Kearney. Before I go any further, I want to continue to thank each of you for your support, your candor with me during a very difficult time. I also want to be able to thank Senator Quick, and also Senator Lowe, for their continued support. I deeply appreciate it. I know that my department does, as well. I'm also appreciative of the staff who have, who have shown up today, one, to hear the feedback because at all times we want to ensure we're making a better program. We've got a lot of work to do. We're not perfect, and we recognize that there's much to be done. But there was also much to be done in the past, as well. As you are aware, the female youth were relocated to the YRTC-Kearney on August 19, 2019, after

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conditions on the Geneva campus were deemed insufficient. Vandalism-- vandalized incidences at the cottages in early August, coupled with existing programming and staffing issues, created a critical situation. The move to Kearney was needed to ensure the safety and well-being of the youth. Currently there are 20 female youth on the Kearney campus and 87 male youth, who remain separate from each other. So there's 20 girls there. I have approximately-- 87 boys are on the campus, and so that's about 100 youth on the campus at this time. The department's goal is to ensure an environment that is safe, supportive, and gives youth the opportunity to thrive as they move into adulthood. At the same time, we want youth to be successful, we also want our staff, as well. A critical component is creating a continuum of care that serves their diverse needs. I wanted to highlight to you today some of the progress that we've made and some of the enhancements that we're trying to make on the Kearney campus. We have implemented a new, more youth-focused process for developing a master treatment plan. The male youth and his family help learn-- lead the discussion leading to treatment. Everyone involved in treatment is around the table, including: case managers; therapists; healthcare providers; probation officers; and teachers. This collaborative approach engages everyone in the treatment and empowers the youth and family. The center at Kearney also switched to a new program model called the Phase model, and this happened in May of 2019. The Phase model provides consistent structure, support ,and clear boundaries for

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behavior. The youth who are focused and want to succeed have been adjusting to the Phase model by striving to earn required daily scores in their interactions with peers, adults, and compliance and participation by attending aggression replacement treatment, moral reconnection therapy, and completing adolescent community reinforcement approach. For those youth who have substance issues, each phase has certain requirements in order to advance. The youth understand this work would staff, case managers, teachers, and others to complete the clean-- case plan goals and assignments. Youth are gaining coping skills and confidence to make mature choices and decisions, even when others around them may not. As part of the program, we've been strengthening and enhancing our intake assessment. We have one intake therapist who completes a comprehensive assessment with youth upon admission. This information is formulated into an initial assessment report document. The intake therapist also completes a vulnerability screening, which is used to establish a plan for an immediate need. Shortly after admission, every youth will meet with a therapist to develop a written safety plan. Therapists provide direction and intervention for a mental health crisis situation 24 hours a day, 7 days a week, with some of those services being on call. We want to ensure that developing the safety plans for furloughs, and transitions, and releases back to home are appropriately developed. A licensed therapist is assigned to every youth on campus. This therapist will follow the youth to monitor for any mental health needs

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throughout their stay at the YRTC-K. However, our therapists do not follow youth into the community. The following mental health services are provided to youth that include: individual therapy; it includes family therapy; family engagement; adolescent community reinforcement approach for substance abuse. As I indicated yesterday, we are going to continue to explore Boys Town now picking up services for the young men that we have on the Kearney campus. As you know, that is intensive behavioral health support for those young men who have significant behavioral health issues. We also want to ensure that substance abuse assessments are completed. When necessary, the youth can be referred to our Hastings juvenile chemical dependency program, depending on the severity of the substances and the use disorder. This has occurred since I've been CEO. Turning to the educational services, YRTC-K is enhancing its apprenticeship program aimed at bolstering vocational opportunities for youth. The goal is when a youth leaves the facility, they have a trade skill or a certification in hand, which can be used right away to gain employment. Some of those trades we'll look at: carpentry; electrical; plumbing; welding; and HVAC plumbing and fit, and fitting. The YRTC recreational department provides recreation opportunities for the youth on a daily basis. Some youth are offered physical education classes during school hours, for school credit purposes. The youth are also provided opportunities for recreational classes. Open gym is offered after school and in the early evenings, which can also include the weight area and swimming area. Each living

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unit is scheduled throughout the day to come to the facility to get one hour of large muscular group activities. Each living unit has play pads that can be used by the youth. There is also a softball field and beach volleyball court, as well. The female youth are also incorporated into the recreational schedule and gets to use the same areas, as well. We continue our effort to strengthen programming at Kearney. The ability to strengthen programming is dry-- it is driven by our ability to recruit and maintain top staff. We've had several career fairs, small in nature, but we've been able to make ten offers. Six were accepted, with two pending. Recruitment remains a challenge, and we are actively seeking potential solutions. We continue to make campus modifications to ensure the safety and well-being of the youth and staff at Kearney. These modifications have further assessed the-- looking at the fence, the utilization of the private security, and more modifications to the living unit. Again, I appreciate your support. I appreciate your candor of-- provided to me and the department. Thank you again for the opportunity to testify before you today. And I'm happy to answer any questions you may have for me.

**HOWARD:** Thank you. Because Senator Williams wasn't with us yesterday during your testimony, he's going to get, go first today.

**WILLIAMS:** Thank you, Senator Howard. And thank you for being here today, and thank you for your continued work in many difficult areas. And a big thank you to the residents of Kearney today that are here

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sharing your interest in this topic, too. And I want to pick up on a number of things. Many of us are becoming more frustrated with this issue. You've only had to be frustrated for eight months now. Some of us have been frustrated for a long time, frustration that comes from hearing the same problems that we just talk about the problem, we don't find and implement a solution. And I would like to address the staffing issue, you know, whether it's it's YRTC Geneva-Kearney or our prison situation. We, we hear the same issues about staffing. And we heard testimony this morning from the union that you-- you were here during that testimony. What is the solution to that?

**DANNETTE SMITH:** So I don't know that I have a magic bullet for that, but I can tell you that there's a couple of components that I think impact staff retention and staff recruitment. I think that one of the number one is supervision. There's got to be leadership and supervision immediately in all of our facilities. It's got to be hands-on leadership and support, guidance, and direction. There's also has to be significant training, not training just because you're a new staff, but training throughout your employment with us, to give you the ready skills, not just to be able to deal with a young person that is possibly going to be assaulted, but to really be able to talk that young person down, to be able to talk to them enter, interact with them in a way that makes sense. And so training just doesn't start at the beginning of employment. Training is throughout your employment. I

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can't get into the issue about wages, because we have wages everywhere that could increase, could not increase; I can't get into that. But I know that the major components to being successful is the ability to have good work environment, to be able to feel as though the work that you do matters to the people you're trying to serve, the ability to have good supervision that is on the premise there in the cottages, walking the grounds and the campus, and providing that day-to-day leadership, and then, finally, the ability to have ongoing training at all times. It is difficult to do some of those things when you have fledgling staffing patterns. And so that sometimes gets compromised.

**WILLIAMS:** Are we providing you with the resources that you need to meet those requirements and goals that you're setting for yourself in those areas?

**DANNETTE SMITH:** Well, you know, I think if we want to be a robust system, we're going to have to act and look like a robust system, which means not just a trainer at one campus, but it's going to really need to look at what does an academy look like to be able to train. And I'm not going to just speak for the Geneva programs; I would speak that way for all of our program. If we want good services, we've got to keep our work force trained, and we've got to keep them engaged.

**WILLIAMS:** You talked about training and communication.

**DANNETTE SMITH:** Yes.



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**WILLIAMS:** One of our testifiers today used the term decisions coming "out of Lincoln."

**DANNETTE SMITH:** Yes.

**WILLIAMS:** Can you address that concern?

**DANNETTE SMITH:** Well, I did not hear-- it would be difficult for me to do that unless I hear the specific complaint. But here's what I can tell you, Senator Williams. I've tried to provide good direction in my eight months here. I've had to make some very tough decisions in my eight months here, some things that I didn't expect that I would have to do. And although I know that some of those decisions people may not agree with, I've had to make some very tough decisions. I can only speak for the time that I've been here, can't speak for the past. But I can say that I've tried to make the best decisions with the information that I have and what I have observed when I'm out in our programs.

**WILLIAMS:** And I would tell you I appreciate the fact that you have made those decisions, because they are tough decisions. Whether I always agreed with them or not, you made decisions. I'd like to go down the line of-- we, we heard about staff retention and turnover, but we also have these unfilled vacancies at all of the positions. Who actually has control to say we fill those vacancies?

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**DANNETTE SMITH:** Well, right now we're looking at filling those vacancies. We do have to submit information to state personnel but, to my knowledge we-- since I've been here I haven't had problems filling any of the vacancies that I've asked to have filled.

**WILLIAMS:** You haven't had any resistance from--

**DANNETTE SMITH:** No.

**WILLIAMS:** --DAS as far as filling vacancies? Or we can go without filling that one?

**DANNETTE SMITH:** I have not.

**WILLIAMS:** There has not been-- OK.

**DANNETTE SMITH:** I have not.

**WILLIAMS:** You talked about the Phase model.

**DANNETTE SMITH:** Yes.

**WILLIAMS:** And of course, we were out on the tour this morning. We got to see the whole thing and talk about that. One of the questions that I didn't have out there, that I would like to ask now, is, is that model that's been implemented out there, is that a model that's come from somewhere else that has shown success in other institutions, like YRTC-Geneva or Kearney?

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**DANNETTE SMITH:** I think the Phase model was something that I think my staff, who have been other places, put into place along with some of the clinical staff.

**WILLIAMS:** So it's not a copy of something else. It's something that you've--

**DANNETTE SMITH:** Not that I'm aware of.

**WILLIAMS:** OK. A lot of talk has been about the decision to move female residents to YRTC-Kearney, and I think we know there are significant complications because of that. In, in your mind, is that a long-term solution, to keep those--

**DANNETTE SMITH:** I don't believe so.

**WILLIAMS:** OK.

**DANNETTE SMITH:** I believe we're still assessing that.

**WILLIAMS:** And I'm not going to try to pin you down on that one.

**DANNETTE SMITH:** Thank you.

**WILLIAMS:** We recognize the concern about the school, in particular, the accreditation of the YRTC-Geneva school that is here. Are there things that you or the Legislature could do to assure that they don't run afoul of the, the 10, the number 10 thing?

