

Transcript Prepared by Clerk of the Legislature Transcribers Office
Appropriations Committee January 28, 2022

STINNER: [RECORDER MALFUNCTION] --represent the 48th District and I serve as Chair of this committee. I'd like to start off by having members do self-introductions, starting with Senator Erdman.

ERDMAN: Yeah. Steve Erdman, District 47, nine counties in the Panhandle.

CLEMENTS: Rob Clements, District 2, Cass County and eastern Lancaster.

McDONNELL: Mike McDonnell, LD 5, south Omaha.

HILKEMANN: Robert Hilkemann, District 4, west Omaha.

STINNER: John Stinner, District 48, all of Scotts Bluff County and Banner and Kimball County.

WISHART: Anna Wishart, District 27.

KOLTERMAN: Mark Kolterman, District 24.

VARGAS: Tony Vargas, District 7, downtown and south Omaha.

DORN: Myron Dorn, District 30, Gage County and part of Lancaster.

STINNER: Assisting the committee today is Tamara Hunt and to my left are our two fiscal analysts. Our page today is Jason Wendel--Wendling. On the cabinet to your right, you will find green testifier sheets. If you are planning to testify today, please fill out and sign the, the sign-in sheet and hand it to the page when you come up to testify. If you will not be testifying at the microphone, but want to go on record as having a position on a bill being heard today, there are white sign-in sheets on the cabinet where you may leave your name and other pertinent information. These sign-in sheets will become exhibits in the permanent record at the end of today's hearings. To better facilitate today's proceedings, I ask that you abide by the following procedures. Please silence or turn off your cell phone. Order of testimony will be the introducer, proponents, opponents, neutral, and then closing. When we hear testimony regarding agencies, we will first hear from a representative of the agency. We will then hear testimony from anyone who wishes to speak on the agency's budget request. We ask that you-- when you come up to testify that you spell your first and last name for the record before testifying. Be concise. It is my request that you limit your testimony to five minutes. Written materials may be distributed to committee members as exhibits only while testimony is being offered. Hand them to the page for

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distribution to the committee and staff when you come to-- come up to testify. We'll need 12 copies. If you have written testimony, but do not have 12 copies, please raise your hand now and the page can make copies for you. With that, we will begin today's hearings with Agency 25, Health and Human Services. Director, would you like to start off?

[AGENCY HEARINGS]

STINNER: That concludes our hearing on Agency 25, Health and Human Services. We'll now open on LB782. Senator Vargas.

VARGAS: Good afternoon, Chairman Stinner, fellow members of the Appropriations Committee. For the record, my name is Tony Vargas, T-o-n-y V-a-r-g-a-s. I represent District 7 and the communities of downtown and south Omaha here in the Nebraska Legislature. I'm honored to bring LB782, the appropriations bill for the Nebraska Perinatal Quality Improvement Collaborative, before you today. Now, if you've previously served on this committee, three have, you'll recognize that the Nebraska Perinatal Quality Improvement Collaborative, as the state has appropriated dollars through General Funds for the collaborative since its start in 2015. Now in their first year, NPQIC received \$100,000, but only had half a year to utilize those funds. They did not use the funds within the allotted time and their funding was cut to \$70,000 per year. On behalf of NPQIC, I am asking to increase their state funding by \$130,000 per year for a total of \$200,000 per year. Now this is a statewide collaborative organization that works to improve the delivery of and access to evidence-based healthcare to improve birth outcomes, prevent maternal and infant deaths, and ensure healthy moms and babies across Nebraska. The collaborative has a strong record for improving outcomes with limited resources, having a staff of only two people and with a significant provider and hospital endorsement across the state. NPQIC is working on projects around neonatal sepsis, maternal depression screening, severe hypertension and pregnancy breastfeeding practices, reducing infant mortality, and addressing severe maternal morbidity. They also work to reduce the impact of premature births statewide. This issue hits close to me. My wife delivered our daughter when she was premature, Ava, about five weeks early. My wife Lauren's labor was incredibly difficult, requiring multiple blood transfusions, and it reminded me that not all individuals across the state, when we're thinking about maternal health and child maternal mortality and morbidity, that we are getting the right resources, the right policy recommendations, and the right quality of care. And we're figuring out how to improve it, not only to keep my wife Laura-- Lauren and Ava safe and healthy throughout her pregnancy, delivery, and postpartum period, but also to make sure that

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we're doing that for Nebraskans across the state. I would like you all to imagine the number of mothers and babies who-- whose lives could be impacted and potentially saved by better care. Now, when mothers and their babies are provided the appropriate resources, we see better, healthier outcomes for our families. As a father, I know how important these early moments are. Access to evidence-based healthcare for all Nebraska mothers and newborns should be a priority for our state. An investment in NPQIC is an investment in the health of all Nebraskans. Increasing the collaborative's yearly funding would allow them to hire additional staff to support their current efforts, implement future initiatives, and spread resources more effectively across the state. The state of Nebraska's investment will ensure that they can continue to provide crucial care and resources for mothers and babies across the state. Now, there will be testifiers behind me that can talk to-- more about the incredible work that they are doing and why the state should continue to invest in quality, accessible healthcare for women and newborns across the state. With that, I'll close and I'll be happy to answer any questions. Please know the people that are after me will be speaking to this work and serve on the collaborative. Thank you.

STINNER: Thank you. Questions? Seeing none, thank you. Good afternoon.

