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Health and Human Services Committee
February 01, 2017

[LB225 LB417]

The Committee on Health and Human Services met at 1:30 p.m. on Wednesday, February 1, 2017, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB417 and LB225. Senators present: Merv Riepe, Chairperson; Steve Erdman, Vice Chairperson; Sue Crawford; Sara Howard; Mark Kolterman; Lou Ann Linehan; and Matt Williams. Senators absent: None.

SENATOR RIEPE: We're going to open the hearing today. This is the Health and Human Services Committee. We appreciate all of you that have come, some from far and wide, and we appreciate all of that. I'm Merv Riepe; I'm Chairman of the Health and Human Services Committee. I represent District--or Legislative District 12, which is Millard, Omaha, and Ralston. And before I go any further, I would like to introduce--or self-introduce committee members. I think we'll have some joining us, and we'll go back and pick them up. So, starting to my far right is...

SENATOR KOLTERMAN: I'm Senator Kolterman from the 24th District: Seward, York, and Polk Counties.

SENATOR ERDMAN: Steve Erdman, District 47; 80 percent of the Nebraska Panhandle is my district.

SENATOR WILLIAMS: Matt Williams, District 36: Dawson, Custer, and the north part of Buffalo Counties.

SENATOR LINEHAN: Lou Ann Linehan, District 39, which is western Douglas County.

SENATOR RIEPE: Okay, and we will introduce the missing members, if you will. I'm sure they're going to arrive quickly. To my immediate right is Kristen Stiffler, who's our legal counsel for Health and Human Services. And to my far left is Tyler Mahood, who's our committee clerk. And our senator just arriving...I will let her introduce herself.

SENATOR CRAWFORD: Oh. Good afternoon. Senator Sue Crawford, Legislative District 45.

SENATOR RIEPE: Thank you. Today, just for rules of engagement, the committee takes up bills. This is your opportunity, as members of the community or visiting the state even, to participate in our legislative process. At times you will see committee members who will get up and leave, and that is sometimes they have their own bills to introduce or they will be testifying on other

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bills. So don't take that personal. Also, you'll see computers up here, and those are simply to assist those senators who function in that capacity. Some of us still stay with paper, but we'll get there someday. We do have another, our other senator, who's arrived; and I will ask her to introduce herself.

SENATOR HOWARD: I'm Senator Sara Howard. I represent District 9 in midtown Omaha.

SENATOR RIEPE: Thank you. Also, while we're into introductions, I would like to introduce our clerks...or pages...for the day, and that is Brianne Hellstrom, who is from Simi Valley, California; and we have Jordan Snader, who's from Oakland, Nebraska. One has an ocean and the other one doesn't, so there you go (laughter). Here are some of the rules of engagement, that we ask you to please silence your cell phones and, if you are testifying, we ask you to move up to the front as it gets closer, so that we can really efficiently use our time. The order that we go at in presenting is: the introducer will make the bill, or introduce the bill; then we will follow with proponents; followed by opponents; we will have neutral; Tyler will then read any letters that we have coming in, in favor or opposed to or in neutral, on that particular legislative bill. We would ask you, when you come to the mic--some of you are experienced in doing this, others not so much--so we would ask you to state your name and then spell out your name; and that's for purposes of keeping good records and documents as we go along, in case you want to find out or go back and revisit something. We would also ask you to be concise. We work here on a five-minute rule: you have four minutes on the green light--it's just like traffic school; and one on the amber; and then the red, and we would ask you to wrap it up. And if you're finishing up, we'll work with you on that but, after a while, I will probably ask you to pull it together. I also, on this one, I want to read in, so that it's in the record correctly, if you will not--and I repeat 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 at each entrance 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 hearing. Written materials may be distributed to the committee members as exhibits only while testifying is being offered. Hand them to a page for distribution to the committee and the staff as you come up to testify; and we need ten copies, if you will. Today I am going to initially open on...where is the agenda? Do we need that?

SENATOR ERDMAN: LB417

SENATOR RIEPE: Thank you. We're going to hear two bills. One of them is LB417, which I will be introducing. And the second bill will be LB225, which Senator Crawford will be. We placed these together on the hearing today because they're...we will...there is some commonality between the particular pieces and we want to compare and contrast, if you will, as we go into Executive Committee. I would share with you that when we do go into Executive Committee, it

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won't be at the end of today. And, at that point in time, it's closed to the public other than the newspapers, and they have an opportunity. So with that, because I am going to introduce on LB417, I am going to turn the chairmanship over to Senator Erdman, the Vice Chair, and I will let him run it from this point.

SENATOR ERDMAN: Thank you.

SENATOR RIEPE: And I will, by the way, I will be sitting out and not coming back and participating in it. Thank you.

SENATOR ERDMAN: Thank you, Senator Riepe. You're...we're waiting for you to announce, or introduce, LB417 for us. [LB417]

SENATOR RIEPE: Thank you, Chairman Erdman and members of the Health and Human Services Committee. I appreciate the opportunity to be here this afternoon. My name is Merv Riepe, it's M-e-r-v; my last name is Riepe, R-i-e-p-e. I am introducing LB417 on behalf of the Department of Health and Human Services. LB417 provides operational changes in the areas of Alternative Response, statutory required reports, behavioral health peer support training and certification, quality management within the Division of Developmental Disabilities, nursing assistants, notification under the Uniform Credentialing Act, and senior companion volunteers. Chief Executive Officer Courtney Phillips, Department of Health and Human Services, will be following me and testifying in support of this bill. I would defer to any specific questions to her. Thank you. [LB417]

SENATOR ERDMAN: Any questions for Senator Riepe? Thank you very much. [LB417]

SENATOR RIEPE: Okay, thank you. [LB417]

SENATOR ERDMAN: And you'll be around to close? [LB417]

SENATOR RIEPE: I will. [LB417]

SENATOR ERDMAN: Thank you so much. Good afternoon. [LB417]

COURTNEY PHILLIPS: Good afternoon. [LB417]

SENATOR ERDMAN: Thanks for coming. [LB417]