**DANNETTE SMITH:** So I am in conversations and, in my eight months, I'm learning a lot. I'm in conversations with our educational commissioner, who I'm going to ask to give me more information about what Rule 10 means, because we certainly don't want the school to lose accreditation. And so I'm going to make sure that I see clarity on that issue.

**WILLIAMS:** Well, and if there, if there is any help that we can give you on that, we would appreciate that. As, as we discussed yesterday, this, I think, appears to be a temporary solution. There are repairs going on at YRTC-Geneva as we speak. Some of those facilities are getting-- one of them, at least-- LaFlesche is getting very close to--

**DANNETTE SMITH:** Yes, sir.

**WILLIAMS:** --completion. What could we expect from you as a timing to where we have a direction that may not be implemented yet, but a direction that we can be more comfortable we're heading?

**DANNETTE SMITH:** So Senator Williams, what I'm really trying to do is to make sure, as I move forward, that I'm very "planful" and focused. I think that I have some options before me that I really would like to be able to assess and explore. I think that the road that I take right now is to make sure that I am developing a comprehensive, intensive path forward immediately, with some interim steps. I think, though, that there's more of a community conversation about long-term steps.

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But I think right now my goal is to address the most immediate and interim; and that's what I'm trying to do.

**WILLIAMS:** I appreciate that. I would hope that in that analysis I think one thing we heard clear today and clear yesterday in Geneva, the real concern that there, there are a tough bunch of kids in both of these facilities that may not fit as well as they did in times past. And I'm hoping that you will be looking at a solution that not only serves our kids, but also serves and protects our community and serves and protects the staff of these facilities. Thank you for your work.

**DANNETTE SMITH:** Thank you.

**HOWARD:** OK. Senator Arch.

**ARCH:** Thank you. Thank you, Senator Howard. Thank you again. So the second date of hearings here on this-- on a similar issue, different locations. I want to follow up on what Senator Williams just referenced in that there was a comment from Sheriff Miller where he referenced this 10 to 15 percent, from his estimate, perhaps don't belong in this program. We don't have a program. What, what-- do you have any "initious" (PHONETIC)-- probably not a new idea that was that you heard but do you have any initial reaction to a statement like that?

**DANNETTE SMITH:** Well, I think we are dealing with a 5 to 10 percent ratio of kids who have high acuity that need more intensive services, more intensive behavioral health services. I think that when these kids go home, these young people go home, that there needs to be follow up so there is no recidivism. But when they are in our care, I believe it's our responsibility to provide intensive, one-on-one support with them, intensive behavioral health recreational-- and that, and when I think of recreation for high acuity young people, I'm not thinking about recreation; I'm thinking about therapeutic recreation. So everything has behavioral [INAUDIBLE] to it, but it also is laced with behavioral health and addressing mental health issues, along with the educational component, as well. And I think that has to be appropriate, individualized for that particular young person. But I think it's very intense, and it moves along a course that the child feels as though they're seeing successes. Some of our high-acuity young people don't necessarily feel successful. That's why the acting-out behavior. So we've got to make sure that there's a lot of support, there's a lot of behavioral health services, good programming for them, education vocational, and therapeutic recreation, and then, tying in the family, whoever they identify the family to be, both in the program and when they leave.

**ARCH:** That, that sound-- as you describe that, that sounds like a, certainly at least a modification of, of our present program for a

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more general population, at least a modification if not, if not a different program. The one-to-one is--

**DANNETTE SMITH:** Yes, sir. Yeah.

**ARCH:** --is that-- is a reference to that, that you can [INAUDIBLE].

**DANNETTE SMITH:** And so let me clarify because I don't want everybody to think that I'm saying every kid would have a one-on-one person. What I'm saying is the ratio would be smaller. Let me clarify that .

**ARCH:** More intensive--

**DANNETTE SMITH:** Exactly.

**ARCH:** --more intensive program.

**DANNETTE SMITH:** That's right, um-hum.

**ARCH:** OK. My second question-- my last question here is, we talked, particularly in the hearing yesterday, about some longer-term plans, some shorter-term plans going forward. There's a there's a piece of this that obviously also covers the past. And it probably predates you in your, in your position, but have you, have you completed your assessment of how it happened in Geneva? What-- in other words, systems, personnel-- I mean, I'm sure there were a variety of factors. You completed that assessment to know-- what, what needs to change within our system, or perhaps even personnel changes, to make sure

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that, even if you put in, even if you put a better program in place, the same system, the same personnel, we don't find ourselves in the same place.

**DANNETTE SMITH:** Yes. Let me just give some thoughts to to to that answer. There's a couple of things that come to mind for me. Number one is certainly the engagement of other sister agencies to us. It's been my observation that this responsibility has solely been at the foot of DHHS. And I think that there are other sister departments that have to own and partner with us in the care of the most vulnerable kids in our community. And I can list, you know, those sister agencies who need to participate in that process. The second thing is, I always think that programs, and even from my experience, they do better when there's community involvement. They always do better because, when the community surrounds themselves and embraces the program of the most vulnerable kids in the community, the programs tend to do a whole lot better. There's volunteerism going on, there's mentorship going on, even for those high-acuity kids. They can respond to that. So I think the second thing is ownership. The third thing is how our facilities look and whether, or not, they are, indeed, appropriate for the youth that we're trying to serve. Our environment, our work environment, our living environment has to be conducive to the young people that we're trying to serve. And I think those are some of the thoughts that I



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have as to what led us here. And then I, you know, I mentioned earlier about the programming needs to be robust and the staff.

**ARCH:** From, from an outsider's perspective, from oversight perspective, I would say that probably one other piece of that is it just appears as though somebody took their hands off the steering wheel.

**DANNETTE SMITH:** Yes.

**ARCH:** That, that, that somehow, whether it be because there were multiple agencies or-- your assessment is the assessment that's needed., but, but somewhere, somebody took their hand off the steering wheel that allowed this to fall off the track in Geneva. And so I would encourage you to continue that assessment to identify if there is even some personnel changes that would be needed for that.

**DANNETTE SMITH:** Thank you.

**ARCH:** Thank you.

**HOWARD:** Are there other questions? Senator Walz.

**WALZ:** Thank you. Thanks for coming this week, the last couple of days. It's been--

**DANNETTE SMITH:** Thank you for having me.

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**WALZ:** --a pleasure having you. I, I am going to go back to the question of pay. And I know that you said that, you know, it's not a question that you feel you can answer. But it's a common thread-- everybody that we've talked to, we all know it's about wages-- or part of it is.

**DANNETTE SMITH:** Yes.

**WALZ:** There are other things, very important things that you talked about, that have to be looked at. But we have to look at wages. How can we do that?

**DANNETTE SMITH:** Well, you know, you heard from the union. Sounds like he's going to do some assessing of that and bring some recommendations back.

**WALZ:** OK. The other question I have is-- I'm just curious-- mom talked about calling CPS and CPS said we can't visit, come out to the state facility. Is that, is that true?

**DANNETTE SMITH:** Not heard that.

**WALZ:** OK.

**DANNETTE SMITH:** And then I heard, one other time, Mom said-- or Mya said that they talked to Child Welfare. And so there are times, given the situation when law enforcement gets involved, CPS may back out and

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let them take the lead. And so that might have what happened in this situation.

**WALZ:** OK, yeah. And I guess I was thinking that--

**DANNETTE SMITH:** 'Cause there was a lot of law--

**WALZ:** --a general rule.

**DANNETTE SMITH:** --enforcement involved in this. Um-hum, there was a lot.

**WALZ:** As a general rule, that's not the way.

**DANNETTE SMITH:** Yeah, no.

**WALZ:** OK. Just wanted to make sure. And then can you explain-- I guess when the sheriff was talking about kids being in, in jail-- how, how is that funded? How does that funding work when a child or a youth is in the YRTC program? How are they funded, first of all, because I was thinking of that question?

**DANNETTE SMITH:** Well, when they're in the YRTC, that's state funding.

**WALZ:** Is it--

**DANNETTE SMITH:** And so we are, are taking care of that. I'm not sure of what the funding is when they go to Buffalo County Jail. I'm not sure how-- I would assume that Buffalo County might pick up that

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expenditure. I'm not clear about that. I want to be honest. I'm not clear.

**WALZ:** OK. All right. OK. I see a head shaking. That's the way that-- that's the right answer. And then the last question I have-- and I know that you already know that this is an issue-- but as a child or a youth is in the YRTC program and they have not graduated, they're in the middle of the program and they turn 19, what happens to that youth?

**DANNETTE SMITH:** They usually age out of the program and they're able to leave.

**WALZ:** And that's the end of it.

**DANNETTE SMITH:** That's the as to end of it.

**WALZ:** Do you, do you see that there is a way that we can--

**DANNETTE SMITH:** Absolutely. I don't think that just because you turn 19, we wash our hands. Now does that mean by law? The law says that at 18 you're an adult, you can go. I think, as a administrator, that that's not always the right way to do it. We've got to figure out a way to have follow-up services when people leave our care. And just because you're 18-- uh, 19-- doesn't mean that you get it all. You still need support. Your parents perhaps need some support. And I think we have a responsibility to do that.

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**WALZ:** All right. Thank you.

**HOWARD:** Senator Murman.

**MURMAN:** Yes, thank you also for coming in again today. Just to follow up a little bit on the jail situation in Buffalo County and, well, anywhere where there's escapees-- or not necessarily escapees but I guess a felon, maybe felons waiting to, to-- for trial, the sheriff mentioned it's kind of a forgotten group. Well, two questions: Number one, I don't think it should be the total responsibility of Buffalo County to take care of those youth that are being held; and number two, the program, I mean, some kind of programming needs to continue for-- those have a tendency, as the sheriff mentioned, to be maybe some of the more, more acute. Any ideas on those two things?.

**DANNETTE SMITH:** Well, I'm not sure the extent of the law, of what I can do or what I can't do. And so the conversation I'd like to have is a conversation with the sheriff and see where we go from there, because I'm not sure. I want to be honest. In my previous life, it has not been abnormal for me to work with the sheriff's department. And so I think that's a conversation to see how we make this work and what, within the law, it allows me to do, in statute. I'm sure there's some things we can do.

**MURMAN:** Thank you very much.

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**DANNETTE SMITH:** OK, but I think I have to assess it with him to figure that out.