ANN ANDERSON BERRY: Good afternoon. Good afternoon, Chair Stinner and members of the Appropriations Committee. I am Dr. Ann Anderson Berry. For the record, A-n-n A-n-d-e-r-s-o-n B-e-r-r-y. I'm a faculty member of UNMC and the medical director of the Nebraska Perinatal Quality Improvement Collaborative. I am not speaking as a res-- representative of the university today. I'm here speaking as an individual and on behalf of the Nebraska Perinatal Quality Improvement Collaborative. I am here testifying in support of LB782. I'm going to go off script just a little bit right now and say you have all heard many weighty issues as I've sat and listened this afternoon and I thank you for your service. They have fiscal notes that are far greater than what we're asking for. This may seem like small potatoes, but I'm a pediatrician and I'm a mother and we know that an ounce of prevention is worth a pound of cure or even more. And I hope that we'll demonstrate today that the investment in NPQIC is worth far more than you could imagine in prevention of entry into many of the programs that we've talked about here today. The goal of the collaborative is to ensure that all Nebraska perinatal providers and birthing hospitals are equipped to provide evidence-based care that will reduce morbidity and mortality in mothers and babies. State collaborative groups across the country with state-supported funding have helped healthcare professionals adopt practices that improve birth outcomes and reduce costs. NPQIC will best be able to achieve these outcomes and the goals

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of the collaborative with increased support from the state of Nebraska. This financial support from the state will in return, result in reduced state healthcare costs for Medicaid. In 2014, stakeholders came together to discuss the need for a Nebraska perinatal collaborative. Nebraska was one of only 12 states at the time without a collaborative. This group of individuals found strong support for a collaborative from both metro and rural area hospitals, a variety of healthcare providers and insurers, as well as from groups such as the March of Dimes and family advocates. In 2015, the Legislature funded NPQIC with \$100,000 per year in operating funds that were cut one year later in a tight state budget year to \$70,000. Despite that 30 percent reduction in funding, NPQIC has continued to grow in scope and impact. Since our original funding, we have enrolled all 51 delivery hospitals in the state of Nebraska as NPQIC-member hospitals. These member hospitals actively participate in quality improvement projects, such as universal screening for peripartum depression, reducing C-sections, improving in-hospital breastfeeding, diagnosing newborn jaundice to prevent brain damage, implementing safe sleep practices to prevent sudden infant death, pregnancy bundles to decrease maternal mortality and morbidity, including from hypertension and hemorrhage, reporting opioid exposure in neonates under the Federal Care Act, developing plans of safe care for these infants and mothers, partnering with SIM-NE to provide training in high-risk deliveries of neonatal resuscitation to rural healthcare providers, appropriate antibiotic use in the neonate to decrease NICU admissions and decrease linked those hospitalizations, and screening for depression. In this work, we have intentionally partnered closely with the Maternal Child Adolescent Health Program within Nebraska DHHS Division of Public Health in order to increase the impact of resources across the state. When evaluating the list above, it's hard to imagine a better investment of state funds with higher accountability to the Nebraska taxpayer. NPQIC, funded through DHHS, is housed in the department of pediatrics at UNMC, which allows us the use of important resources, including the database development and statistical support. Our program administration-- administrator, who has advanced degrees in neonatal nursing and is a certified professional in healthcare quality, is our only full-time, paid staff person. This person is funded partially by grants written by NPQIC and partially from the state funding provided in LB233 from 2015. Other office and administrative costs, as well as program implementation and education costs, are currently funded by grants. Your support of LB782 will allow us to hire an additional staff member to substantially increase the impact of NPQIC from working within hospitals at the very end of pregnancy when moms come for delivery to reaching out to providers so

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that we can increase the impact in communities from the end of pregnancy to the beginning of pregnancy and free pregnancy planning, therefore, increasing our impact even further. Prematurity is a very costly condition and the state of Nebraska, through Medicaid programs, bears a large burden of this cost. While \$200,000 in funding proposed is not a trivial amount, prevention of just one extremely preterm infant birth yearly would save more than that in hospitalization costs for the state. In conclusion, Nebraska's mothers and babies need the work of our perinatal collaborative. Although we were the 40th state to develop a perinatal collaborative seven years ago, we are now one of the most active collaborators in the U.S., with other collaboratives often asking us for advice. We have a statewide presence and the potential to provide an even greater impact in close partnership with DHHS. With increased state funding through LB782, Nebraska's perinatal collaborative will continue to ensure that Nebraska will be a state where a great life starts with healthy moms and healthy babies. Thank you for your time today and I'd be happy to answer any questions.

STINNER: Thank you. Senator Wishart.

WISHART: Thank you for being here today. I was briefed over the summer about a pretty startling statistic that there are parts of Nebraska, in particular northeast Nebraska, where the average birth defect rate is at 14 percent when the national average is 3 percent.

ANN ANDERSON BERRY: Yes, that--

WISHART: Is, is your organ-- can-- first of all, can you talk a little to that, as you are the-- are you the organization that is helping figure out what is happening to cause that level of increase for mothers and their babies in this state, as opposed to the national average?

ANN ANDERSON BERRY: So child-- the child health population is very small and we're very intertwined. And so NPQIC as well as some other hats that I wear, including the Child Health Research Institute, are working on that. We're working that with-- working on that with the state and the pediatric cancer funds that the state gives, as well as there's a donation from the Hubbard Foundation looking at water sources and their association with congenital birth defects, as well as pediatric cancer incidence because we're also very high in that. And so we are working on that. We don't have a primary project on that, but that is certainly something that is on our radar that the people who will speak after me are also knowledgeable about and needs

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to be addressed. It's certainly not within the scope of the \$70,000 that we're getting now, but we all work together on these issues and it's of high concern. We have a lot of disparities in birth outcomes across Nebraska, whether it's congenital anomalies, some areas of our state have smoking rates that are at nearly 25 percent, while others have smoking rates for moms that are less than 5 percent. So we have a lot of work that we need to do with smoking cessation. That can cause low birth weight and can be associated with very poor pregnancy outcomes, miscarriage. So I would agree with you. There's a lot of disparities across Nebraska in birth outcomes.