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COURTNEY PHILLIPS: (Exhibit 1) Absolutely. Good afternoon, Senator Riepe and members of the Health and Human Services Committee. My name is Courtney Phillips, C-o-u-r-t-n-e-y P-h-i-l-l-i-p-s, and I serve as the CEO for the Department of Health and Human Services. I'm here today to testify in support of LB417 and, to save time, I will be reading a less-detailed version than the version that you have in front of you. As Senator Riepe mentioned, LB417 contains several important changes to the following areas: Alternative Response; statutory reporting requirements; behavioral health peer support training; Developmental Disabilities quality improvement measures; licensure for nursing assistants; notifications under the Uniform Credentialing Act; and the senior volunteers program. To start off, Alternative Response is a pilot program that was authorized through July 2017. It helps families with a low-risk of child abuse and neglect receive local services they need to keep children safe within their homes. Under Nebraska's Title IV-E waiver, the state has flexibility to utilize Title IV-E funds for these alternative services. Without this waiver, Title IV-E funds are primarily limited to expenses related to out-of-home care. In order to maintain the federal waiver, Alternative Response must be implemented statewide by 2019. To date, it is currently implemented in 57 counties. This legislation will reauthorize the programs with no changes to the current Alternative Response program. LB417 will also eliminate the following reporting requirements, and a detailed explanation is included in the document in front of you. We are proposing to eliminate the following reports: the biennial regulations report; care management report; Medicaid Reform Council report; the juvenile associations annual report; the waiver training requirements for relative foster care; behavioral health data management report; and the occupancy rate of regional center hospital beds. LB417 will also align state law with current practice and authorize the Division of Behavioral Health to ensure the training, credentialing, and competencies of a peer services and supports workforce. Peer support services reduce the number of admissions and days spent in hospitals or other high levels of care, reduce the average service cost per person, increase family unification, increase hope and quality of life, as well as approve chances for long-term recovery. Further, the Division of Medicaid and Long Term Care has submitted a state plan amendment to include peer support services as a covered Medicaid service. This submittal necessitates clear authority for setting the service description, standards for peer training, testing, and continuing education, as well as regulations on the minimum qualifications, credentialing, and supervision. LB417 also removes the specific requirement of the quality review team from the Developmental Disabilities Services Act and replaces it with language that requires the department to provide for an effective quality assurance plan that includes a variety of internal and external mechanisms to promote and monitor quality. This broader language of allowing the department to develop a multitude of quality assurance mechanisms will lead to continual learning, adjustments, and improvements to the services provided by the Division of Developmental Disabilities. In addition, the Developmental Disabilities Advisory Committee will be tasked with the oversight on the quality assurance strategy to ensure accountability to those that we serve. LB417 also amends the statutes to change the title of nursing assistant to nurse aide. It also expands the definition of the work settings so nurse aides may work and stay

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active on the nurse registry, based on the definition of nursing aide. A nursing aide maintains active registration based on working in an approved setting. Therefore, nursing aides will be allowed to be employed in a variety of healthcare settings, and more nurse aides will be able to maintain their active status in the Nebraska workforce. In addition, LB417 amends the Uniform Credentialing Act pertaining to notifications that are sent to credential holders. The current state statute requires that a written notice be mailed. It is proposed to change the statute to require sending a notice. Doing so will allow for the use of electronic notification of credential holders in certain situations to provide for operational efficiencies. Also, LB417 will revise the Nebraska Senior Companion Volunteer Program Act, to allow for a broader volunteer program within the State Unit on Aging. The current program is very restrictive, including limitations to those who may volunteer, the number of hours they are allowed to volunteer, and the individuals that may be served. LB417 will broaden the scope of the program by providing additional community supports to our seniors. I ask that the committee advance LB417 and I thank you for the opportunity to testify. And I am happy to answer questions that you may have. [LB417]

SENATOR ERDMAN: Thank you for your testimony, Ms. Phillips. Any questions? Senator Howard. [LB417]

SENATOR HOWARD: Thank you, Senator Erdman. Thank you for visiting with us today. This is an enormous bill, I will say. [LB417]

COURTNEY PHILLIPS: It is. [LB417]

SENATOR HOWARD: And so I actually want to start off with a broader question. [LB417]

COURTNEY PHILLIPS: That's okay. [LB417]

SENATOR HOWARD: By our constitution...we have Article III, Section 13 talks about how a bill can really...or a law can only have one subject. And so what would you say is the unifying subject of LB417? [LB417]

COURTNEY PHILLIPS: To improve our overall operations and efficiencies of service we deliver throughout the department. [LB417]

SENATOR HOWARD: Okay, because what's interesting is that this is pulling from multiple areas of statute... [LB417]

COURTNEY PHILLIPS: Um-hum. [LB417]

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SENATOR HOWARD: ...and so it reads like seven different bills, as opposed to one unifying bill, because each of these issues sort of deserves attention on its own, especially Alternative Response, I would say. And so you're unifying...the unifying theme for this is operational? [LB417]

COURTNEY PHILLIPS: Um-hum. [LB417]

SENATOR HOWARD: Okay, all right. Um, I'd like to start with Alternative Response first... [LB417]

COURTNEY PHILLIPS: Absolutely. [LB417]

SENATOR HOWARD: ...I think, because that's kind of the meaty...it's the meaty part of this. So I wanted to ask sort of, what was the idea behind using...changing the "shalls" from...to "mays" on page 4 in line 20? [LB417]

COURTNEY PHILLIPS: (Inaudible) both of those in here... [LB417]

SENATOR HOWARD: Because you know, from what I've been learning, it...well, maybe stepping back, is Alternative Response working? Do you feel like it's going well? [LB417]

COURTNEY PHILLIPS: Yes. We have seen...again, it's still very new, because we haven't rolled it out completely statewide, but we are seeing some successes in the program in terms of the number of individuals, as it relates to subsequent out-of-home placements, in comparison to six months from Alternative Response to those in traditional response. And so pure numbers wise, we see families that experience subsequent out-of-home placement within six months. The comparison of Alternative Response...we see 2.5 percent; on the traditional response, we see a 9 percent. As it relates to children that experience a subsequent accepted intake within 12 months, when you look at Alternative Response, a 22 percent; on traditional response, a 27 percent. And those are just raw number factors. But we also, as we operate with our team and talk to family members, our team members who have worked on both sides of traditional response and Alternative Response see a vested, more trusting of the department, in terms of that Alternative Response and building that relationship. Also, in terms of community support, you just have more community buy-in on the Alternative Response versus the traditional response. And so there's some, in addition, just the pure data mechanisms, some of the qualitative information that we've gathered around it. [LB417]

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SENATOR HOWARD: So if the program is successful and full disclosure in the past have not been very supportive of Alternative Response...if the program is so successful, why remove the "shall" to a "may"? Why give the department an option of doing it if it's working so well? [LB417]

COURTNEY PHILLIPS: So again, we still have until 2019, we still have 34 more areas to roll it out in. [LB417]

SENATOR HOWARD: Hmm. [LB417]

COURTNEY PHILLIPS: And so we want to collect the full scope of data. Right now we're operating under the waiver, and the waiver expires in 2019. [LB417]

SENATOR HOWARD: Hmm. [LB417]

COURTNEY PHILLIPS: And so that will be a conversation with our federal partners, in terms of the data we're able to produce and demonstrate to them the success of a waiver, and what is the continual authority that we can operate the success that we've experienced in Alternative Response. It may not, when work with the feds, it may not be the exact same program, because remember a waiver is to prove and to give you some flexibility under the current operating program that they have. [LB417]

SENATOR HOWARD: Okay. And then this also removes...page 5 strikes the requirements for the independent evaluation? [LB417]

COURTNEY PHILLIPS: So we have an evaluation that goes to the (inaudible) of the waiver. [LB417]

SENATOR HOWARD: Okay, okay. [LB417]

COURTNEY PHILLIPS: So the final evaluation or report is due 2020, which goes to the extent of the actual operation of Alternative Response through the waiver approval. [LB417]

SENATOR HOWARD: And we're contracting with an independent agency for that? [LB417]

COURTNEY PHILLIPS: Yes. [LB417]

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SENATOR HOWARD: And which one is it? [LB417]

COURTNEY PHILLIPS: With the University. [LB417]

SENATOR HOWARD: Okay. And because I was reading the older one, and it was the Nebraska Children, Families and the Law and the University, but it's just the University for AR? [LB417]

COURTNEY PHILLIPS: Yes. [LB417]

SENATOR HOWARD: Okay. [LB417]

DOUG WEINBERG: CCFL is part of the University. [LB417]

SENATOR HOWARD: Hmm...great. Thank you. All right. And the current evaluation--is it done? Have they reached their...have they reached all of their conclusions? The last one I was reading (inaudible). [LB417]