**MURMAN:** Um-hum.

**DANNETTE SMITH:** And I'm open to that.

**HOWARD:** All right. Other questions? Other questions? Senator Cavanaugh.

**CAVANAUGH:** Thank you, Chairwoman Howard. Thank, CEO Smith , for being here today. And--

**DANNETTE SMITH:** Thank you for having me.

**CAVANAUGH:** Again, thank you and your staff for spending so much time with us over the last few days. I really appreciate that, that it was a very heavy lift to have us touring Kearney today, and I really appreciate that. I think it was a good experience to see firsthand what our kids are, are doing. So you had-- Senator Williams had asked about hiring for some positions. And what I was hearing from you is that you can hire the positions that you want. You do have to go through DAS, is that correct?

**DANNETTE SMITH:** Yes, um-hum.

**CAVANAUGH:** OK. And so what we've kind of heard is that one of the priority positions, from a-- from the staff's point of view, is the

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cottage supervisor position. And you had mentioned that one of your top solutions is leadership and supervision. Is that something that you are prioritizing in these next coming weeks--

**DANNETTE SMITH:** Oh, absolutely.

**CAVANAUGH:** --as you are filling those positions?

**DANNETTE SMITH:** Absolutely.

**CAVANAUGH:** And that's not something that you are going to see resistance from DAS in filling?

**DANNETTE SMITH:** No, no.

**CAVANAUGH:** OK. Thank you for that. So another thing we heard from Mya, who was a previous residents, there was a question about the grievance process. And she sort of knew, like I could put it in a box. But I wasn't hearing a real understanding from her, or even from her mother or staff, that it's fully communicated how to raise a flag for things without it getting to that point that it got to in August. Is that something that you are coming to that conclusion, as well? Or are you coming to a different conclusion?

**DANNETTE SMITH:** Always communication could be better.

**CAVANAUGH:** Sure.

**DANNETTE SMITH:** OK? I think that we oftentimes have to lay out clearly what the grievance process is. Now I want to be honest. I'm not going to say that it was or wasn't, because I don't know. I know that there is a grievance process. I know that at both facilities, when young people have had concerns, I know that that's something that has been discussed, and we'll continue to look at, is that the viable way of kind of raising the flag.

**CAVANAUGH:** Um-hum. Thank you for that. Another issue was therapy-- well, my issue, I guess. I'm hearing from a spouse of an employee about going through PTSD which, hearing from a lot of these violent outbursts, it's very understandable that an employee would feel that way. Is there an opportunity for staff? Are our staff encouraged to seek therapeutic time off, or any resources for staff in those situations?

**DANNETTE SMITH:** So first I want to say I know about the situation, OK? There's been a couple times at night that I've been out there myself because I've been concerned. We want our staff to seek EAP immediately, and we don't want them to come in; we want them to rest and do whatever they need to do because we recognize that it's traumatic.

**CAVANAUGH:** And EAP stands for?



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**DANNETTE SMITH:** That's employee assistance. We cannot make the employee do it, but we certainly want to encourage them to do it.

**CAVANAUGH:** Thank you.

**DANNETTE SMITH:** I know I've hurt my leadership team, on one occasion that I was out there, say to a staff member, let us drive you home, let us get you to the hospital. What do we need to do? That person said, no, I'll drive home. We said, no, we'll follow you, because he lived at a distance away.

**CAVANAUGH:** Sure.

**DANNETTE SMITH:** So we care.

**CAVANAUGH:** Yeah.

**DANNETTE SMITH:** It may not always look like that, but we care because they are our staff and they are our teammates.

**CAVANAUGH:** Thank you for that. I have two more questions.

**DANNETTE SMITH:** That's OK.

**CAVANAUGH:** Sorry. So the fence.

**DANNETTE SMITH:** Yes.

**CAVANAUGH:** There's philosophical differences about the fence, but there's one thing that I've heard is the common theme, and that's the

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fence itself and the efficacy of it. Is that something that you are looking to address?

**DANNETTE SMITH:** I'm looking and I'm exploring some options.

**CAVANAUGH:** Is it possible that you will be making changes to the fence?

**DANNETTE SMITH:** Would love to.

**CAVANAUGH:** OK. So that is something that is being considered because I think--

**DANNETTE SMITH:** It is.

**CAVANAUGH:** --there's several people here today that--

**DANNETTE SMITH:** Yes.

**CAVANAUGH:** --needed to hear that. I'm sorry; I lied. I have two more questions now. I had three last time-- got ahead of myself. Funding: There was three million dollars that was in the budget in 2017-18 that was not utilized, and now it is no longer in the budget. It sounds like funding and resources are a, an obstacle for some of these issues. I know you said that the wages will be worked out with the union, but there are other opportunities for incentives-- bonuses, things like that-- that we could do as the department and the Legislature. If we were to put that funding back in, could you utilize

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those funds to help financially incentivize the staff, even though you can only pay them a certain amount?

**DANNETTE SMITH:** I think we're open to options. We're open to options.

**CAVANAUGH:** Is that an option that's been discussed?

**DANNETTE SMITH:** Not with me.

**CAVANAUGH:** Is that an option you would entertain?

**DANNETTE SMITH:** Yeah, but I'd like to have a little balance with that.

**CAVANAUGH:** OK. So last question, I promise to everyone. And speaking of options, Senator Williams had asked you about sort of timing and expect, expectation. And you said that you wanted to be "planful," which I think we all very much appreciate, and that there were options that you were considering. And for me it would be helpful, and I'm sure others, as well, to hear what are some of those options. Like what's option A, option B, option C? Like what are we, what are any of the things that you are contemplating doing, moving forward?

**DANNETTE SMITH:** Senator Cavanaugh, I'm concerned that if I get ahead of myself, I'm going to be in trouble with you.

**CAVANAUGH:** I won't, I won't tell anybody. It's just you and me here.

**DANNETTE SMITH:** I understand I'm going to be in trouble with you.

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**CAVANAUGH:** You won't be in trouble with me.

**DANNETTE SMITH:** But here's what I would say to you. I am moving and have been moving, even though it may not look like it. I have been moving fast and expeditiously. What I don't want to do is to have a false start. To be honest with you as a new leader here, I rarely in my career have false starts, but I've had one. And so I want to make sure that I'm being methodical as I move forward. You will be hearing from me.

**CAVANAUGH:** OK.

**DANNETTE SMITH:** OK.

**CAVANAUGH:** I promised that was it, so--

**HOWARD:** That's fine. Any other questions?

**DANNETTE SMITH:** Oh, God.

**HOWARD:** Yeah, they're calling in now.

**DANNETTE SMITH:** That's the finale.

**HOWARD:** They're calling in now. Well, just on behalf of the committee, we do really appreciate you and your staff taking two days to tour us around the facilities, to speak candidly with us, to attend the

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hearing, and to be so available to us. It's been remarkable, and we're very grateful. So thank you for your time today.

**DANNETTE SMITH:** Thank you, Senator Howard and all of the Health and Human Services Committee. I really appreciate you all. Thank you.

**HOWARD:** Thank you. All right. Senator Lowe, you are up to close.

\_\_\_\_\_ : [INAUDIBLE] he'll waive?

**HOWARD:** I don't think he's going to waive.

**WALZ:** He's not going to waive.

**LOWE:** Well, we're down to our last ten minutes of this hearing.

\_\_\_\_\_ : No.

**LOWE:** I hope. Again, I'd like to thank CEO Dannette Smith and the YRT staff-- the YRTC staff that, for the past two days, have shown us what we're going through in both locations. I'd like to thank Senator Arch for showing us Boys Town and what they do there. Like to thank the HHS Committee for coming to Kearney and being with us today. That shows Kearney what we go through, five days a week, in Lincoln and how important it is. Like to thank all those who have taken their valuable time out today to come here to be with us. Thank you very much--it's important to all of us-- especially those who travelled from Geneva. Like to thank my staff, Patrick and Sam, for coming and organizing

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everything. And happy homecoming, UNK. I have found out that Kathy Campbell will not be here, neither Alan Alda tonight, for the Blacklist premiere. Three and a half years ago as I began my campaign, I promised my constituents that I would do something with YRTC, both the safety for my constituents and the staff. And we're moving. We're moving. It's, it's a process. And as we've heard, things change at YRTC, whether it's programs, whether it's staff, at both locations. We need something that's stable for programming, and I think we're moving in the right direction. The fence was put up with the money that we had. I'm grateful for the Department of Health and Human Services for finding the money we have. Is it an adequate fence? It's a barrier, and that's all it is. It's a line and that's all it is. Before we had grass. We had the street, and then we had homes where these youth would run through with absolutely nothing slowing them down. We now have something that they have to scale and, because CEO Smith has put security on the outside of the fence, and has upped the security on the inside of the fence, we know when things are happening.

Unfortunately, some of it has to be with the youth that are trying to escape, where they are striking our staff members and injuring them. I had a bill this last legislative season that would have made that a felony, the same as our hospital attendants. If you strike a hospital attendant, they go to jail; they don't go to time-out. And that's where we're putting our youth now, is in time-out. It did not come out of committee. I brought this LR for the employees of YRTC, for both

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locations. And what we found out, a lot of it is staffing problems, not enough staff. Well there's not enough staff at McDonald's. There's not enough staff at any one of our businesses. And as we heard today, that a lot of the people who we're hiring, we wouldn't have hired five years ago. But we need those positions filled. We have Central Nebraska Veterans' Home, a nice place-- the best in the country. And we are still not able to fill those positions. We have beds that are empty because we want to give them the best care that we possibly can for the amount of staff that we have. The youth that we have up there-- it was said earlier they are street smart. These are not 13- and 14-year-old kids that really don't know the ways of the world. These kids were educated on the ways of the world when they were very young, and many of them have been on their own, whether they live with somebody or not. They have figured things out. My father-in-law was just such a man. He was sold at a very early age because his family could not afford him. He was sold to the neighbor to work. And at the age of 16, he joined the military and went off to war in the Second World War, the same age as what we call the youth. We trusted him with a gun. We trusted him with everything else. He was 16, the same age of the youth. Military personnel-- he was a man. I think sometimes you have to think of the youth that are up there as young men, capable of going to war. And sometimes that's what it is up there. I've gotten several e-mails and texts, in the last week, about this hearing. One mother contacted me about a daughter and she feared for his daughter

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her daughter's life and the other staff members up there. She had gone to college for counseling, and she was grateful to get a job up there. And she was not a friend of the fence, either, this mother. She thought it might cause problems with the staffing. And there were others. In a normal high school, as we found out from the principal of a YRTC today, that in a normal high school you may have one or two youth in a classroom that act out. At YRTC, it's 100 percent of these youth up there that will act out or will do something. So it is not a normal high school. And so I am grateful for those that are teaching up there. They are doing a yeoman's job with these young men and now young ladies. I would like to leave you with something, as a husband and as a father who lived very close to YRTC. At 2:52 in the morning on September 18, I was in Lincoln. My wife was at home. I got a text mail-- message, and I got a phone call. It was an electronic phone call, and it said: Escape from YRTC has just occurred. Two black males ran south, both wearing green shirts and black pants. Call 9-1-1 if observed. I'm not home; my wife is. Now my children are gone, but this was happening when my children lived at home. As a man, as a husband, and as a father, that scares the living daylights out of you. These are youth that we have brought in from Omaha and Lincoln and the surrounding communities and counties in Nebraska. We have brought them into our city to try to help them. And then, an hour later, I get another text and another phone call: YRTC update one escapee has been captured and returned to YRTC. One is Hispanic male, 6 feet tall, 145



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pounds, wearing a green shirt, black pants-- remains at large. I'm in Lincoln; my wife is at home. That, that is not a good phone call. As far as I know, that youth may still be out there. I'm hoping he has found some other place to live, not anywhere close. I hope he doesn't return home because he isn't endangering the people near his home, too. Thank you.