STINNER: Any additional questions? Senator Hilkemann.

HILKEMANN: Two comments on your testimony. Number one is I guess as the grandfather of a granddaughter who was born at 1.1 pound, I can assure you that the cost in this program is-- secondly is there's a program called Count the Beats.

ANN ANDERSON BERRY: Count the Kicks, yes, it's a great program.

HILKEMANN: Count the Kicks.

ANN ANDERSON BERRY: We, we work with Count the Kicks.

HILKEMANN: Yes.

ANN ANDERSON BERRY: We support them. I'm on their board.

HILKEMANN: OK, do they-- we don't-- I don't see much public--

ANN ANDERSON BERRY: So NPQIC pays-- as part of our funds, we pay to put Count the Kicks material in every practitioner's office who will order the materials for free, so they can just order it. We have-- I just saw the numbers-- we have uptick. I think about 70,000 brochures were in the last 12 months. We only have 25,000 deliveries a year, so I think people are ordering ahead. We also get downloads of the app. There's a lot of social media awareness, so targeted social media on Instagram and Facebook that we're doing for Count the Kicks, but it can absolutely decrease those stillbirths in the third trimester.

HILKEMANN: So we-- so while we don't see a lot of public service ads about it, it's being done on a-- thank you.

ANN ANDERSON BERRY: Yeah.

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HILKEMANN: I know it's-- I have-- everything I know about that program, it's--

ANN ANDERSON BERRY: It's a very--

HILKEMANN: --very successful.

ANN ANDERSON BERRY: --excellent program. Yeah, it started in Iowa right next door--

HILKEMANN: Right.

ANN ANDERSON BERRY: --and--

HILKEMANN: I heard, I heard the lady from Iowa started it.

ANN ANDERSON BERRY: Yeah, yeah, absolutely. So Count the Kicks is integral to the perinatal collaborative, yes.

HILKEMANN: Good, glad to hear.

STINNER: Additional questions? Seeing none, thank you for your time.

ANN ANDERSON BERRY: Thank you for your time.

CHAD ABRESCH: Good afternoon, Chairperson Stinner and members of the Approaching-- Appropriations Committee. I'm Dr. Chad Abresch. For the record, C-h-a-d A-b-r-e-s-c-h. I am also a faculty member at UNMC. However, today I speak for myself. I do not speak on behalf of the university. I lead a maternal and child health organization called CityMatCH that is located at UNMC and has 170 public health departments that are members of this organization around the country. In this role, working with these health departments, I have a firsthand look at what states and communities around the country are doing right to improve outcomes and where some states and some communities might have an opportunity to make improvements. I'm here today in support of LB782, which will increase available funds for Nebraska's Perinatal Quality Improvement Collaborative, known as NPQIC. I believe this investment is worthwhile for our state for three reasons. First, NPQIC does not stand alone. In fact, it participates in a nationwide cohort of quality improvement collaboratives that was convened by HRSA and the American College of Obstetricians and Gynecologists. I have the privilege of serving on the steering committee for this national collaborative. And if you look at Appendix A on the back side of my remarks, you will see that I've included a current snapshot of participating states. As you can see, all but a

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small handful of states have joined AIM and all of this enrollment has taken place since 2014. These states are sharing strategies with others, using data to improve care and outcomes, and creating evidence-based safety bundles. Increasing funding for NPQIC will further leverage and maximize the value of Nebraska's participation in this national collaborative. Second reason that I believe that this is a worthwhile investment is because quality improvement collaboratives work. These efforts, in large part, were pioneered in California's Maternal Quality Improvement Collaborative that was led by Dr. Elliott Main. Possibly because California just simply has more births than anyone else, they recognized that our nation's maternal health crisis was upon us and they recognized it earlier than anyone else and consequently, they started quality improvement efforts sooner. Now, if you look at Appendix B, right below the other one, you can see that since 2006, when California began their quality improvement efforts, the state has been consistently moving in the right direction while the country has continued heading in the wrong direction. As the World Population Review noted-- and I'm quoting here-- California is leading the way in efforts to reduce the number of maternal mortalities thanks to the formation of their Maternal Quality Care Collaborative in 2006. NPQIC, as you just heard, began in 2015. And if you review our maternal mortality report, which was published just last September by DHHS's Office of MCH Epidemiology, you can see that we are now also making similar progress. This process works. We can follow that same trend line. We could put an end to this maternal health crisis that we're facing in our country. Finally, funding is the most common challenge reported among perinatal quality collaboratives, and by comparison, Nebraska receives less than many. Consider Texas, which is a state perhaps more like ours than California, my previous example. For the 2020-2021 biennium budget, Texas appropriated \$3.5 million and eight FTEs for their maternal quality improvement efforts. Now I recognize that Texas has far more citizens, far more revenue and births than we do, so you could argue that they should be investing more. In fact, we have approximately 7 percent of the number of births that Texas does. So 7 percent of what Texas appropriates may just be a very rough yardstick of what we could use. That would be \$245,000 and half an FTE. This is very close to what's being proposed here. So in short, I would urge the committee to advance LB782. With this very reasonable increase, we can accelerate the progress that we are making and again, soon we can end our maternal health crisis. Thank you.