COURTNEY PHILLIPS: No. So there's an interim that will be done end of February, early March, for release. [LB417]

SENATOR HOWARD: Okay. [LB417]

COURTNEY PHILLIPS: And then the final is not until 2020, when you have the full scope of the actual AR operation throughout the state. [LB417]

SENATOR HOWARD: Okay, all right. I will take another turn next time and let other folks ask questions. [LB417]

SENATOR ERDMAN: Senator Crawford. [LB417]

SENATOR CRAWFORD: Thanks. Thank you, Senator Erdman. And thank you, Director, for being here. [LB417]

COURTNEY PHILLIPS: Absolutely. [LB417]

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SENATOR CRAWFORD: I'm just going to go ahead and follow up just to clarify, for the record, the stricken language then on page 5 that relates to that evaluation of the report. That's...those questions that are directed in the statute that were supposed to be a part of that report are in that contract. Is that true? So that, by striking this language it's being stricken because this is not...it's not necessary to include it... [LB417]

COURTNEY PHILLIPS: So the dates that... [LB417]

SENATOR CRAWFORD: ...because we've already rolled out that contract, as opposed to we're not interested in those questions any more? [LB417]

COURTNEY PHILLIPS: That's, that's correct; it's because those pieces have already been included. There was an interim report that was done. Again, we're going to have an interim that's due at the end of the month, and so those are past dates. And so we are striking because it's already completed. [LB417]

SENATOR CRAWFORD: Right, thank you. I just wanted to clarify that for the record. [LB417]

SENATOR ERDMAN: Okay. Senator Kolterman. [LB417]

SENATOR KOLTERMAN: Thank you, Senator. Director Phillips, I...my staff and I sat down and we've got some questions. [LB417]

COURTNEY PHILLIPS: Okay. [LB417]

SENATOR KOLTERMAN: So bear with me here. First question we have is, the Alternative Response has 21 exclusionary criteria. They're in the rules and the regs that automatically trigger a call to the hotline to be screened as traditional response. There are also six review-, evaluate-, and-decide criteria for potentially screening out Alternative Response calls. On top of the exclusionary criteria, the randomizer excludes another 50 percent of the additional potential AR cases. Do you feel that this is too much exclusionary criteria to effectively use to track the Alternative Response? [LB417]

COURTNEY PHILLIPS: And I think right now, Senator, that's what we are evaluating. Right now we have to set up a criteria, what we use, and I think at the end of the term of Alternative Response, we can then look at all of the criteria we've collected, the information. And you can do...begin to do some specific profiling, in terms of what was excluded in doing those comparisons of the randomized trial because, remember, in Alternative Response, those that are

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calling in that would qualify for Alternative Response, for one to one, they're going to the Alternative Response track to the TR track to really do a comparison of anyone who would qualify for AR. So I think once we do that final comparison, you will be able to determine where some of those that we sent to TR, who really did qualify for AR, could be open up some of the gates, in terms of that exclusionary criteria? But right now we want to limit that exclusionary criteria to make sure we're not including individuals that may have some significant needs and put them through the traditional response track. [LB417]

SENATOR KOLTERMAN: Okay. Then along those same lines then, do you feel like your staff has really embraced the Alternative Response? [LB417]

COURTNEY PHILLIPS: Yes, I have been on the road with some staff members who actually are trying to do the Alternative Response. The experience that they have with family members...I actually got to talk to some family members who were a part of Alternative Response. And it is a different feel, in terms of the investigatory component of AR versus traditional response. And so they're building more of that relationship...the families are a little bit more trusting, so they're a little bit more open to having that relationship with the department, understanding what their needs are on the front end versus this antagonistic relationship of us coming in, in an investigatory component. [LB417]

SENATOR KOLTERMAN: Okay, thank you. I'll wait; I'm sure there's other questions. I've got some more, but... [LB417]

SENATOR ERDMAN: Okay. Any other questions? Senator Crawford. [LB417]

SENATOR CRAWFORD: Thank you, Senator Erdman. And thank you, Director. I think one of the themes of the bill is pulling out different reporting requirements. And I can see some of them are very clearly changes that are updating it because we've moved on... [LB417]

COURTNEY PHILLIPS: Um-hum. [LB417]

SENATOR CRAWFORD: ...or you know, we're past the date when those reporting requirements were a part of something we were trying to accomplish at the time. However, I just want us to be very careful, as we go through, that we make sure we are attentive to each of those and keep the ones that we need and... [LB417]

COURTNEY PHILLIPS: Absolutely. [LB417]

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SENATOR CRAWFORD: ...and clean up statute where that's important. So I'd like to just, for a moment, go to page 16, and I believe this is the reporting requirement where we're talking about reporting to the Legislature on rules and regulations. And your testimony to us indicates that this is not necessary because there are public notices about rules and when there are here, when there are rules and regulations. And there are public notices prior to hearings and the final roll out of a regulation. But I think that the report to the Legislature is more about, sort of, the update about how we're doing on our rules and regulations, and that may include discussions of regulations that haven't gotten to that public notice stage yet. I think one of the reasons that this is in statute is some concerns about what happens when the Legislature passes a bill and then the regulations don't get promulgated. So I think that the reporting requirement here is beyond notifying the Legislature when there's going to be a hearing or when rules are promulgated, it's part of trying to help us do our job and making sure that rules and regulations are getting promulgated, and we're getting to that hearing. So I would ask what, you know, consider what we may need to continue, in terms of making sure that we're having good conversations about the rules and regulation process. And I'll allow you to comment, if you'd like, on the striking of those reporting requirements that are on the top of page 16. [LB417]

COURTNEY PHILLIPS: Thank you, Senator. And yes, you're right. As we go through the more than 70 reports that we send on that annual basis--and that doesn't include the ones that we do on a quarterly basis. Just pure 70...when you add in the quarterly factor, many of them are producing a lot of reports in the department. And we want to make sure that the reports we're producing are actually useful... [LB417]

SENATOR CRAWFORD: Right. [LB417]

COURTNEY PHILLIPS: ...to those who are viewing them or are requesting them at some point. [LB417]

SENATOR CRAWFORD: Right. [LB417]

COURTNEY PHILLIPS: And you're right; many of the reports that we went through, we looked at the language (inaudible). Is the language still...do we still use that? Are the measures still applicable? Some of the reports that we're eliminating started back in 1984... [LB417]

SENATOR CRAWFORD: Right. [LB417]

COURTNEY PHILLIPS: ...and some of the changes that have occurred, in terms of with those programs. As it relates to the Medicaid report, yes, one of the reasons that we did look at it, in

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terms of that report, is: Do we produce that information somewhere else? And we do, as we mentioned, in terms of producing that information on-line, in terms of its public notices and what's going on in the department, in terms of the state plans and postings of those waivers and the changes between DD and Medicaid. And so that is why we took this report out. [LB417]

SENATOR CRAWFORD: This is follow-up. So is there any public mechanism that reports...they...when a bill is passed that asks for rules and regs, is there any way, any public report that establishes...okay, the bill has passed and rules and regs are to be promulgated, kind of a notice, and then, you know, a time line of progress on those...promulgation of the rules and regs...is there any public reporting or notice in that window between bill passage and the first public notices that would be held for those hearings? [LB417]