**HOWARD:** Thank you. Are there questions for Senator Lowe? Senator Walz.

**WALZ:** I have a real quick question. First of all, I am so glad that you brought this opportunity for us to be here today and to listen to staff and then listen to the people of the community. Knowing that you brought this legislative resolution, what are some things-- maybe the top three things-- that you were wanting to see happen or come out of this?

**LOWE:** You know, I want something done for the staff. That was the main reason why I brought this LR, because I was listening to the staff and they need help. Do I think they need to be paid more? Yes. But as a fiscal conservative, and as we look at the number of state employees, if we give the employees at YRTC a raise, we give all the other thousands-- or we may have to give all the other thousands of state employees a raise at the same time, whether they are Department of Roads guys, you know, anybody. And the millions of dollars that that would cost the state would raise our taxes. Maybe incentives, maybe a

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signing bonus, maybe, maybe something outside this pay scale. Maybe something like that might work, where do you get a signing bonus for signing on and then maybe a five-year sign-- bonus and a ten-year bonus, some in, incentive for staying in dealing with what they have to deal with. I need to keep my citizens in Kearney safe. The fence we have-- obviously it's a barrier. It's a line in the sand, and that's all it is. It doesn't stop them from escaping. I believe we need a top on the fence, something that would keep them in. Now gravity works wonders, so it doesn't have to be anything really sharp, If we get something that extends back out into the YRTC area. But my main concern is the staff and keeping the staff safe, so it's numbers. So I think we have to figure out some way to increase the numbers out there that is already in the budget and to make it attractive for people to be there and stay there.

**HOWARD:** OK. Any other questions? Seeing none, thank you Senator Lowe. Senator Quick, would you like to close?

**QUICK:** Thank you, Chairwoman Howard , and thank you, committee. And Senator Lowe thanked everybody so I won't mention all the people that we're here that need to be thanked that-- and I also want to thank Senator Lowe for working with me so we could combine our two together, because they, they do overlap, and I think that's important. And I think that shows-- I talked yesterday about it-- it does take a village. It takes a lot of us working together. It may take people

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from the community, as well, working with-- along with, along with us and, you know, people in the state and the Legislature. So it takes all of us working together and it might take the courts working like us, along with judges and everybody else. And I think what we've seen and heard today is, it's a combination of things that's brought us to this point, and it didn't just happen overnight. I think it's been going on for years. I think it just escalated probably because of some of the things that just recently happened. But it's, it's been going on for quite a while. And I think one of the things, you know, I talked about yesterday was where these kids come from. You know, they come from unstable homes. And I talked yesterday about how, in my closing, that how, when we raise our own kids, they expect stability in the home. They, they learn to trust that we're going to take care of them. And I think that's some of the issues that maybe some of these kids face coming in, is that trust, that, that trust is broken and, and it's. And it's hard, when we're changing programming from time to time, for those kids that gain that trust and actually be successful with that programming. Some of these kids, they come with learned behaviors that they've grown up with, kids maybe who were in a gang that, that have learned to be, learned a lot of things that our kids will never see and have never seen. So I think those are things that, that we have to fix when those kids get there, and address. I didn't mention yesterday but I-- and I wished I would have-- but it's also with the staff, stability for the staff. You know, when we're

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changing programming all the time, those-- the staff-- it's, it's something that's hard for them. They're, they're learning a new, a new program that they've got to implement and help these kids with. And then they've got to deal with the kids who are dealing with that trust issue that now you're changing my program and how-- and so the staff is trying to work through that. They're trying to learn the programming. And so we've got to do a better job at that, being able to work with those issues. This is another thing I didn't mention yesterday, but I've talked to you about it before-- but prevention. So prevention, for me, is looking at-- I know that we're dealing with the YRTCs right now, but we've got to look at early childhood, and we've got to look at what we can do in our communities to help these kids at an earlier age so we're not addressing it when they get to this age or addressing it when they get to Corrections. So either early childhood with intervention-- we-- I know like Grand Island, with the Grand Island Public Schools, they put in a community school. They're bringing in services for-- its Lincoln Elementary. It's-- they're-- the free and reduced lunches, it's 90 percent of the kids that re on free or reduced lunches in that school. So they're bringing in services for not just the kids, but you also have to address what's happening with those families because it's-- that you can help the kids all you want but they're going to go back home to that same-- what's, whatever is going on in at home, whether it's cases of abuse or neglect for that child that causes trauma or maybe it's food, food

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insecurity, they're not going home and they don't have anything to eat when they get home. I know summertime is really a hard time for a lot of the kids, over the summer. Grand Island does a-- they help kids over the summer and some of the families with, during the summer school program, having them be able to get meals. And and they even let some of the family members come in, too, to get to get food while they're doing that. So some of those kids get lost over the summer. We need to address that, too. And I think working along, again, with our public schools and everybody; get everybody involved. Now I talked about my bill yesterday, too, LB226, which is still sitting in Appropriations. I'd asked for \$3.9 million for programming and staffing and staffing needs. You know, they've already cut almost that same amount out of the budget, so-- or their budget-- so we may now have to restore that and see, you know. We're going to have to look at it and see what we need to do to, to help, not just the YRTC's, but these kids that are in these programs, to see what, what additional things we're going to have to do. You know, one other thing I talked about with that LB226 was taking a facility like Dickson-- and I didn't know about LaFlesche until we went to Geneva, but those are more secure buildings right on the campus of the YRTC's. So if we could take a facility like that and maybe upgrade it to a more, so those kids have come in with more behavioral health needs are getting more programming, getting more-- you could reduce staff assaults that way because you can make it more secure for those kids who are maybe

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running away, the kids who are maybe assaulting staff and assaulting other kids or intimidating other kids to assault staff. So I think that's another thing that we could look at. I look at aftercare for the kids and for the families. When those kids go back home or if they go back to them, if they have a, have a home to go back to, how do we look out for those kids when they come back in the communities, to make sure that we don't have recidivism or to make sure they don't end up in our Corrections system? The other thing I was going to mention was, you know, you really had to be careful about the, about what we're going to do on felonies for these kids. I know we have to address the assaults on staff and other children and other, the other juveniles, but I think we should be careful of that. I think we've-- I know I've heard incidences where the juvenile who assaults wasn't, wasn't really the bad kid. He's the one that's been intimidated or, or he's been influenced to maybe attack a staff. So now you've got the kid who's maybe having the more behavioral health issues influencing somebody else to commit a crime. So how can we address that? And I think we just got to be real careful, in my opinion, on, on making that a felony. I think we're just going to add to our Corrections, which is already overcrowded and we have issues there. And then those kids that end up in the Corrections aren't getting the help they need there, as well. And the last thing I'm going to leave you with is, I think, you know, we just got to be careful. And we got to, we need to do what's right and maybe what ,you know, and not what's easy. You

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know, we can look at maybe the easy solution, but I don't think that's always the right answer. So I think we've got to look at what we're going to do and what's what's going to be right, what's right for the YRTCs, what's going to be right for the juveniles, and what's going to be right for this staff. And so I do agree agree with CEO Smith; it's not an overnight fix. It's going to take a little bit of time. I mean, we do have some pressing issues that she's going to have to deal with. And I think, I think she'll do a good job with that, and, and, hopefully, we can get some of those things corrected. But in the long haul, we're going to have to look at what we're going to do in the future. And I think one of those things is more stable programming for the kids, looking at how we can help with, you know, with staff assaults along with that. So with that, thank you.

**HOWARD:** Thank you, Senator Quick. Are there questions? Seeing none, thank you. This will close the hearings for LR103 and LR200, and the committee will take a ten-minute break. And we will be back at 4:45 to start LR139.

[BREAK]

**HOWARD:** Oh, OK. The committee will reconvene, and we'll begin the hearings for LR139, Senator Lowe's interim study to examine the feasibility of increasing the presence of the University of Nebraska Medical Center in central and western Nebraska by strengthening

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collaboration with the University of Nebraska at Kearney. Welcome,  
Senator Lowe.