STINNER: Thank you. Questions? Seeing none, thank you.

DEXTER SCHRODT: Good afternoon, Chairman Stinner, members of the Appropriations Committee. Sorry, I got to fix my beard. My name is

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Dexter Schrodt, D-e-x-t-e-r S-c-h-r-o-d-t. I am vice president of advocacy and regulation, in-house legal counsel for the Nebraska Medical Association. I'm here in strong support of LB782. As you've heard, I can't really summarize it better than the previous two testifiers, so I'll keep it short. In my experience, I am just blown away at the amount of work that NPQIC is able to do, considering the size of their staff and, and the work they have to do to get grants, either through the federal government or their organizations. Their body of work previously, what they're currently working on, and what they are prospectively working on, they're always gathering data to improve the lives of mothers and, and infants and newborns in the state of Nebraska. And I'm going to go out on a little bit of limb here, but I think it's a strong limb. I don't think you're going to find a better return on investment considering the small dollar ask here. And with that, I'll conclude my remarks.

STINNER: Thank you. Questions? Seeing none--

DEXTER SCHRODT: Thank you.

STINNER: --thank you. Any additional proponents? Any opponents? Seeing none, anyone in the neutral capacity? Seeing none, Senator, would you like to close?

VARGAS: Not much, I just want to thank you all. If you ever want N-- more information about this, testifiers that have come are great subject-matter experts and I'm not alone in the work that's been done. There are a lot of senators that have worked on this previous to me and we, we have a lot of work to do. We have a lot of momentum. And as we've said it, a return on investment on making sure we're addressing child mortality and maternal mortality rates and research and this collaborative is the best step for us to do that. Thank you.

STINNER: Thank you. That concludes our hearing on LB782. We will now open on LB792. Good afternoon, Senator.

LOWE: Good afternoon. I just have a short opening here.

STINNER: OK. Looks like a couple hours of work.

LOWE: I think it took more than that. Chairman Stinner and members of the Appropriations Committee, my name is John Lowe. That's J-o-h-n L-o-w-e and I represent the District 37, which is made up of Kearney, Gibbon, and Shelton. I am happy to be here today to introduce LB792. This is an appropriation request for \$15 million and forty-- \$15,046,000 for the construction projects at the Youth Rehabilitate--

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Rehabilitation and Treatment Center in Kearney. LB792 is requesting the funds that were identified in the recent YRTC study that I have before me that was completed in November 8, 2021. YRTC-Kearney has always been important to my community, but over the last few decades, it has also been a major source of concern and frustration. I spent the last several years working with the community, the staff, and advocates for the youth at YRTC-Kearney in an attempt to address the problems that have been longstanding there. LB792 is another effort in addressing the issues at the facility. One major concern is the facility currently uses barracks-style sleeping quarters. This means that each youth is given a bed that is right next to the beds of other youths. This environment has led to problems in the past. Some youth feel intimidated. Some have been assaulted. Some have had much worse. This approach has always led to a situation where we have also been certain-- where there has been serious assaults on the staff. We should not continue to allow the situation where the youth under the care of the state are at increased risk of being injured. We should not continue to allow the situation where the state employees are increased risk of being injured. The primary area to be addressed with this bill will be the two housing units using best practices for a facility of this nature at a cost of \$13,336,000. Best practices are identified in the study that was recently completed for the facility. The report recommends private rooms for the youth at these facilities. Allowing the youth to have private rooms will provide a safer and more constructive living environment for youth at the facility while, at the same time, improving the security for the staff. This is a win-win situation that will ensure that the youth and staff can feel safer and more comfortable at YRTC-Kearney. This request also asks for \$1,300,000 to renovate the current Washington and Lincoln building into a treatment and programming center and \$250,000 for a new campus fire pump and \$160,000 to replace the kitchen service elevator. All of these requests come from recommendations from the YRTC-Kearney facility study that was released November 8, 2021. I want to thank the Health and Human Services Committee, Senator Arch of the-- Chairman of the Health and Services Committee, and he is a cosponsor, as are most of the members of the HHS Committee. Thank you to YRTC subcommittee. Senator Pansing Brooks was the Chairwoman of the YRTC Oversight Committee and is cosponsor of the bill, as are most members of the committee. I urge the committee to add this bill to the upcoming year's budget. This is an ongoing situation at Kearney and it was one of the major concerns as I was campaigning, was YRTC-Kearney because of the problems that were occurring there at the time. It has gotten much better over the last couple of years, basically because of the programming changes that have happened there. YRTC-Kearney is now

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secured by a perimeter fence that goes around the area. The youth know that, that that is the edge of the property. They can't go further than that. I think the city of Kearney feels much safer. Now we need to concentrate on the youth, get them the programming that they need so that they don't come back into the system again. And if we can do that, this will be a major step forward. I passed out maps. The first one, I have circle-- a couple of circles on it and that's where the buildings are going to go. The second one shows the buildings on that location on the second page and the third one is the diagram of each one of the two housing units. So there will be 24 beds in each unit. There are 24 rooms. Some of the rooms can be made for two, two beds if needed to expand. With that, I'll close and wait for questions.

STINNER: Have you looked at the Governor's proposal, the ARPA proposal? There's a difference in the numbers. I think he's-- his number was \$15,580,000. Yours is \$15,046,000, so have you had chance to--

LOWE: I haven't talked with the Governor since that came out. I know he wants it in, in the ARPA fund money. I leave it up to the committee to see where that money comes from. You guys know best.

STINNER: I hope-- we hope so.