COURTNEY PHILLIPS: We don't currently have the on-line tracking, in terms of when the bill is produced, in terms of what's the next stage. [LB417]

SENATOR CRAWFORD: Um-hum. [LB417]

COURTNEY PHILLIPS: As bills are usually produced, we usually work with the particular entity who the bill is around, in terms of keeping them up to speed or where we are on the particular bill process before we actually move to a public comment period. [LB417]

SENATOR CRAWFORD: Thank you. [LB417]

SENATOR ERDMAN: Senator Linehan. [LB417]

SENATOR LINEHAN: Thank you for being here. I'm assuming part of this is because your staff is having to do reports that aren't really necessary and it's man hours that could be better spent doing other things? [LB417]

COURTNEY PHILLIPS: Absolutely. [LB417]

SENATOR LINEHAN: Okay. How many man-hours...do you have any kind of guess of how much staff time you would save if you didn't have to do the reports that aren't necessary? [LB417]

COURTNEY PHILLIPS: We did not calculate man-hours. I know me, myself, because I review most of the reports that come up...I'm taking home numerous reports on an ongoing basis, in

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terms of making sure our numbers add up. As you know, depending on when the report was actually requested, as the data systems change, depending on who was actually collecting a report at one time, making sure that the numbers are consistent, then we find that, depending on who interpreted what statute at one time, in terms of the collecting of information, of making sure we're comparing apples to apples, I don't have an accurate count on man-hours; that's something we could try to go back and collect, in terms of how long... [LB417]

SENATOR LINEHAN: But is it...it takes a lot of effort. [LB417]

COURTNEY PHILLIPS: It takes a lot of time. Between the ad hoc committee and work groups and producing an actual written report, not to mention the report that the department produces, but also the number of work groups and committees that we staff, that we're also responsible for assisting them in producing reports, as well. [LB417]

SENATOR LINEHAN: Okay, thank you. [LB417]

COURTNEY PHILLIPS: You're welcome. [LB417]

SENATOR ERDMAN: Senator Howard. [LB417]

SENATOR HOWARD: Thank you, Senator Erdman. So I want to go back to Alternative Response. Can you tell me, are we done with the rules and regs for Alternative Response? [LB417]

COURTNEY PHILLIPS: In terms of... [LB417]

SENATOR HOWARD: Have they been fully promulgated? [LB417]

DOUG WEINBERG: Yes. [LB417]

COURTNEY PHILLIPS: Yes. [LB417]

DOUG WEINBERG: I mean, they may change if we request changes down the road, but (inaudible). [LB417]

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SENATOR HOWARD: Okay. And then on the top of page 7, you remove the public notice of any changes to those. Can you maybe give me some reasoning behind that? Public notice of ineligibility criteria. [LB417]

COURTNEY PHILLIPS: And the reason why removed those things is because those things have already been completed. [LB417]

SENATOR HOWARD: Hmm. [LB417]

COURTNEY PHILLIPS: And so, unless we're making additional changes to Alternative Response, right now this is the program, that operation of it, as well the waiver being approved, in terms of what's locked in for this particular program. [LB417]

SENATOR HOWARD: So there won't be any changes. [LB417]

COURTNEY PHILLIPS: Not at...no, not at this point. [LB417]

SENATOR HOWARD: So when Director Weinberg said: pending any changes... [LB417]

COURTNEY PHILLIPS: So once we have the evaluation from Alternative Response...right now we've developed a program, in terms of this is how we're going to operate it, implement it, and this is what we're going to measure to. Now, as Senator Kolterman asked, in terms of some of those exemption criteria, would you change some of those...until we have that evaluation, we want to see if what we laid out...what's the effectiveness of that? I think we're going to learn some things from that evaluation that we will want to tweak as go along. But until we have some of that information, we don't want to keep tinkering with it. We want to actually evaluate what we have and what we have set up. [LB417]

SENATOR HOWARD: So you wouldn't have a problem with restoring the public notice for those changes when you decide to tinker. [LB417]

COURTNEY PHILLIPS: Oh, absolutely. [LB417]

SENATOR HOWARD: Absolutely. Okay. And then, let's go to Section 7 and talk a little bit--it's on page 12--and talk a little bit about the YRTCs, because I want to...I want to make sure we're not losing some reporting around the YRTCs, because we've had... [LB417]

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COURTNEY PHILLIPS: Um-hum. [LB417]

SENATOR HOWARD: ...instances of sexual abuse and challenges with conduct and challenges with the kids in the YRTC's. And so can you tell me a little bit about some of the reporting? Have we not gotten any report since 2014? Just tell me a little bit about that. [LB417]

COURTNEY PHILLIPS: Yes, this report is not related to the YRTC's. [LB417]

SENATOR HOWARD: Okay. [LB417]

COURTNEY PHILLIPS: And when that refers to the juvenile associations, from my understanding we haven't had those in the state for multiple years. It doesn't refer to the YRTC reporting into the department. [LB417]

SENATOR HOWARD: Okay. [LB417]

COURTNEY PHILLIPS: These were juvenile associations that were more of the juvenile group homes' congregate setting. [LB417]

SENATOR HOWARD: Group homes...so we're not getting any, any feedback on the group homes? [LB417]

COURTNEY PHILLIPS: I don't think those associations exist, from my understanding. [LB417]

SENATOR HOWARD: Okay. All right, thank you. [LB417]

COURTNEY PHILLIPS: From the research that we could find. [LB417]

SENATOR HOWARD: Okay. [LB417]

SENATOR ERDMAN: Senator Kolterman. [LB417]

SENATOR KOLTERMAN: Thank you, Senator Erdman. Director, I want to talk a little bit about the staff. What kind of...how many staff do you have in the AR right now? [LB417]

COURTNEY PHILLIPS: What's the staff number (inaudible)? [LB417]

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_____ : At this time, our staff that are fully committed to AR is about four. Throughout the state we have 4-17, so Alternative Response and traditional response. [LB417]

COURTNEY PHILLIPS: So Senator Kolterman, we have, in certain areas where we have Alternative Response, we have dedicated team members. But throughout the state, for the areas that we have rolled out in the 57 counties, we still have individual staff members who are caseworkers who serve as AR and traditional response. In some of the smaller communities we have some of our workers that serve as intake, ongoing workers, and so they serve multiple hats and just not strictly dedicated to Alternative Response. [LB417]

SENATOR KOLTERMAN: And maybe I should add...are there people going to follow you that could answer some of these questions about staff and turnover and things of that nature? [LB417]

COURTNEY PHILLIPS: If you have specific questions, I can have one of our AR team members come up, if you like. [LB417]

SENATOR KOLTERMAN: I'm just curious, you know. Okay, if we have four or five people that are doing AR, what kind of turnover are we having there? [LB417]

COURTNEY PHILLIPS: I don't have the... [LB417]

SENATOR KOLTERMAN: Is that too specific? [LB417]

COURTNEY PHILLIPS: I don't have the specific, in terms of the AR team members that turnover, again, because we have team members that serve multiple functions. We don't have caseworkers throughout the state that are solely dedicated to Alternative Response. We have a few that are strictly Alternative Response, but most of the caseworkers serve multiple roles, in terms of Alternative Response, traditional response, which will include ongoing caseloads as well as the incoming caseloads. [LB417]

SENATOR KOLTERMAN: So, so if I hear you correctly, what I'm hearing you say is there's no specific dedicated staff to either one. You just...you have the same staff working both sides of the coin. [LB417]