**LOWE:** Thank you, Chairwoman Howard.

**HOWARD:** I would also note, for the record, we only have this room  
until 6:00 p.m., so--

**LOWE:** Then I'm closing right now or what [LAUGHTER]?

**HOWARD:** Yeah. Just we have an--

**LOWE:** Then we'll talk.

**HOWARD:** We have an hour and ten minutes, so--

**LOWE:** All right. Thank you, Chairwoman Howard and the Health and Human  
Services Committee. Welcome to my alma mater, as I said earlier. In  
1982, the dean of the business college called me into his office and  
said, John, you're going to graduate this year. I said, but I'm not  
done with my geography major. He says, you're no longer a geography  
major. You're a business major and you have enough hours. I think that  
was a hint. But it's always good to be back on Kearney State, UNK  
campus. I brought LR139 to examine ways we can further advance the  
relationship between the University of Nebraska-Kearney and the  
University of Nebraska Medical Center. The idea for this interim study  
occurred last November when my staff went on a yearly tour of the  
university system. Doing-- during the UNMC tour, there was a



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presentation discussing the need for pediatric cancer help in central and western Nebraska. The presenter suggested Kearney as a suitable site. Shortly after my staff briefed me on that conversation, I was able to discuss the idea with Chancellor Gold, in a conversation about continuing to develop the strong relationship between the two campuses. That tour and conversation is what led to this interim study. The Rural Health Opportunities Program, RHOP, and the Kearney Health Opportunities Program, KHOP, have been in rural-- have been essential to the meeting of the demand for healthcare practitioners in rural Nebraska. The state of Nebraska, along with UNMC and the University of Nebraska at Kearney, UNK, are essential to increase the supply and distribution of healthcare profession, professionals to rural areas, including central and western Nebraska. Some of these initiatives include the development of the UNMC health professions guaranteed admissions program. As of the end of 2018, more than 71 percent of more than 625 RHOP and KHOP graduates have stayed in Nebraska and are practicing in rural areas. As we graduate our students, we want them to stay in Nebraska. I believe that these programs are doing that. It is what our universities are intended to do from Nebraska, to get our youth to stay and not have a brain drain. UNMC and UNK have provided several experts to expand on the needs and challenges of opportunities facing further expansion of the healthcare

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programs here at UNK. So unless there are any questions, I'd like to cut my testimony short, and we will go on to the professionals.

**HOWARD:** Are there any questions? Seeing none, thank you, Senator Lowe. Our first testifier?

**CHARLES BICAK:** Good afternoon. Chairwoman Howard and members of the committee, I am Charles Bicak, C-h--a-r-l-e-s B-i-c-a-k. I am the senior vice chancellor for academic and student affairs at the University of Nebraska at Kearney. Thank you and Senator Lowe for the opportunity to be with you today. The University of Nebraska at Kearney has been fortunate to effectively collaborate with the University of Nebraska Medical Center for many years. Most recently, this collaboration led to the conception, construction, and opening, in 2015, of the Health Science Education Complex on the UNK campus. This is a UNK building that is designed for the delivery of UNMC curriculums [SIC] in nursing and the allied health professions. You will hear more about these programs from Deans Julie Sebastian in nursing and Kyle Meyer in allied health. This collaboration has been an ideal fit for UNK. The UNK mission states that we are "a public residential university committed to be one of the nation's premier undergraduate institutions with excellent graduate education, scholarship, and public service." As a regional public university then, we at UNK seek to achieve these ends within a three-college academic structure. The College of Arts and Sciences houses Health

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Sciences. This program has been central to the mission of UNK. Our UNMC partnership and the construction of the HSEC were a consequence of this centrality. We have an obligation to meet the needs in our region, central and western Nebraska, and,, indeed points beyond. Director Peggy Abels, of Health Sciences, will say more about the success of the program to date. Expansion of the presence of UNMC on the UNK campus and in central Nebraska ought to be a priority that addresses healthcare work force needs across rural Nebraska. There is no more appropriate high-skill, high-demand, and high-wage-- H3-- career areas for rural Nebraska than the health professions represented in the six colleges at UNMC. Tina Chasek, Kearney director of the behave, Behavioral Health Education Center of Nebraska, BHECN, Jeffrey Harrison of the Department of Family Medicine, and Nikki Carritt, director of the rural health initiatives, will speak to these, to these needs. There is strength in the UNK/UNMC partnering for the citizenry of Nebraska, as well as for both campuses. UNK undergraduate students will have expanded opportunities for placement in professional healthcare programs and enriched opportunities for undergraduate student engagement within the UNMC professional programs. In turn, UNMC programs will have expanded access to the most important resource that UNK can provide: the well-prepared undergraduate student. The existent HSEC and its prospective expansion will have direct benefits for both UNMC and rural communities across Nebraska. We know that students educated and professional programs in

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rural Nebraska tend to stay in rural Nebraska. Expansion of the UNK/UNMC partnership has the potential to be a Midwest and, indeed, national model for interprofessional healthcare education. Now while we have grand potential, we have no funding dedicated to the next steps associated with our partnership. That said, we were also strategic seven years ago in the planning for the HSEC. The building is on a six-acre site on the west side of campus that allows for physical expansion. It also is directly north of the University Village site that already has two significant campus additions: Village Flats, a nontraditional housing facility, and the LaVonne Plambeck Early Childhood Education Center. More than 27 percent, or 33 of 120 occupants of the new Village Flats facility, are professional students from across the street at UNMC. That's been a significant success for us in terms of new housing and complete occupancy. In closing, I would like to make three points. First, we're fully committed. We are fully committed, UNK and UN,MC to meeting our collective obligation to our students in preparation for careers in the healthcare professions and, indeed, to the health of the citizens of Nebraska. Second, UNK and UNMC have had a long and successful partnership. This dates to 1991, with the College of Nursing. Then in 2015, graduate nursing was expanded, along with the addition of several professional programs in the College of Allied Health Professions. Third, any approach to advancing the professional healthcare agenda in education on the UNK campus will need to be in a

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strategic and phased fashion, dependent upon identification and identification of funding and resources. Thank you again for your time. At this time, I would like to entertain any questions you might have.

**HOWARD:** Thank you. Are there questions? Seeing none, thank you for your testimony today.

**CHARLES BICAK:** Very good. Thank you.

**HOWARD:** Our next testifier? Good afternoon.

**TINA CHASEK:** Good afternoon. Good afternoon, Chairman Howard and members of the Health and Human Services Committee. My name is Tina Chasek, T-i-n-a C-h-a-s-e-k. I'm an associate professor here at the University of Nebraska in the Department of Counseling and School Psychology and the director of BHECN. And I do have a class at 5:00 waiting for me, so I may be as brief as I can be. I'm also a mental health and alcohol and drug counselor with 20 years of experience, working in the Kearney community. I want to thank Senator Lowe for offering this important study. I'm going to begin my testimony with a bit of background on BHECN, a snapshot of the current behavioral health work force in Nebraska, and then provide an overview of current collaborations between UNMC, UNK, and Chadron State College, and conclude with recommendations to strengthen and expand those existing collaborations. BHECN was established in 2009, by the Legislature, to

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address the shortage of behavioral health providers in rural, frontier, and underserved urban areas of the state. It's a unique partnership among state government, academic institutions, behavioral health providers, and community partners to create a state work force solution for the shortage of licensed behavioral health professionals. As a part of BHECN's strategy to grow Nebraska's rural behavioral health work force, we formed BHECN at UNK in 2015. BHECN Kearney serves as the rural hub for behavioral health work force development. In order to further enhance behavioral health work force development in the rural and frontier areas of our state, BHECN has recently entered into an agreement to open a second rural hub at Chadron State College. I have provided copies of BHECN's most recent legislative report with the testimony. This report provides an overview of BHECN programming and behavioral health work force data by profession and location. An updated copy, covering fiscal years 2018 and '19 will be provided to your offices at the beginning of the year. One of BHECN's primary duties is tracking, reporting, and analyzing state wide behavioral health work force supply. Overall, Nebraska's behavioral health work force has seen positive growth over the last eight years, with a net increase of 261 providers from 2010 to 2018. The largest increase has been in licensed independent mental health practitioners, from 589 in 2010 to 1,171 in 2018. Most of these professionals have went from a license to an independent license, making them need less supervision. And the number of advanced practice

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psychiatric nurses has also grown during this time in-- from 78 to 124. However, significant work force challenges remain. According to 2018 statistics, 88 of our 93 counties in Nebraska are officially designated as federal mental health shortage areas, and 32 counties have no behavioral health provider of any kind. Furthermore, the behavioral health work force is aging, with half of the total work force over the age of 50. Particularly needed are psychiatrists-- 60 percent are over the age of 50-- and licensed alcohol and drug counselors-- 80 percent are over the age of 50. Geographic distribution remains a concern. There are currently only 16 psychiatrists outside of Lincoln and Omaha. In the Region 3 area, which you're at-- it covers central and south central Nebraska-- only three counties,, Buffalo Hall, and Adams, are home to psychiatric prescribers. As a result, consumers often have to wait a long time to schedule an appointment and-- which could lead to emergency visits that are costly to families and insurers. So how are we working to address the shortages? As the state's hub for behavioral healthcare work force development here at Kearney, we serve as coordinating entity for all work force recruitment,, retention and training efforts. Three particular programs I want to highlight. We do student rotations at Richard Young Hospital. We-- those rotations are for psychiatrists, PAs, APRNs, counseling-- and counseling students. Students from UNMC and UNK train in inpatient, outpatient, and distance behavioral health medicine, under an experienced and

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interprofessional behavioral health provider team. Between the years of 2015 and '19, 354 behavioral health trainees completed rotations. Interprofessional training experiences-- BHECN and UNK staff design and lead interprofessional experiences, bringing together future counselors, nurses, and physician assistants to train. Participating and educational programs include: UNK counseling; UNMC College of Nursing; and UNMC College of Allied Health, particularly the physician's assistance program. Panhandle work force development and drug and alcohol counselling, that a partnership between BHECN, Kearney and Chadron State College to take, to train ten students annually from those communities, in drug and alcohol counselling. Recommendations: Over the past eight years we've had an increase of the behavioral providers by a factor of about 11.5 percent. This is progress, but where are the graduates now? Our data indicates 40 to 50 percent of our graduates never become fully licensed. Many leave Nebraska, others give up because of required supervision,, and some some can't find a job. When becoming licensed, it takes an average of four years to be able to practice after school. I'll skip that. I think the other thing that would be particularly important for the committee to know, in the back part of the, the testimony there, BHECN has collaborated with UNL, Lincoln and Omaha, in the Corrections situation, providing \$400,000 appropriations to train those professionals. Since the program, 41 student trainees have been placed in the Department of Corrections and the Lincoln Regional Center, and



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7 have been hired to full-time employment. We think that part of our expansion of our services could also somehow maybe extend to the issue that you were addressing in the earlier hearing today. I'd be happy to entertain any questions.

**HOWARD:** Thank you. Are there questions? Senator Williams.

**WILLIAMS:** Thank you, Senator Howard. And thank you, Doctor, for being here.

**TINA CHASEK:** Um-hum.

**WILLIAMS:** And just last week at a hearing we held, we also heard the raising of the issue of the number of hours and these graduates and not going on. Do you know if anyone is going to be proposing legislation that would address that issue so that we would have a chance to have a hearing and hear both sides and all sides of that?