LOWE: I trust, I trust you.

STINNER: OK. Any additional questions? Senator Erdman.

ERDMAN: Thank you, Senator Stinner. Thank you, Senator Lowe, for coming today. Senator Lowe, I've toured that facility a couple of times. The last time I was there, the girls were there as well and they were in a facility that they each had their own room. Is that facility going to continue or is that going to be removed?

LOWE: That-- on your map, that is the one that is located right here. It is on the west side of the property and it will be taken down and one of these buildings will be put there and placed there.

ERDMAN: Is that number, is that number three?

LOWE: It's number three.

ERDMAN: Where are the boys currently housed, number four?

LOWE: They're housed in, I believe, four and five.

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ERDMAN: OK.

LOWE: And there may still be some in three.

ERDMAN: OK.

LOWE: I haven't been there in the last couple months.

ERDMAN: All right, thank you.

STINNER: Any additional-- Senator Dorn.

DORN: Thank you, Chairman Stinner, and thank you for being here and bringing this. Do you know the current number there? And I believe one time, weren't we over 100 when the girls were there or something?

LOWE: Well, it, it-- in the past, it has been way over 100 and maybe over 200 at times. The, the-- because of the new-- well, what, what the judges are doing, they're not sending them there as much. So I think the population is down to about 30 maybe.

DORN: Just boys now?

LOWE: Just boys now. All, all the girls are in Hastings.

DORN: Thank you.

STINNER: Any additional questions? Seeing none, thank you.

STAN CLOUSE: Good afternoon.

STINNER: Good afternoon.

STAN CLOUSE: Stan Clouse, C-l-o-u-s-e, 4907 Linden Drive Place, Kearney, the mayor of Kearney. I've been the mayor of Kearney since 2006 and I would tell you that early on, we had a lot of issues with YRTC, as Senator Lowe said, and what we've done and what, what you've done and state's done over the last few years has-- it's been incredible, the improvements we made out there. I talked to Mark LaBouchadiere a few weeks ago. The, the rating that they got was, I think, the top that they've ever received and they've got a lot of good things going out there. And so when we saw this, our community is excited about this because we really do support YRTC, but it just kind of got out of hand a few years ago and there was a threat in the community. But that's all, I would say, pretty much has gone away for the most part. Our KPD works well with them. We made some changes there, working with Dannette Smith and her staff, made a lot of

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community changes with them. But some of that, like they said, the dorm style, that was part of the problem. And if you recall and maybe you've seen those videos from a couple of years ago when we had that major incidence, it just started in the dorm and it just escalated and it was not a pretty sight. So I think-- and the other thing we're glad we got rid of is we got the girls out of there because that was kind of problematic too. But the Hastings facility is a great facility that's new and they've done some things there with individual rooms. I had the opportunity to go over there when they were making that presentation. So I think we're doing a lot of the right things with our youth and I would just ask you to continue doing this. One of our council members is a teacher out there and so he tells me, you know, what's going on and all the positive things that are going. And when we had our veterans memorial dedication back in November on Veterans Day, we had the youth back out there again. And that's always good because we like having those, those boys come out and helping our community. It teaches them some valuable lessons outside of the structure within the YRTC and they provide a lot of help for us and we do appreciate that. So it's never really been an adversarial. We just want to make sure that we're doing the right things and the programming is important. If they take these old dorm styles and turn them into programming, I think that's going to be a benefit to all of this. And we won't see these kids coming back and maybe get their lives turned around because a lot of them, it's, it's not easy for them. And so anything that we can do to help them, we want to do that. So I would just encourage you to, you know, support Senator Lowe on this and we do appreciate it.

STINNER: Thank you. Additional questions? Seeing none, thank you for coming in.

STAN CLOUSE: Thank you.

BRADEN STORER: Good afternoon.

STINNER: Good afternoon.

BRADEN STORER: Chairperson Stinner, members of the Appropriations Committee, my name is Braden Storer. I'm an attorney at Keating O'Gara Law and I represent the Fraternal Order of Police Lodge #88, which is the labor organization that represents the protective services bargaining unit for the state employees. This includes all corrections officers in the state facilities, as well as security personnel at DHHS facilities, the State Capitol, and military facilities. This, of course, would include security personnel at the YRTC in Kearney. Most

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of them are members. We are testifying today in support of LB792. I'll keep this brief. I first want to thank Senator Lowe for introducing this bill. I also know there are several members of this committee who have also-- whose names are also on this bill. I want to thank all of you for your support on that. The Youth, Youth Rehabilitation and Treatment Center in Kearney, as far as I understand it-- and I'm sure an individual from the department would have better information on this than I would. As far as I understand, it has had-- not had very meaningful restore-- renovations in at least 40 years. Of course, there's been some testimony today regarding the dorm style, which is currently in place, and the proposed move to the single rooms for housing for the youth. We're wholeheartedly in support of that. I believe-- you know, we believe that those proposals would provide for a housing environment that is, among other things, safer for the security staff and in accordance with best practice concepts for the juveniles. We're absolutely in support of that. We also believe that the proposed renovations, as well as the proposed construction of the housing units, would facilitate the rehabilitative services, provided the juveniles housed there, in an environment that is both safe and secure for the juveniles and for the staff. I want to thank you for your time today. If you have any questions, I'd be happy to, to try and answer those.

STINNER: Could you by any chance spell your name?

BRADEN STORER: Yes, I absolutely could. Braden Storer, B-r-a-d-e-n S-t-o-r-e-r. I apologize, I got in a rush.

STINNER: Senator Dorn.