COURTNEY PHILLIPS: There are a few and, as she mentioned, there's about four or five that are strictly Alternative Response caseworkers in certain areas of the state. [LB417]

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SENATOR KOLTERMAN: Okay. [LB417]

COURTNEY PHILLIPS: But for the remaining parts of the state, most of them serve multiple roles, in terms of case managers. [LB417]

DOUG WEINBERG: So in larger areas like... [LB417]

SENATOR ERDMAN: I believe if you're going to answer, we need to have you up here, so you'll be on the record. [LB417]

SENATOR KOLTERMAN: Yeah. [LB417]

COURTNEY PHILLIPS: Um-hum. [LB417]

SENATOR ERDMAN: Okay, thank you. [LB417]

SENATOR KOLTERMAN: And then can you...one more question while you're here. Can you give me a good example of an AR that worked really well? [LB417]

COURTNEY PHILLIPS: Absolutely. So we had one family member that we spoke with, and she was very hesitant. It was a referral that came to us and she, after having conversations, she was very hesitant to work with the department as we explained what Alternative Response was. She became a little bit more interested and, come to find out, she was going through a divorce situation. She...we actually received the information because there was a call in as it relates to her leaving her child in the car for, I think it was like a 20-minute process as she had started working. And so as we worked with this mom and had some conversations. She was going through a divorce and she just needed some assistance for the 20 minutes, in the morning, of childcare and was just struggling--overwhelmed, in terms of becoming a, now, single parent, going through the divorce process, maintaining the functionality of her kids' activities, entering upon a holiday season. And it was just basic necessities that she needed our assistance with, of how to maneuver childcare and how to (inaudible) some basic toiletries that she needed for the home, just basic things, in terms of someone who's actually entering into a new process, a stage in their life. And we were able to provide those things to her, get her structured, squared away; and they're very successful; they're going very successful. Most of the things that you see in Alternative Response is: how do you provide for the family some of the fundamental things that they need, those stressors that would then cause issues as it relates to child abuse and neglect? And so it's...a lot of times it's some things that relate to poverty. And so how do you assist them

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on the front end to prevent those stressors that later cause child abuse or neglect that we see on the back end? [LB417]

SENATOR KOLTERMAN: Okay, thank you. [LB417]

SENATOR ERDMAN: Senator Howard. [LB417]

SENATOR HOWARD: Thank you, Senator Erdman. I'd like to learn a little bit more about the Behavioral Health reports that we're removing from page 19 to page 21. [LB417]

COURTNEY PHILLIPS: Okay. [LB417]

SENATOR HOWARD: Those aren't reports that we get from the regions, are they? [LB417]

COURTNEY PHILLIPS: No, these are reports from the department. And the reason why we're trying to eliminate some of these reports is, as you--and I'll go through on page 20, under Section 7 (sic: subsection 7)--you'll see, and some of the information is contained in our Behavioral Health annual report, so it's a duplication of something that we provide. The other components, if you look at (b), "the number of persons ordered by a mental health board to receive inpatient or outpatient treatment and receiving regional center services"... [LB417]

SENATOR HOWARD: Um-hum. [LB417]

COURTNEY PHILLIPS: ...well, it's not possible for them to be receiving inpatient services and the community-based services at the same time. [LB417]

SENATOR HOWARD: Okay. [LB417]

COURTNEY PHILLIPS: So it's not something that we will ever report on. Both the same thing for (b) and (c). Also, in terms of (d), "number of persons voluntarily admitted," no longer do people voluntarily admit to the regional center. [LB417]

SENATOR HOWARD: Regional center. [LB417]

COURTNEY PHILLIPS: Some of the other sections (sic: subsections), as it relates to (e), we currently include that in the annual report. For (f), "the number of persons waiting to be transferred from a regional center to community-based," we track those by discharge to

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transition. And so the information that's currently contained in the language is either outdated or you're unable to report because they're a duplication... [LB417]

SENATOR HOWARD: Okay. [LB417]

COURTNEY PHILLIPS: ...in terms of what's included in those elements. [LB417]

SENATOR HOWARD: Okay. And then, can you tell me a little bit more about the Medicaid Reform Council? [LB417]

COURTNEY PHILLIPS: Yes. So the Medicaid Reform Council, I believe, stopped meeting three to four years ago. [LB417]

SENATOR HOWARD: 2013 was the last I could find. [LB417]

COURTNEY PHILLIPS: Yes. And so, from my understanding and trying to look at previous notes from that group that our team looked at, the Medicaid Reform Council decided to stop meeting because they felt it was a duplication of some of the other Medicaid committees, particularly some of the advisory committees. And as you all are aware, we have numerous Medicaid groups that are looking at, whether it be Heritage Health or it'd be looking at our eligibility systems. And so we feel like this...the group stopped three years ago; we haven't had a need to pick it back up, in terms of reform. We have other advisory groups within Medicaid that are reporting out. [LB417]

SENATOR HOWARD: And are...those all advisory groups are all in statute then? [LB417]

COURTNEY PHILLIPS: I believe the Medicaid Advisory Committee is in statute, but I can verify that for you. [LB417]

SENATOR HOWARD: Okay. And then I'm confused. If--so they last met in 2013, but I found an annual report from 2016. So is the reform group not meeting, but still putting out a report? Is it a staff effort? [LB417]

COURTNEY PHILLIPS: I think we are putting out the report... [LB417]

SENATOR HOWARD: Okay. [LB417]

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COURTNEY PHILLIPS: ...in terms of where we...what's going on with Medicaid. [LB417]

SENATOR HOWARD: Okay, perfect. And then, I'd like to ask about the QRTs then. [LB417]

COURTNEY PHILLIPS: Yes. [LB417]

SENATOR HOWARD: This is something that I think has been coming for a long time. So there's kind of a long history on QRTs, and maybe you can fill us in a little bit. I haven't been here for the...I mean we've had QRTs since 1991? [LB417]

COURTNEY PHILLIPS: Yes, correct. [LB417]

SENATOR HOWARD: So obviously I haven't been here since we've had them. But maybe you could fill us in on the history of the QRTs and sort of, kind of, where they went sideways to the point where we don't need them anymore. [LB417]

COURTNEY PHILLIPS: Uh-huh. Okay. And so I...there was some conversation, just for clarification in the bill, in terms of we have stated in the bill internal or external evaluation, and we have heard back from some of our DD stakeholders that they would like it to be and, to make sure we have internal controls as well as external. And we are...the department is more than open to amending the language from or to and. But in terms of QRT, yes, it was established in 1991 by the Developmental Disabilities Service Act. And at that time, I do believe it probably was a blazing trail, in terms of quality for developmental disabilities. Over time, CMS has amended, in terms of their overall approach to quality assurance. And we are not asking, through this legislation, to eliminate quality in developmental disabilities; we would like the ability to build a robust quality assurance plan for developmental disabilities and not limit it to quality review teams. And so, as you start looking across CMS requirements, they require that you build in internal controls as well as some of the external controls. Also looking at, in terms of some of the changes that you've seen over the last year with our support coordinators, us moving them from paper processing to actually getting them back more into the field, to have some of those face-to-face interactions with the family members. So that would be an internal mechanism of changes that we're doing. In terms of the external, there are some additional things that we would like to do with our providers in review of our provider capacity. What are the quality measures around the providers, and start doing some comparisons around those. Also we're looking at some of the National Core Indicators that most states use. We recently just received a grant last year to qualify to purchase NCI. We are the 48th state to join NCI. Most states who did a QRT-like program have shifted. There's us and one other state that continue to use QRT. So as we continue to evolve in terms of our practices, we need to evolve in terms of our quality assurance measures. I know there are some concerns, in terms of QRT was actually going in the home and