**TINA CHASEK:** I do not know of anyone currently that's tackling that issue.

**WILLIAMS:** How passionate are you about seeing that as a change?

**TINA CHASEK:** I think it would be a good, good change. I think BHECN is especially passionate about addressing some of those barriers to licensure and getting people to working.

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**WILLIAMS:** Then I would encourage you to find a senator and get to talking..

**TINA CHASEK:** Well, we'll be taking interviews [LAUGHTER].

**HOWARD:** Any other questions? Senator Arch.

**ARCH:** On the, on the first page, you mentioned the largest increase over the years has been to the LIMHP.

**TINA CHASEK:** Um-hum.

**ARCH:** And could you educate me-- what, what, what moves a person from an LMHP to an LIMHP?

**TINA CHASEK:** You have to have 2,000 hours of supervised practice in what we call major mental health disorders. And so those are things like schizophrenia, major depression, and some of those other major mental illnesses. So after 2,000 hours of successful supervision under a psychiatrist, then you become an LI, an independent, which means you don't need as much supervision or oversight for for billing and doing services. So it really does remove a barrier to practitioners such as myself, being in rural communities, to have that supervision.

**ARCH:** So on paper, you could get that done in a year?

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**TINA CHASEK:** You could probably get that done in a year. And a lot of I would say students get it done--students-- new professionals get it done while they're even in their provisional period of licensure.

**ARCH:** Thank you.

**TINA CHASEK:** Um-hum.

**HOWARD:** Any other questions?

**TINA CHASEK:** And if I could just add on, as long as you can find the right supervisor.

**ARCH:** Right, yeah.

**TINA CHASEK:** And that's hard in rural areas.

**HOWARD:** All right. Thank you for your testimony today.

**TINA CHASEK:** You bet. Thank you.

**HOWARD:** Our next testifier? Good afternoon.

**PEGGY ABELS:** Good afternoon. Thank you for the opportunity to testify this afternoon in support of the LR139. My name is Peggy Abels; that's P-e-g-g-y A-b-e-l-s. And I am the director of Health Sciences at the University of Nebraska at Kearney. The Health Sciences Program at UNK has a long history of success in preparing students for professional training in health sciences, and thereby contributing to the

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development of the work force in Nebraska. Over the past 1ten years, Health Sciences at UNK has experienced significant growth with the number of students pursuing healthcare careers increasing by 34 percent. That means there are currently over 750 students at UNK that are pursuing healthcare careers, making it the largest program on our campus. While this increase in student interest is significant, acceptance of these students to professional school is the key to successfully impacting the work force in our region. The acceptance rate of UNK students to Health Science programs has averaged over 70 percent in the last 15 years. In fact in 2018, 91 percent of these students that applied to professional school were accepted. These rates are well above the national averages for acceptance. This data is significant here today because it demonstrates the ability of UNK to successfully prepare undergraduate students for entry into educational programs. It is also important because the majority of the students from are, from UNK are, indeed, from rural in Nebraska and have an interest in practicing in a rural setting. Collaborations with the University of Nebraska Medical Center are vital to ensuring that these students do, in fact, remain in rural Nebraska after practice. Research shows that students are more likely to practice in other area, in areas close to where they receive their training. The cooperative effort between UNK and UNMC that opened the Health Science Education Complex in 2015 has provided an educational pipeline for rural healthcare practice for our students. Place matters to our

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students, and meeting the students where they are by providing the training locally, is a step in the right direction towards addressing our work force shortages. In addition to benefiting traditional students, these opportunities are also important to students that need to stay close to home, such as nontraditional students, those seeking to change careers, and minority populations. Another example of an important cooperative program with UNMC is the Kearney Health Opportunities Program, as referenced by Senator Lowe. The KHOP program is a rural pipeline program that addresses rural healthcare needs by recruiting, educating, and graduating students from rural Nebraska who had demonstrated a commitment to practicing in rural areas upon completion of their training. Students in the KHOP program benefit from special professional development programs and experiences centered around rural healthcare. These experiences better prepare them for the rigors of training at UNMC and for the challenges they will face practicing in rural Nebraska. This program started with 10 students in 2010 and has grown to nearly 100 students across 9 different healthcare professions. Data from UNMC shows that approximately 70 percent of students in the rural pipeline programs have honored this commitment to practicing in rural areas. Further expansion of the collaborative efforts with UNMC to provide additional healthcare training on the UNK campus will provide an exciting opportunity for the significant numbers of students at UNK now interested in practicing in rural Nebraska healthcare. Such expansion

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would allow the university system to build out our past successes by addressing the future needs of work force issues in our state. Thank you.

**HOWARD:** Thankyou. Are there questions? Senator Williams.

**WILLIAMS:** Thank you, Chairman Howard. And thank you for being here. Quick question 'cause you say 70 percent of the students in the KHOP program, or in the rural, or in the rural pipeline, have honored their commitment. What is the commitment? And are there teeth in that commitment?

**PEGGY ABELS:** That's a good question. That's a question that we get often. What we tried to do with the process, because many of these students are far removed from the undergraduate experience and sometimes even from their UNMC training by the time they complete, for example, medical residency. And so it's difficult to put "teeth," as you say, into some of that. But what we try to do on the front end, because the requirement for the KHOP program is that students are from rural Nebraska. They go through an application process and interview process, and then their entire educational programming at UNK and at UNMC is really geared towards rural experiences. So their rotations, their residencies, everything they do is really gearing them towards a career in healthcare. Most of the students that commit to this type of program on the, on the front end do have a genuine desire. Students

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from rural Nebraska genuinely do want to return to their communities to practice. So we, we-- it's the-- word commitment, per se, does not have teeth in it, as,, as you say in terms of like loan repayment issues--

**WILLIAMS:** Got you.

**PEGGY ABELS:** --or anything like that. So I guess that makes it even more exceptional or noteworthy that 70 percent of them do, in fact, honor that.

**WILLIAMS:** Thank you.

**HOWARD:** Senator Hansrn.

**B. HANSEN:** I don't think I need the microphone anymore, do I? Just-- maybe this is a question I should have asked of the vice chancellor when he was up here, but what with your testimony, it kind of triggered a question. You said now the Health Sciences is the largest program on campus now? Is that-- where has UNK-- what was their largest one before? Have they seen a decline, that you know of, in other fields? 'Cause sometimes we-- we know there's a need now for perhaps more funding or for perhaps more involvement or perhaps building new buildings to help with the Health Sciences Department. But if there is a decline in other areas, could there be a shift? Or is there a shift that you see with the university?

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**PEGGY ABELS:** That might be a question better addressed to-- him but to the vice chancellor. I'm not aware of decreases in other areas. There might be. I mean, I'm most familiar with the increase in the number of Health Science students. When I started 20 years ago, we had about 200 students, and now we have 750. So the interest is clearly there. So what I can really talk about is the numbers of Health Science students, so I can't address that issue.

**B. HANSEN:** That's what I figured. I just-- I posed a question. Thank you.

**HOWARD:** No. Any other questions from the committee? All right. Seeing none, thank you for your testimony today. Our next testifier? Good afternoon.

**JULIANN SEBASTIAN:** Good afternoon. Chairwoman Howard and members of the Health and Human Services Committee, thank you for the opportunity to provide testimony for LB139 [SIC]. I am Juliánn Sebastian, dean of the University of Nebraska Medical Center College of Nursing. And that's J-u-l-i-a-n-n S-e-b-a-s-t-i-a-n. This bill provides an important opportunity for us to address health professional work force concerns in the state of Nebraska and specifically in the central and western parts of the state. Health professional work force shortages are a serious issue for all Nebraskans, and these issues have a disproportionate impact on rural areas. The Nebraska Department of



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Labor lists both registered nurses and nurse practitioners as H3 professions: high demand; high skill; and high wage. According to the Nebraska Center for Nursing, the current shortage of nurses is expected to grow by 33.8 percent by 2025, to a total of over 5,000 unfilled positions. Eighty-four of Nebraska's 93 counties currently have fewer RNs per capita than the average for the state. According to the Nebraska Department of Labor, there will be 1,600 annual openings for registered nurses between 2016 and 2026, with total expected growth for registered nurses of 11.58 percent in the positions. Some of these openings are for replacements. Others are notably for new demand, new demand. Employment for nurse practitioners in Nebraska will grow by 21.88 percent by 2026. In addition to registered nurses and nurse practitioners, Nebraska needs nursing faculty. A nationwide shortage of nursing faculty underscores the need to increase the number of nurses with graduate degrees, and particularly doctoral degrees, who can fill faculty positions in schools of nursing across the state. Our college of nursing offers its two doctoral programs and master's programs at each of the five campuses around the state, including the Health Science Education Complex at UNK. We offer the only Ph.D. in nursing program in the state of Nebraska, and our graduates teach at many of the nursing programs throughout the state. Ensuring the optimum nursing work force is more than just numbers of registered nurses and nurse practitioners. Doing so requires that we mirror the population we serve and that we have nurses educated at the

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level needed to care for highly complex patients. Although the number of nurses who are members of ethnic minority groups has increased to 6.3 percent in Nebraska in 2016, the proportion of nurses in those categories does not mirror the population of Nebraska which is nearly 20 percent. A total of almost 64 percent of Nebraska nurses hold a baccalaureate degree or higher at this time, compared with the national goal of 80 percent. Thus, increasing the number of nurses with baccalaureate degrees or higher is essential, considering this substantial research that has shown a correlation between the proportion of nurses in a clinical agency with a baccalaureate or higher and critical measures of patient safety. Our college of nursing is currently offering all of its degree and certificate programs at the Health Science Education Complex at UNK, as well as at the West Nebraska Division in Scottsbluff. These are: our baccalaureate program; our master's program with eight unique specialty tracks; our doctor of nursing practice program; our doctor of philosophy program; and our post-master's certificate options in nursing. Currently, our preceptorship and clinical placement agreements are sufficient to meet our enrollment capacity, although we face increased challenges maintaining adequate numbers of preceptors for graduate students. Competition from other schools of nursing and, notably, from on-line programs outside the state, as well as competition from other health professions programs results in a very tight market for preceptors. If we increase enrollment further in the central and western parts of

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Nebraska, we need to work closely with clinical providers to develop new models to ensure sufficient access for students. Because of this, we think that health professions work force expansion in central and western parts of Nebraska is a vital opportunity, a very important one, and that it should be considered comprehensively, accounting for the often overlapping needs of different health professions that, for example, use the same preceptors. Expansion necessitates access to adequate resources to provide quality programming and scholarship support for students at all levels. It is an opportunity, though, that we believe requires further study and a very strategic and comprehensive look at how all the pieces fit together. I would like to thank Senators Lowe, Senator Howard, Senator Murman, and Senator Williams for introducing this bill, and your committee for allowing us to provide testimony about its importance. On behalf of all of our students, faculty, and alumni, and the patients they serve in Nebraska, we appreciate your attention.