DORN: Thank you, Senator Stinner, and thank you for being here. About what is the Corrections staff amount-- number of people out there?

BRADEN STORER: That's a very reasonable question to ask and a question I don't have the answer to, I'm afraid. It's, it's not a lot. You know, maybe 20ish, but that's just a best guess. I could get you the exact number if you're really interested in that.

DORN: Just curious, yeah, thank you.

BRADEN STORER: Yeah.

STINNER: Any--

BRADEN STORER: And to be clear, they're not-- just to be clear, they're not Corrections staff. They are DHHS employees.

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DORN: So they're not under the Department of Corrections, they're under DHHS.

BRADEN STORER: Correct.

DORN: OK, thank you for that clarification.

BRADEN STORER: Yes.

STINNER: Additional questions? Seeing none, thank you very much.

BRADEN STORER: Thank you for your time.

STINNER: Good afternoon.

RICH WERGIN: Good afternoon. Senator Stinner and members of the Appropriations Committee, I am Rich Wergin, R-i-c-h W-e-r-g-i-n. I'm an organizational specialist for the Nebraska State Education Association and I'm here to represent our 28,000 members. This includes more than 45 educators in the Youth Rehabilitation Treatment Centers and the Department of Corrections. NSEA is in support of LB792. LB792 would provide funding for the replacement of the current residential structure at the Kearney facility. A modern facility must be designed to support the educational requirements of each youth being housed there. By allowing the delivery of services and intervention protocols within the residence, the, the personal skills such as identifying individual responsibilities, accountability, and self-respect are reinforced in an environment separate from the school setting. The plan includes a repurposed Washington and Lincoln building as a treatment and program center, which is also needed. An important aspect of this bill is the recognition of the individual privacy within the secure environment in all aspects of the daily routine for the students. It begins with the elimination of the need to have a barracks-style sleeping arrangement currently used for monitoring this activity of students during that important aspect of the schedule. The lights remain on throughout the night and-- to allow observation by the security staff. In an updated facility, cameras and monitoring equipment would be more efficiently used of staff time. As a key component of the programming in the-- at place at Kearney YRTC, educators are available to offer valuable information about the educational environment in which they teach and in which the students learn. The facility staff is ultimately responsible for implementing the educational plan and relying on their skills and expertise vital in identifying strengths and challenges that exist in students' learning environment. We'd like to thank you for your consideration of

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LB792, providing many needed aspects and improvements at the Kearney YRTC facility. These improvements will benefit the staff, including teachers, many individuals involved in the individual programming, and, most importantly, our students. Thank you for your work on behalf of the young men and women involved in the YRTCs. I'm prepared to answer any questions you might have.

STINNER: Very good. Questions? Seeing none, thank you.

RICH WERGIN: Thank you for your time.

STINNER: Good afternoon.

LARRY KAHL: Good afternoon. Chairman Stinner, members of the Appropriations Committee, my name is Larry Kahl, L-a-r-r-y K-a-h-l. I am the chief operating officer for the Department of Health and Human Services. I'm here to testify in support of LB792, which will rehab-- which will appropriate \$15 million in General Funds to DHHS for improvements to the Youth Rehab and Treatment Center in Kearney. Thank you, Senator Lowe, for introducing the bill, Mayor Clouse and others who have testified in support of the bill, tremendously grateful and appreciative of the support in the effort of being able to continue to provide quality care and services for the youth in Nebraska. In 2021, DHHS contracted with Carlson West and Povondra Architects and Chen Planning to conduct an evaluation of the YRTC-Kearney campus. The consultants recommended several renovations to ensure that the youth residing at the campus would receive high-quality, best practice, and state-of-the-art care. Among those recommendations is the construction of two new housing units, renovation of an existing building to be repurposed for treatment and program center, and then replacements of a fire pump and a service elevator. The health and safety of the youth in our care is a top priority and we welcome the chance to be able to make these improvements to the facility. DHHS recommends that committee members fund the YRTC-Kearney improvements. As the Appropriations Committee considers this request, DHHS would like to note that the Governor's request appropriated funding using ARPA rather than general funds, which would support prior-- prioritizing one-time investments with these funds. We respectfully request the committee approve the Governor's recommendation to use ARPA funds and thank you for the opportunity to testify today and I would be happy to answer any questions.

STINNER: Questions? Senator Dorn.

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DORN: Thank you, Chairman Stinner, and thank you for being here.

LARRY KAHL: Absolutely.

DORN: You and I have had several conversations and I was going to ask-- hope Senator Lowe will close and then ask him the question. On his handout, his three-page handout of the facility, I noticed on the last page-- and I guess when I look at that, I see 75 percent for staff and other things and that's part of the reason I've asked some of the questions and maybe 25 percent for housing of youth or whatever. Why, why this type of design and why do we need this type of design?

LARRY KAHL: Great question. Thank you. And if you don't mind, I'll ad lib just a little bit as well to answer previous questions. Census today, we've got 44 young men that are at the facility; 39 are on campus, 5 are off campus. And we, we track that separately because they are admitted to the facility, maybe, you know, at other facilities or off campus for the short term. We run at approximately about 136 employees fully staffed. We have been very appreciative of the midbiennium wage increase that has allowed us to be able to staff and fill some of those beds. To more specifically answer your question, Senator Dorn, is the, the room the way that they're laid out and mapped out-- and I will, I'll add in just a little bit that the dorms handle approximately 28 youth per, which is much more consistent with the more contemporary cottage style of living units as opposed to the older dorm styles. I mean, I'd like to say a lot of good things came out of the late '50s. The dorms were built in '53 and '54, the building to be raised. Morton build-- or not-- yeah, I think it was the Morton building. It was built in '47. So it's time. It's time for us to be able to make these replacements. The living quarters and the staff observation and utilization, the way that the buildings are designed is for optimal efficiency. And there have even been some suggestions that with the utilization of the designs, the way that they have it, that we could potentially minimize even some of our staffing in terms of being able to help supervise more kids with fewer staff. Building design, line of sight are huge issues and we're very comfortable and confident with the work that the architects did in, in mapping that out.