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providing face to face. The National Core Indicators also has that component, in terms of someone going into the home, providing face to face, collecting that information and that data. We would be contracting with the University; Munroe-Meyer would actually be going in, doing these face to face. QRT was limited to the residential group homes. We would like a program that--you guys have heard me say that--not just limited to whether it'd be our state institutions or residential group homes in the community, but all homes. So whether you're living with your parents or you're living in your own home, we should have eyes and ears, in terms of the quality of being provided across the developmental disability continuum. And that's what we would like to do. As we look at the average, in terms of 1991 to the last QRT that was done, the contract that we held, on average they did about 21...again, on average...21 visits per year into those homes; NCI, with the contract that we have, they will be touching 400 homes. And so we want to build a more robust quality assurance plan, not get rid of quality. But how do we take it to a higher level? [LB417]

SENATOR HOWARD: And when you say you would like to cover all homes, do we have the capacity for that right now? [LB417]

COURTNEY PHILLIPS: No. [LB417]

SENATOR HOWARD: Would you just... [LB417]

COURTNEY PHILLIPS: When I say all homes, I mean not just the residential group homes. [LB417]

SENATOR HOWARD: Right. [LB417]

COURTNEY PHILLIPS: But if an individual lives in their families, so making sure we touch every sector, not just the state institutions, but the residential group homes, but also family homes as well, making sure we have eyes and ears to make sure we understand what those that we have been tasked to serve really need. [LB417]

SENATOR HOWARD: Right. And so what would you need from us to build your capacity to meet that? [LB417]

COURTNEY PHILLIPS: In terms of...I think it's...we want to open up our quality assurance. I'm not saying we will go into every home, but we want to be able to visit every type of sector that we have under our realm. [LB417]

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SENATOR HOWARD: And the QRTs aren't able to do that right now? [LB417]

COURTNEY PHILLIPS: QRTs were limited, in terms of doing specific residential group homes. QRTs are a model that states are not using anymore. And so I would like our department to be able to build a true quality assurance plan without it being limited in statute to QRTs and for us to work with stakeholders to build a true quality assurance plan. [LB417]

SENATOR HOWARD: And then I wanted to ask as well about the fiscal note. The fiscal note is \$0, but I just had a question about, on page 29, the grants that are...that go out for the senior volunteer programs. They're lowered from \$50,000 to \$25,000? [LB417]

COURTNEY PHILLIPS: The change in... [LB417]

SENATOR HOWARD: But... [LB417]

COURTNEY PHILLIPS: I'm sorry, Senator. [LB417]

SENATOR HOWARD: But I just don't see the savings in the fiscal note. [LB417]

COURTNEY PHILLIPS: Okay. There is no savings; we were changing. It's \$50,000 over two years, and we're changing \$25,000 every year. [LB417]

SENATOR HOWARD: Per year, perfect. Thank you. [LB417]

SENATOR ERDMAN: Any other questions? Senator Crawford. [LB417]

SENATOR CRAWFORD: Thank you, Senator Erdman. And thank you, Director. And I just wanted to follow up a little bit on that same part of the statute about the quality review team. I hear your point about whether the quality review team does what you want it to do and whether it fits current standards. And I want to also just acknowledge and recognize the high quality work that you've been doing in the department, in terms of internal quality control... [LB417]

COURTNEY PHILLIPS: Um-hum, um-hum. [LB417]

SENATOR CRAWFORD: ...in terms of dashboards and making those measurements and looking at quality improvement internally. I want to compliment you on your hard work and success and that kind of quality assurance. So I just wanted us to...wanted to talk about if you're thinking

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about externally. In the letter that you gave us, you indicate that perhaps the Developmental Disabilities Advisory Committee would play that role. Is that...so is that what you have in mind, is that that group would then be your external stakeholder group? And if so, could you just tell us a little bit about who's on that committee or what that looks like? [LB417]

COURTNEY PHILLIPS: Yes. Do you have a listing of those groups? So they would oversee the strategy ensuring that we're actually carrying out the quality assurance plan that we set forward. We're building the plan right now; the plan is not established. We know one component of it is the National Core Indicators, which would allow us to not only compare ourselves internally throughout the state, but also to all other 47 states that are participating in the National Core Indicators. In addition to that, we would be reporting out to them as we're building the overall plan, as I mentioned, some of the provider components of it. And then, once we have that reporting out to that group and them actually ensuring that we are meeting the needs of our plans. And how do we make adjustments to the plan as needed? No, do you have people on the committees? [LB417]

_____: Who's on the committees? [LB417]

COURTNEY PHILLIPS: Yes. [LB417]

_____: I have a list of the committee members. (Inaudible) bring it? [LB417]

COURTNEY PHILLIPS: I can provide you the list of the actual committee members of the advisory group. [LB417]

SENATOR CRAWFORD: So, yeah. That's fine; yeah. I just wanted to make sure, as we are...if we're replacing the teams that we're just being attentive to who all is involved. And the teams had members from the different areas and so, you know, I just wanted to make sure, thinking about representation. Do the national, those national standards that you're talking about...do they set standards, in terms of inclusiveness of the regions or the different types of citizens who are getting services or providers? [LB417]

COURTNEY PHILLIPS: So there's several questions that are included, in terms of the National Core Indicators. They ask basic elements, in terms of: Do you have family members involved? How often are you meeting with someone outside of family members? There would be multiple checks, in terms of just those core indicators in ensuring what quality looks like within those homes. And so there's numerous--and I can get you the actual listing out--but there's hundreds of questions, in terms of dissecting the data of quality, as it relates. [LB417]

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SENATOR CRAWFORD: So one is the standards that you're looking that; the second is like who those people are. [LB417]

COURTNEY PHILLIPS: Yes. [LB417]

SENATOR CRAWFORD: Yes. And so I think the external, who the people are that are also engaged in that process, is part of what we want to be attentive to, moving forward. Yeah. [LB417]

COURTNEY PHILLIPS: Absolutely. And the Advisory Committee consists of a representative of a statewide advocacy organization, also consists of individuals with developmental disabilities, family members. We also included...there are some other additional community representatives in the group, as well. [LB417]

SENATOR CRAWFORD: Thank you. [LB417]

COURTNEY PHILLIPS: And I think we added Disability Rights Nebraska to this particular group, also. [LB417]

SENATOR CRAWFORD: Thank you. [LB417]

SENATOR ERDMAN: Okay, you know...Senator Howard. [LB417]

SENATOR HOWARD: Thank you, Senator Erdman. Just for the record, why the change to nurse aides from nursing assistants? [LB417]

COURTNEY PHILLIPS: Yes, so as we have been digging in and looking at our statutes, we realized that our state statutes are not in line with federal statute. Federal statutes refer to it as the Nurse Aide Registry. And so we have a nurse aide registry in our state, but our category is categorized as nursing assistants. And so we are not in line with the federal requirement, on terms of nursing aide. Also, our statute limits where a nursing assistant can provide services. And so it's limited to ICF/DDs, nursing homes, and so it doesn't include the federal definition of facilities. And so we would like to expand that to be in line with the federal requirements and regulations. And our nurses are working in those settings today, and so we're contradicting ourselves, in terms of the federal Nursing (sic: Nurse) Aide Registry versus our definition of nursing assistant. And so we would like to reconcile that. [LB417]