**HOWARD:** Thank you-- perfect timing. Are there questions? Senator Williams.

**WILLIAMS:** Thank you. I have one quick question. It, it's-- with the numbers-- and I think most of us saw a pretty extensive article in the Omaha World Herald a month or six weeks ago--

**JULIANN SEBASTIAN:** Right.

**WILLIAMS:** --about the nursing shortage in our state. If we add up all the slots that are available through all of the nursing programs, not just UNMC's,--

**JULIANN SEBASTIAN:** Right.

**WILLIAMS:** --Kearney's, all of them-- Bryan, Creighton, do we have enough slots to match and fill the shortage that is projected?

**JULIANN SEBASTIAN:** Well, the Nebraska Center for Nursing would say no, that that's where the projections are coming for, from for the shortage of over 5,000 nurses by 2025. They're looking at supply and growth in demand and growth in replacement openings. And so we really do have a serious issue. Schools in nurse, schools of nursing in Nebraska have increased their graduations by about 50 percent over the last 16 years, so there's been continual growth. But the increase in graduations is topped by the increase, the growth in demand. That's what's really notable in our state, as well as others.

**WILLIAMS:** So that incredible issue creates an incredible opportunity for--

**JULIANN SEBASTIAN:** Exactly; iIt certainly does.

**WILLIAMS:** --many of these. But it has the limitations, as you pointed out ,of the instructors, the preceptors, all those things that we have to [INAUDIBLE].

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**JULIANN SEBASTIAN:** We have to plan carefully, right. They're not insurmountable barriers, but they require planning.

**WILLIAMS:** Thank you.

**JULIANN SEBASTIAN:** Right, thank you.

**HOWARD:** Any other questions? Seeing none, thank you for your testimony today.

**JULIANN SEBASTIAN:** Thank you.

**HOWARD:** Good afternoon.

**KYLE MEYER:** Good afternoon. Chairman Howard, members of the Health and Human Services Committee, my name is Kyle Meyer; it's K-y-l-e M-e-y-e-r. I serve as the dean of the College of Allied Health Professions at UNMC. On behalf of our college, thank you for the opportunity to provide testimony on LB139 [SIC]. UNMC and the college are strongly committed-- pardon me-- to the mission of preparing the highest quality work force for the state of Nebraska. Toward that end, the College of Allied Health currently houses 14 unique health profession education programs. It would take the rest of my testimony to list them, so I'll draw your attention to the brochure in the packet I just handed out to you that lists all 14 of them. At its inception, the partnership between two colleges and two universities that ultimately resulted in the development of the Health Science

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Education Complex, Complex was recognized as exemplary within our University of Nebraska system. And seven years after that partnership began, I can attest to that its quality has only been surpassed by its success. Projected enrollment, number of graduates, faculty and staff hires at the HSEC are all on target and moving towards full implementation in 2021. I'll also refer you to the infographic report that's in your packet that provides some updates on the HSEC successes to date. The HSEC is, in fact, fulfilling its original mission to expand the education of nurses and allied health professionals by providing world-class interprofessional health education research and service to rural communities, and by affording opportunities for students to complete their health profession education without relocating to the Omaha campus. In spite of these and other successes, there is still considerable increased demand for many of our allied health professions. These professions are vital to the U.S. healthcare system as they promote the delivery of high quality, accessible, and affordable care. Data on long-term growth rate projections is available for 11 of the 14 professions that we house at UNMC. For the decade from 2016 to 2026, projections for increased demand for these professions range from 10 percent to 37.4 percent nationwide, and from 9.7 percent to 29 percent in Nebraska. The highest demand in Nebraska is projected for physical therapists, occupational therapists, and physician assistants. In the printed testimony I gave you, there are some tables that lists those percentages out specifically for each of

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the, of our programs. Further, a detailed exam of-- look-- of the projected healthcare work force needs in allied health, by economic development district in Nebraska, reveal an even greater projected demand for some districts, particularly central and the mid-Plains. For example, the projected increase in demand for occupational therapists for all Nebraska is 22.8 percent, whereas that same need in the mid-Plains and central economic development regions is 32.1 and 32.3, respectively. Similarly, the average projected demand for nutritionists and physical therapists across Nebraska-- through-- is 14.7 and 24.9 percent, respectively, whereas the projected long-term demand for those professions in the central economic district is 22.2 and 28.4 percent, respectively, certainly a need for many of these professions in our central and mid-Plains area. Projections indicate that 11 of those health professions that I've described will collectively generate 720 annual-- average annual openings in Nebraska alone. And if you take into account the contiguous six states with Nebraska, over 5,800 average annual openings across those 11 health professions. And as my colleagues have pointed out, the majority of the allied health professions are also high skill, high demand, high wage-- so-called H3-- occupations. Since its opening in 2015, the College of Allied Health has offered 7 of its 14 programs here at the HSEC, with plans to add an 8th-- that will be occupational therapy-- in the fall of 2022, when that program completes its accreditation process and enrolls its first cohort of students. Further,

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furthermore, based on demand and availability of clinical education sites and preceptors, it's feasible that the medical nutrition and genetic counseling programs could also move to the HSEC. There's every reason to believe that these existing programs are sustainable and could be expanded on, based on demand and given the resources to ensure, as my colleagues have said, sufficient quality faculty, staff, clinical placement, preceptors, space, and technology. I like to commend Senator Lowe, Howard, Murman, and Williams for their vision in introducing this important resolution. And toward that end, a comp-- I believe a comprehensive strategic review would allow UNMC, UNK, and the state of Nebraska to consider a number of complex issues confronting health professions education nationally, and at the HSEC. In no specific order, these might include: identifying effective strategies to increase the diversity of the healthcare work force; addressing the rising cost of higher education; managing the projected decline in the number of high school graduates nationally and in the Midwest; identifying strategies to grow the network of qualified preceptors; identifying additional space; and developing strategies to keep pace with rapid changes in technology. None of these are insurmountable, and I think they present unique opportunities. If thoughtfully evaluated, it would continue to put Nebraska at the forefront of developing and deploying effective interprofessional



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teams to serve the citizens of the communities of rural Nebraska and rural America. Thank you.

**HOWARD:** Thank you. Are there questions? Seeing none, thank you for your testimony today.

**KYLE MEYER:** Thank you very much.

**JEFFREY HARRISON:** Good afternoon, Committee.

**HOWARD:** Good afternoon.

**JEFFREY HARRISON:** Do we need to stand up and stretch a little bit? It's been a long afternoon.

**HOWARD:** Yeah.

**JEFFREY HARRISON:** You get props for, for hanging in there. Well, thank you, Chairwoman Howard and the committee for allowing us to speak. My name is Jeff Harrison, J-e-f-f-r-e-y H-a-r-r-i-s-o-n. I serve as the associate dean of admissions in UNMC'S College of Medicine, as well as the residency program director for our Rural Training Tracks in Family Medicine. A central mission of our our College of Medicine is really to produce a really high quality, competent work force to meet the needs needs of the state, both rural and urban. And to that end, you know, we believe it's, it's critically important and the chancellor has voiced this, that, you know, our, our citizens who live in rural communities deserve and merit the same high quality of care as those

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who live in the most urban communities. So that's been a real focus for us. Now we all know there's a number, number of counties that, that have no full-time healthcare professional in the state; there's 13 of the 93. But that really comes down to, to simple economics and population. It takes, it takes 2,000 patients to really support a family medicine practice, which, which is the lowest number of any specialty. And none of those counties have more than 1,200 people living there, so our challenge is to find more innovative and creative ways to do that. As we move into the more specialties, it's even higher. It takes 8,000 in population to support a pediatrician, 15,000 for an obstetrician, so, so we have to think innovatively about how we're going to move forward in healthcare. Now all that being said, 'cause this is not a bad news talk, this is a good news talk, we've really had a lot of successful programs out there. You've already heard about our RHOP and KHOP programs. In medicine itself, it's 50 percent return rate, but realize we're recruiting high school seniors at age 17, and 11 years later we're getting half of them to go back to their rural communities, to your question. And there is nothing but a handshake that this is what I'm going to do. That number is double any other program in the country as pipeline programs, where the kids come in much later. So this is a real opportunity for us to think how to expand that. But within our own Department of Family Medicine, we have an accelerated rural training program. Eighty percent of our 86 graduates practice in rural Nebraska. We have the most successful

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Rural Training Tracks in the country, in five sites: Norfolk; Grand Island; Kearney; North Platte; and Scottsbluff. We've had 132 graduates, double what anybody else in the country has done. They total up to over 750 physician hours of practice-- years, not hours --years of practice in rural Nebraska, so tremendously successful. We've worked collaboratively with the Lincoln residency program. We, we have 48 months of senior residents working in rural Nebraska as a way to help unload those communities, and also as a way to recruit them in there. And most of the communities that train our residents eventually recruit. Our ENT program has been an innovative program in the Tri-City area. There are now six ENTs in rural Nebraska, which was was terribly underserved for years. So we have all these great things going, and so we-- what you should be saying is why don't we just expand them, right? I mean, that would make sense. And the reason we don't is, when we talk about didactic undergraduate education, regardless of the health profession, one instructor can teach a large number of students. Once we hit the clinical years, it really becomes a one-on-one. And as we've looked at this, as, as we've collaboratively grown college medicine, allied health, our nursing profession, we have put more and more learners into a limited number of rural communities and rural practices. And frankly, we are just stressing out our volunteer faculty. We rely hugely on volunteer faculty for those experiences, and they've been great at giving back. But once you have a learner, your efficiency in your office slows

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down, if it's going to be a quality experience. And I think you've heard that already. We would surely expect a quality experience for our learners if we're going to have quality providers. So we've got to find a way to collaboratively work together and make this happen. That's probably the biggest challenge we got. We haven't talked about student debt, but in-- most of our College of Medicine graduates leave with \$150,000 to \$200,000 in debt. It doesn't make going to a rural practice very attractive. It doesn't make doing primary care very attractive. It's easy to move off. So it's still impressive at the number that we do get in. So what do we do? Yeah, how do we actually going to solve this, solve this issue that we got? And in the packet I gave you was actually a feasibility study I did five years ago, at the request of the dean, when we were thinking about should we add a regional campus out here. And at the time, the big holdback, as we've talked to the preceptors, were we can only take so many learners at a time. So as we've gone forward, and we're asking for more feasibility, really, what is the educational capacity of any of our communities out here? And I think that's a really important question to answer. How do we deliver education and care in a way that makes it rewarding for the preceptor and the learner both? How do we do this with allied health and nursing? You know, healthcare is a team sport any way we do it, and in the College of Medicine, it does no good to be a doctor in rural Nebraska if you don't have allied health, if you don't have nursing, if you don't have behavioral health. So I think there is

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great opportunity for us here. We've been a leader. We've been an innovator in healthcare nationally in the realm of rural, and I think we have a great opportunity to continue that. So thank you to Senator Lowe and the committee for allowing us to speak. And I'm happy to answer any questions.