DORN: Thank you.

STINNER: How much of a contingency and, and inflation factor did you build into these bids?

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LARRY KAHL: I followed the recommendation of the-- of our consultants that did the planning.

STINNER: OK.

LARRY KAHL: And they, they use a standard, whatever the current contemporary escalation amounts are. I think it may be, at these days, maybe as much as 6 to 8 percent per year in terms of increases. Any delays in construction, years out increase the total cost.

STINNER: And the plans were put together when, last summer?

LARRY KAHL: Just this-- just-- well in 2021. They, they concluded at the end of last year, actually.

STINNER: So they're pretty fresh.

LARRY KAHL: Yeah. Yes, they're fresh. Their plans designed a, with your blessings and funding, a nonstop process that would take us probably through to early 2025. We would move right into finalizing design yet this year, would hope to be able to begin contractor selection and construction next year and approximately an 18-month process, if I remember correctly. And it may carry us right to the end of '24 or the beginning of '25.

STINNER: Thank you for that.

LARRY KAHL: Yes, sir.

STINNER: Additional questions? Seeing none, thank you very much.

LARRY KAHL: Absolutely, thank you.

STINNER: Any additional proponents? Any opponents? Anyone in the neutral capacity? Seeing none, that concludes our-- well, excuse me. Senator Lowe, I'm sorry.

DORN: You're neutral?

STINNER: I'm, I'm-- yeah.

DORN: You're neutral?

LOWE: I am not neutral.

STINNER: Yes.

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LOWE: I'm not a government agency, so. I don't come before the Appropriations Committee hardly ever. I think the last time I was here, I asked, asked money for a fence to go around YRTC and we ended up not needing it because the money was found. So I'm back here asking money for YRTC because it is that important. I don't believe we ought to spend our money frivolously, frivolously. I think this is a good purpose because I want the young men that are there to not come back. And if we can do that by putting them in a room where they feel comfortable-- right now, if they have a radio that they have to kind of calm themselves down or a book to read, there's very little security. And by having their own room, they could leave it in their room and nobody will touch it. And a lot of these young men have come from problems, generational problems, and this may be the only secure place that they know. So while they're there, if we can make them feel comfortable to learning and to progressing through their, their, their time, I think is an added benefit. This is a lot of money. This is a lot-- a private person probably wouldn't spend as much money, but YRTC is not private. It's a government agency and they have to do things the way they do it. And, you know, if they have everybody to have the rooms and the staff rooms there that are there, it, it creates a better flow, I believe. So with that, I'd like to thank Director Smith. Since she has taken the helm, YRTC has made drastic changes, as we know, with the girls coming over for a time period and now ending up in Hastings where they have a fantastic facility there. I'd like to thank Dr. Kahl for everything that he has done to move this project further and Andrea Lowe, which is my mother's name, no relation. They've all been very good helping this out. So thank you and I'll--

STINNER: Thank you. Senator Clements.

CLEMENTS: I want to ask a general question about, you know, there certainly was a lot of chaos with DHHS running the program at one time and just you kind of alluded to it, but how happy are you with the way the program is operated now?

LOWE: It is night and day different. It is night and day. When I lived up by YRTC, I built my sons a, a playhouse that was three stories tall so that they could look over at YRTC, so I could point out to them that is not where my sons wanted to go. You know, we don't have any problem. There's no problem in Kearney right now with YRTC. It's, it's-- I mean, the kids that decide to walk away from it, it's not happening. The assaults, the assaults used to be at, I don't know, over 100, maybe 200 assaults a year up there. It's down to like almost nothing. And some of the assaults are they just pushing, not a bad assault. So it's, it's almost nothing. It, it's night and day

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difference. And the last time I was up there, we had a chance to ask some of the young men what their future plans were when they were going to leave and a couple of them said college. A couple of them said they wanted to go to work and they were, they were lining up jobs once they got done. That's positive.

CLEMENTS: Does it appear that there is adequate staff right now, staffing?

LOWE: The-- I'm sure, just like everybody else, we're short staff, but for a while there, while it was having all the problems with the staff, the assaults on the staff, you couldn't hire anybody to come up there. Long-term employees were leaving. Now I believe we're back to a point where people will go up there to work because they like what they do and they will stay and that's what we need.

CLEMENTS: Thank you.

LOWE: Thank you.

STINNER: Thank you. Additional questions? Seeing none, thank you very much.

LOWE: Thank you.

STINNER: For the record, I have six proponents for LB782 and two proponents and one neutral on LB792 and those are electronic letters that we received. That concludes our hearing on LB792. We'll now open with LB7-- LB971.