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SENATOR HOWARD: Okay. And then do you want to talk about peer support services? I think they're great. [LB417]

COURTNEY PHILLIPS: Absolutely, absolutely. So as we worked in building our continuum of care as it relates to behavioral health and you all were aware that we added multisystemic therapy, functional family therapy. And peer support was the last addition, in terms of the most recent state plan amendment that we submitted for Medicaid. And so as we move forward with that in our statute and working with the Attorney General's office, it's not clear that we have the authority to actually develop the standards for the training criteria, and so we would like to shift how we've done to other professions that we actually develop the training requirements and then we become the entity doing the testing around that. And so we have clear credentialing as it relates to peer support. But as we receive the Medicaid state plan amendment, they are actually able to build when we have that professional capacity set up. [LB417]

SENATOR HOWARD: Okay, this is a big bill. It's a lot to take in. [LB417]

COURTNEY PHILLIPS: We're getting through; we're getting there. [LB417]

SENATOR HOWARD: Yeah, we're getting through it. No, I think that's all I have; thank you. [LB417]

COURTNEY PHILLIPS: Okay. [LB417]

SENATOR ERDMAN: Okay. Again, Senator Crawford. [LB417]

SENATOR CRAWFORD: Thank you, Senator Erdman. So I think the peer support part, I think, is one of the parts that we probably might traditionally see as a separate bill. And so I just wanted to know if you could just walk through what specifically we are authorizing in this bill and also comment on whether this is something where there's been a 407 process for the peer support or if not, why not? [LB417]

COURTNEY PHILLIPS: There has not been a 407 process. Right now this would lie with the Division of Behavioral Health and instead of Public Health. [LB417]

SENATOR CRAWFORD: Okay. [LB417]

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COURTNEY PHILLIPS: There was a previous bill...I believe in 2009 we began offering the peer support training. It's just...as we have...we were the only entity actually doing the training to date. And so, as we start to qualify and expand that out, in terms of reimbursement from on the Medicaid side, we wanted it to be, as we asked the Attorney General to do a review of the current statute. In terms of authority to actually spell out who could develop the curriculum, what's the competencies, what's the credentialing? It was not clear that there was clear authority around that. And so that's why we're coming forward today, to try to clear up, in terms of the actual authority, in terms of setting the curriculum and the credentialing around that, for peer support. [LB417]

SENATOR CRAWFORD: And so you are getting authority to set up the credentialing, not establishing their credentialing in this bill itself. [LB417]

COURTNEY PHILLIPS: Correct. [LB417]

SENATOR CRAWFORD: Okay, thank you. [LB417]

SENATOR ERDMAN: Anyone else? Senator Williams. [LB417]

SENATOR WILLIAMS: Thank you, Senator Erdman. And thank you, Director, for being here. I am still concerned about the place we started in this hearing, about the broadness of this legislation and finding that unifying theme. And your definition of that unifying theme led me to believe that anything could come under that definition. Is there some reason why this was not brought in a form that broke these apart, giving all these people here that are witnesses the opportunity to testify on a specific part that concerned them and not be here for the rest of this? Or do you have any suggestions on that? [LB417]

COURTNEY PHILLIPS: No, it was really, as we put together our package, looking at what are the things that were truly operational in the department. And so, while Alternative Response was its own program, it was really just to continue the operation of the program, the reporting requirements we were looking at are those things that are still truly needed, the peer support ones we're currently doing. And so how do we continue to operationalize as we move forward into the Medicaid realm? The volunteers program was, in terms of: how do we clean up the operations and the elements that are currently within the statute that are limiting to us to expanding that particular program and increase the services? And so it really was, as we've gone through our overall review of what we were going to put in our package, these did relate, in terms of the true operations of the department and the programs that we have. [LB417]

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SENATOR WILLIAMS: Okay, thank you. [LB417]

COURTNEY PHILLIPS: You're welcome. [LB417]

SENATOR ERDMAN: That clear? Senator Howard. [LB417]

SENATOR HOWARD: Thank you. So while we've got you here, I wanted to see if you might want to comment on a comparison between LB417 and LB225 that we're going to hear next. [LB417]

COURTNEY PHILLIPS: Okay. [LB417]

SENATOR HOWARD: And sort of...what's better about LB417 versus LB225? [LB417]

COURTNEY PHILLIPS: I think for...in comparison of LB417 to LB225, one of the main elements is the emergency clause I don't see in LB225. And so there will be a concern that we wouldn't be able to continue and we'll have that gap in between the end of session and the continuation of those services. So I think that was the biggest. Also, in terms of changing it from a pilot to a particular to the actual program of operation, another... [LB417]

SENATOR HOWARD: Um-hum. [LB417]

COURTNEY PHILLIPS: ...element for our LB417 to LB225, as it relates to the child advocacy centers. And I have not had that conversation with them, in terms of the interest of obtaining the information. And so to me, that's more of a conversation of understanding the why, and what's the need behind it. At what point do they engage with the families, access the information? And so I...without understanding that need, I can't speak, in terms of their access to information. I would have concern if they were accessing and contacting family members before we contacted family members. What does that look like for confusion of family members, in terms of: Who has what authority? What are we contacting them for? [LB417]

SENATOR HOWARD: And then...hopefully this is the last one. Part of what LB417 is asking us to do is sort of relinquish some of our oversight over AR. And you know, we've been hearing a lot, at least this summer, about child deaths in the child welfare system, sexual abuse in our child welfare system. So in light of these challenges in our child welfare system, what's a good argument to say that we should remove some of our ability to oversee this program? [LB417]

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COURTNEY PHILLIPS: So I don't think, Senator, we're asking you to remove your oversight. You have oversight over what we do in general, and I think I have made a strong commitment, and our team members, to working with members of the Legislature, as well as stakeholders, in terms of what we're doing proactively versus what happens after the fact. And so this is allowing us to run the day-to-day business of DHHS and you all having input, as need be. I don't think we're asking you to relinquish oversight of anything. [LB417]

SENATOR HOWARD: I think, and this is more of a statement than a question, what I'm realizing is that we're only here for a short time. [LB417]

COURTNEY PHILLIPS: Um-hum. [LB417]

SENATOR HOWARD: And so...both of us, right, equally? And so if we sort of give up some of the opportunities for evaluation and oversight, we're giving them up for future legislators, not just for us and for you for the next few years that you're here. [LB417]

COURTNEY PHILLIPS: So when we talk about giving up evaluation, we are in a waiver period. A waiver mandates the evaluation, and we are committed to doing the evaluation for the waiver period. And so it...if we are...I don't know what you want to authorize in the statute, in terms of continuation of evaluation. We continually evaluate all programs within DHHS to understand if they're working. We're looking at traditional response and I am assuming that's how Alternative Response came up, because we had concerns about traditional response. So I don't think everything has to be mandated in statute for us to do our day-to-day job at DHHS. [LB417]

SENATOR HOWARD: Tell me a little bit about how you report to the Legislature when there isn't anything in statute that requires you to do so. [LB417]

COURTNEY PHILLIPS: In terms of? [LB417]