**HOWARD:** Thank you. Are there questions? Seeing none, thank you for your testimony today.

**JEFFREY HARRISON:** All right. Thank you.

**HOWARD:** Good afternoon.

**NICOLE CARRITT:** Good afternoon, Chairman-- Chairwoman Howard and members of the Health and Human Services Committee. My name is Nicole Carritt, N-i-c-o-l-e C-a-r-r-i-t-t, and I serve as the director of Rural Health initiatives at the University of Nebraska Medical Center. Thank you to Senator Lowe and colleagues for inner, for bringing this interim study forward and providing an opportunity to address the health work force concerns of the state. Healthcare professions are high demand, high skill, and high wage-- H3 occupations. These professions are critical to the overarching healthcare system as they facilitate access to quality healthcare and have significant impact on Nebraska's health, economy, and the sustainability and vibrancy of the state's rural communities. Health work force shortages, a transforming healthcare delivery system, changes in Nebraska's population

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distribution, and demographics are serious factors when considering strategies to improve access to quality healthcare as close to home as possible, especially in the state's rural areas. Recognizing the disruptive change affecting rural Nebraska, in 2017 UNMC established a Rural Health 2030 Task Force to look at past and present successes and to develop a revised vision and plan for a continuing role of UNMC in working with rural communities, hospitals, and others to address the state's unique rural healthcare needs. In that process, task force members engaged more than 200 internal/external stakeholders from a variety of backgrounds and disciplines, statewide, to assess challenges, opportunities, and to better understand how to reshape,, refresh and transform UNMC's rural health education, services, research, and outreach programs to ensure that rural Nebraskans can thrive in the changing healthcare environment, into the next 10 years and beyond. UNMC heard the opinions, advice, and suggestions, and quickly set into motion the development and implementation of an annual action plan to guarantee that we are collectively moving the needle to improve rural health in Nebraska, beginning with shorter-term and midterm goals intended to establish the platform and infrastructure from which longer-term efforts can springboard, all to say it comes as no surprise that one of the long-term priority targets identified at the time was to: establish a Central Nebraska Rural Health Science Interprofessional Center at the University Nebraska-Kearney that awards advanced interprofessional degrees and

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provides continuing education in healthcare-- closely in line with this current interim study resolution. Several recommendations for potential strategies have been developed as a means to increase the presence of UNMC in central and western Nebraska. Taking into account some of the considerations that my colleagues have shared with you already about the current capacity of the region to accept additional learners-- some of those recommendations include: expanding and enhancing existing rural health profession training pathway programs, like RHOP and KHOP, as you've heard about today, to encourage and support Nebraska students to enter the health professions and practice in rural areas of the state; to enhance the availability of scholarships for health profession students, at all levels, interested in serving in rural and underserved areas of the state, to assist students with unmet financial needs and encourage students to remain in the state after completion of their training programs; to develop tax incentive strategies for clinical education preceptors to help offset the financial burden preceptors or clinical agencies may experience when supporting community-based student teaching and residency training; develop new medicine residency and fellowship programs through public/private partnerships to meet the need for increased numbers of trainees, allowing them to stay in Nebraska for training and, therefore, increasing the likelihood that they'll stay in Nebraska to practice; expand and enhance programming to support degree advancement options, as you've heard about earlier, which

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allows existing healthcare professionals serving in Nebraska to advance their degrees without having to leave the work force; in addition to expanding current programming, there's the opportunity to add new certificate or degree options for health profession students that meet emerging needs in the clinical environment. With a proven record of accomplishment in providing educational programs across five campuses, including at the Health Science Education Center at UNK, UNMC contributes significantly to the state's rural health work force and improved health outcomes. Should the resources become available to accommodate the space, technology, faculty and staff, and other needs, there is the potential to increase UNMC's presence in the region. Expansion would need to be based on a feasibility study that accounts for the current future capacity of the region to meet the needs of additional learners, and the financial resources required to undertake such an expansion over a period of time. Expansion plans should be developed using a comprehensive approach, accounting for the needs of multiple health profession training programs, as you've heard about earlier, thinking about training programs related to clinical placements, preceptor and student recruitment, both at UNMC and other educational institutions within the region, to ensure programs are developed that meet the educational needs of additional learners and leave them well-prepared to serve the unique needs of rurals, Nebraska's rural communities, and provide long-term solutions for addressing the state's health work force shortages. Thank you for your



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consideration of my comments. And I've also submitted UNMC's comprehensive report related to addressing all of the points within the interim study. With that, I just thank you again and would be happy to answer any questions that you may have.

**HOWARD:** Thank you. Are there questions? Senator Cavanaugh.

**CAVANAUGH:** Sorry, I'm used to the room being really full. Thank you for being here. And if you can't answer my question, that's fine. My caffeine is only now starting to kick in. It might have been a question for somebody earlier. So I've heard you and others talk about the-- sort of the residency, one-on-one training--

**NICOLE CARRITT:** Um-hum.

**CAVANAUGH:** --and the issues with having that training in the rural areas. And I'm just going to throw like a curveball question here, so totally OK--

**NICOLE CARRITT:** If I can answer it, I will; if not, I know some great people behind me who probably can.

**CAVANAUGH:** We're seeing closing of our long-term care facilities across the state, and I'm imagining that those would have been locations for some of these partnerships. Would that be correct?

**NICOLE CARRITT:** Yeah?

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**CAVANAUGH:** Would you have sent students to-- I'm seeing head nods.

**NICOLE CARRITT:** I would assume yes,--

**CAVANAUGH:** OK.

**NICOLE CARRITT:** --that those have been training placement sites for clinical training.

**CAVANAUGH:** OK. So that-- so the closure of the long-term care facilities across the state is impacting your ability to also train some of these students.

**NICOLE CARRITT:** Right, not only impacting the healthcare needs of the community--

**CAVANAUGH:** Right, yeah.

**NICOLE CARRITT:** --but impacting the--

**CAVANAUGH:** That's a--

**NICOLE CARRITT:** --educational [INAUDIBLE].

**CAVANAUGH:** --much bigger conversation than tonight.

**NICOLE CARRITT:** But yes, impacting the training of our health profession students, as well.

**CAVANAUGH:** OK, thank you.

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**NICOLE CARRITT:** Um-hum.

**HOWARD:** Other questions? OK. Seeing none, thank you for your testimony today.

**NICOLE CARRITT:** Thank you.

**HOWARD:** And thank you for the report.

**NICOLE CARRITT:** Thank you.

**HOWARD:** Anyone else wishing to testify? Senator Lowe, you are welcome to close.

**LOWE:** I don't know if I'm prepared to close yet. That was pretty quick. First of all, I'd like to thank the committee for coming out to Kearney once again and visiting UNK. It's a beautiful campus. I'd like to thank UNMC, the University of Nebraska, and UNK, especially Chancellor Kristensen, Vice Chancellor Charlie Bicak. A hundred and ninety miles, the distance between here and Omaha. A friend of mine had a song; it was "A Hundred and Ninety Mile Depression Blues," because that's where his girlfriend lived. It's 190 miles. You decide to go to nursing, to medical school, and you're out in the middle of Nebraska. You move down to Omaha, you take your classes there. You make your friends. The glitz and glamour is there-- the shops, everything else. Why leave? It's a great place. You're close to Iowa, more glitz and glamour in Des Moines. [LAUGHTER]. All right, maybe not

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so much glitz and glamour [LAUGHTER]. A hundred and ninety miles, it's a world of difference. Out here in, at UNK, the Health Science and Education Building [SIC]-- it's a gem. It's incredible; it's state of the art. It was said that we need 5,000 more students to go through by 2025-- 6 years. What's it take to get a degree in nursing, in physical therapy? Are we prepared for this? Can we take time? It's going to take time for this, but we're going to have to graduate a lot of students sometime to replace those that we need and for those that we are growing into. UNMC is the premier education in medicine, not only in Nebraska, I think in the country. It is doing wonders. We are-- we-- they are graduating students that can get jobs. Think of that as a parent. Your child wants to go to school and then graduate with a job that actually can pay the bills. They don't have to work at a Subway or a Canes or anyplace else as a second income, then go to work for 10 or 12 hours a day-- I don't know what a shift is for a nurse or, or a practitioner-- and actually go home and see their children at night. That's the important thing. We have a medical college here in Nebraska that wants to teach and wants to keep our kids here at home. I think we ought to let them. And so this is the first step. It's going to take a while. We need a physic-- feasibility study. We need money. I think that's probably where the Legislature comes in. But I've been out stumping, already asking for donors for naming rights, for anything else I can get, because it will take public/private to get this to come through, I believe; and it will take a lot of money.

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But it's worth it. Let's keep our kids home. Let's let them grow up.

Let's them, let them be the fathers and mothers, the professionals that we need out here in the middle of Nebraska. And yes, let's let them graduate students at UNO and Lincoln, because we need them there, too. But it's 190 miles that makes the world of difference. Thank you very much.

**HOWARD:** Thank you. Are there questions? Seeing none, thank you, Senator Lowe. This will close, close the hearing for LR139 and conclude our hearings for today. Thank you. You've got a long drive home now.

**LOWE:** A hundred and ninety miles {LAUGHTER}.

**HOWARD:** A hundred and ninety--