McDONNELL: Thank you, Senator Stinner, and thank you members of the Appropriations Committee. My name, my name is Mike McDonnell, M-c-D-o-n-n-e-l-l. I represent Legislative District 5, south Omaha. I'd like to hand out two handouts. Thank-- start off by thanking Liz Hruska for working on the fiscal note, which is zero, and my testimony. This is a simple bill. It's a cleanup. It's a name change. LB971 was introduced to address a technical issue related to the passage and enactment of the Brain Injury Trust Fund Act of 2019. It was brought to our attention by the Legislative Fiscal Office that appropriations for this act are made directly from the Health Care Cash Fund and as the separate fund known as the Brain Injury Trust Fund is not needed. Therefore, LB971 proposes to eliminate the Brain Injury Trust Fund and rename those provisions according to-- as the Brain Injury Assistance Act and the Brain Injury Assistance Program. The overall scope, practice, and amazing work that is being accomplished as a result of the original act and subsequent funding

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will not be affected by this legislation. LB971 will simply-- simplify the funding process and provide efficiencies for the program and the brain injury oversight committee as a whole. There is no fiscal impact associated with this bill. Here to share additional information this afternoon is Shauna Dahlgren, who is the chair of the brain injury oversight committee. I'd appreciate your support. I'm here to answer any questions.

STINNER: Any questions? Seeing none, thank you. Good afternoon.

SHAUNA DAHLGREN: Yeah, thank you. Thank you for the opportunity to speak to you guys today. My name is Shauna Dahlgren and it's spelled S-h-a-u-n-a D-a-h-l-g-r-e-n. And as Senator McDonnell indicated, I'm here as the chair of the brain injury oversight committee, which provides oversight and direction and management of the funds and represents the interests of individuals with brain injury and their families. I'm here today in support of LB971. Although these available funds and this committee is a newer committee, we're-- progress is already being made. Individuals with brain injury and their families are already reaping the benefits of the services that are provided through the availability of these funds. This legislation will improve the work being done to provide for the availability of these important services to individuals with brain injury and their families. Thank you.

STINNER: Questions? Senator Clements.

CLEMENTS: Is there a brain injury alliance or a brain injury private nonprofit that you coordinate with?

SHAUNA DAHLGREN: Actually, the Brain Injury Alliance of Nebraska was the recipient of the funds. So we've only had one year of funds available or, or awarded at this point and they were the recipient of those funds.

CLEMENTS: Oh, they're the ones that have received the, the funding. And your-- what's your position then?

SHAUNA DAHLGREN: So I'm the chair of the oversight committee. So the, the funds are basically made available and they go through the Department of Health and Human Services to UNMC and then the brain injury oversight committee is responsible to basically decide who should receive those funds or how those funds should be spent and then tell UNMC this is where the-- to award the money.

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CLEMENTS: All right, and the brain injury alliance is, is actually doing the individual contacts with people?

SHAUNA DAHLGREN: No, the, the brain injury alliance was actually-- is actually providing the services. So the, the main intent of the available funds is to provide resource facilitation services, which I'm probably not going to do the best job of describing the full definition of what that means, but it's basically providing services to individuals and their-- with brain injury and their families, kind of case management type services, making sure they get connected to resources that are available in their communities to support their needs.

CLEMENTS: All right, thank you.

SHAUNA DAHLGREN: Yes.

STINNER: Additional questions? Senator Erdman.

ERDMAN: Thank you, Senator Stinner. Thank you for coming in. So oftentimes I see these things and I'm wondering what happens if we don't do this? What happens?

SHAUNA DAHLGREN: Then individuals with brain injury don't get services and don't get connected to services that are available in their area.

ERDMAN: So just by not making the change, the name and then--

SHAUNA DAHLGREN: Oh, just the change? I thought you meant the funds, sorry.

ERDMAN: Yeah.

SHAUNA DAHLGREN: So the, the last year has been kind of interesting as far as the start of the committee and the, the availability of those funds. And so there was-- there has been some discussion. I myself have had discussion with the Attorney General's Office, who has had discussions with Department of Administrative Services. So there has been some discussions and some confusion for one about the intent of the legislation and then also what it was actually called. So it seems, from what I understand-- and I'm not a legal jargon expert, but from what I understand, the term "trust fund"-- it was called the Brain Injury Trust Fund and the term "trust fund," it really didn't meet the definition of that because of where the funds were coming from or something. And so it's basically just a renaming from the

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Brain Injury Trust Fund to the Brain Injury Assistance Act or the Brain Injury Assistance Program.

ERDMAN: But that's not all this bill does. This bill says that the program shall be administered by the Department of Health and Human Services and it strikes all that other verbiage that was in there about the trust fund. So it does other things than just change the name, right?

SHAUNA DAHLGREN: That is probably a question I'm not the most equipped to answer.

STINNER: Just to maybe help a little bit, actually, it was the Fiscal Office that recommended that-- the change, the technical change to it. And Liz, you may want to give us a little bit more information for Senator Erdman and the rest of the committee. You can provide that now or you can provide it later. Senator Dorn, did you have a question?

DORN: Thank you, Senator Stinner, and maybe should have asked Liz or whatever, but we-- and I didn't do my due diligence and look it up, but when we're talking about funds, what are we-- how many funds are we talking about or what, what dollar amount?

McDONNELL: We're not talking about a dollar amount. That-- this has nothing to do-- this has no fiscal note on it.

DORN: No, I'm not saying that. My question is the Brain Injury Trust Fund is how many dollars, the fund itself that was originally set up with the bill?

STINNER: It was \$500,000.

DORN: \$500,000, thank you.

STINNER: Any additional questions? Thank you for your testimony. Senator McDonnell, would you like-- is there any proponents?

McDONNELL: As was explained, this is a cleanup. It's a name change based on the legal issue and working with Fiscal, again, I'd like to thank Liz and I'm here to answer your questions, otherwise I'm-- I have no closing.

STINNER: Any questions? Seeing none, that concludes our hearing on LB971 and that concludes our hearings for today.