SENATOR HOWARD: In terms of anything. [LB417]

COURTNEY PHILLIPS: So we have numerous conversations; I mean, you and I have met numerous times... [LB417]

SENATOR HOWARD: Right. [LB417]

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COURTNEY PHILLIPS: ...on various issues. Each one of you know that you can pick up the phone for any question that you have. We have numerous information that we publish on our Web site; we have numerous advocacy committees that we sit with. And so I think we are always available to share information for anyone who would like information. You all have numerous opportunities that we have where we come and we do briefings; we provide information. And so I think by mandating that we have continual evaluations of one particular program, I don't know what the benefit is of that after we end the waiver period, in terms of that evaluation. That evaluation will determine if AR is effective or not. The department has the responsibility for any program that it evaluates, and we sometimes don't do a great job of that overall in state government across the nation, as well as the federal government, in terms of implementation and ongoing evaluation. It is important in order for us to maintain the level that we want of quality service we provide. I don't think that that has to be mandated for every single program that we do in the department. That needs to be the standard operation of business. [LB417]

SENATOR HOWARD: Why was it mandated at first for Alternative Response? [LB417]

COURTNEY PHILLIPS: I was not here when it was mandated. In the waiver, this is a demonstration project. I'm assuming they picked up that we have to do it for federal, or waiver, requirements. So they probably put in statute. We put a lot of things in statute in Nebraska, from what I see. [LB417]

SENATOR HOWARD: Yeah. [LB417]

COURTNEY PHILLIPS: And so maybe they picked up the same waiver requirements and just put it in statute. [LB417]

SENATOR HOWARD: And I would say that the things that we have in statute are more a reflection of the trust that was lacking from previous agency heads. This is not a reflection on you. It's more a reflection on what was going on before then, when we couldn't sit down with agency heads,... [LB417]

COURTNEY PHILLIPS: Um-hum. [LB417]

SENATOR HOWARD: ...when we couldn't get a straight answer, and when those opportunities were not available. And so my only concern is that, in the future, what if we do have another agency head who isn't able or willing to sit down with us and talk about what's going on. [LB417]

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COURTNEY PHILLIPS: Well then, I think you all then have the ability to exercise your legislative authority to do so. But I mean, I would ask that you give us the ability to do what we want to do; we have really good people in the department who are committed to doing a great job. [LB417]

SENATOR HOWARD: Um-hum. [LB417]

COURTNEY PHILLIPS: We are. We spend a lot of time investing in making sure we're doing the right thing. We have a lot of work to do, and we are well aware of that; we are the first to admit it. But we are also the first on the line to make sure we do best that we could for those that you all have tasked us to serve. [LB417]

SENATOR CRAWFORD: Um-hum, um-hum. [LB417]

SENATOR HOWARD: Right, thank you. [LB417]

COURTNEY PHILLIPS: You're welcome. [LB417]

SENATOR ERDMAN: Senator Crawford. [LB417]

SENATOR CRAWFORD: Thank you, Senator Erdman. And thank you, Director. And I do appreciate the attention you've been to being responsive to the Legislature; I appreciate that very much, and also the attention to going through and really combing the statutes to find those reporting requirements that are out of date and the ones that aren't really doing the job of making sure that we're asking the questions that we need to ask and we're getting the information we need to ask. And I appreciate that very much. So I think on Alternative Response, I believe that we created it as the pilot and it has an out evaluation, and the evaluation is ongoing. So is there a reason to make it permanent right now as opposed to just extending it so that we continue the evaluation, and then assessing it and making it permanent after we get that evaluation back? [LB417]

COURTNEY PHILLIPS: So for us, once we roll it out statewide, it is a statewide program. I mean, in terms of semantics, if it's still a pilot or not, to me pilot was a particular area. Once we go statewide it is the Alternative Response program versus the traditional response program. [LB417]

SENATOR CRAWFORD: And so that was your...the idea of pilot is a small area as opposed to a limited time was your sense of that. [LB417]

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COURTNEY PHILLIPS: Yes, and so we have waiver authority; that's the five-year. [LB417]

SENATOR CRAWFORD: Um-hum. [LB417]

COURTNEY PHILLIPS: Once we relinquish the five-year in our waiver and we will be working with our federal government authorities to look at what other authority, based on the information. And right now, as I said, AR seems to be proving successful. If that continues, what is the authority, through our federal partners, in order to continue AR? [LB417]

SENATOR CRAWFORD: And we are able to roll it out before that evaluation comes back. [LB417]

COURTNEY PHILLIPS: Absolutely. Our target is to roll out to the remaining 30...34 counties by the end of 2017. [LB417]

SENATOR CRAWFORD: And the evaluation that's coming back...is that of just the initial areas that were... [LB417]

COURTNEY PHILLIPS: That's of the entire. [LB417]

SENATOR CRAWFORD: Of the entire. So the evaluation broadens as the program broadens. [LB417]

COURTNEY PHILLIPS: Absolutely. [LB417]

SENATOR CRAWFORD: Thank you. [LB417]

SENATOR ERDMAN: Any other questions? Very thoughtful and concise testimony; we thank you for coming. [LB417]

COURTNEY PHILLIPS: Thank you, Senator Erdman; thank you, members. Appreciate it. [LB417]

SENATOR CRAWFORD: Thank you. [LB417]

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SENATOR ERDMAN: Any other proponents? Any other proponents? Anyone else in favor of the bill? Okay. Seeing none, any opponents? [LB417]

SENATOR KRIST: Vice Chairman Erdman and members of the Health and Human Services Committee, it's good to be back here. This is where I started many years ago. And I thank courtesy of the folks who I'm displacing for just a few minutes, for allowing me to go first and get back to my committee. And thank you for your courtesy. [LB417]

SENATOR ERDMAN: Thank you for coming. [LB417]

SENATOR KRIST: I'd refer you--I'll be short and sweet...well, short; you can't call me sweet ever (laughter)--I would refer you... [LB417]

SENATOR ERDMAN: Would you...Senator, would you state your name and spell it for us? [LB417]

SENATOR KRIST: Sure. B-o-b K-r-i-s-t. I represent the 10th Legislative District in Omaha; thank you. If you'll refer to page 30 of the bill, my concern is...I've heard many of your concerns, and I won't repeat any of those; I think they're well funded...and founded. On page 30, we are adding line 12, "and oversee the implementation of the quality assurance plan described in section 83-1213." Yet in 83-1213, we are not describing, nor are we establishing, what that program would be. I believe this committee needs to hold the department accountable for establishing what the alternative to the quality review team would be and what that quality program would look like, prior to releasing them from the responsibilities they currently have. I heard the testimony of the director, and I'd like to compliment her also, the CEO, also on the work that she has done; it's a real turnabout. Senator Howard described it very well. There was a time when we could not get anybody to come and talk to us. And that's a real difference today in her leadership. But I don't trust, at this point, that throwing out the baby with the bathwater, so to speak, eliminating the QRTs and not knowing what we're going to precisely, is the right method in moving forward. I know that she has obviously heard criticism about just an internal program, as opposed to an internal and external program, and I hope that she will be willing to talk about what that program might look like. I would recommend to this committee that anything having to do with QRT is separated from this bill and is brought back as a alternative quality program, and let the QRT function. You've already heard that the department is taking action in moving that direction now. They don't need our permission to do that. That's my recommendation; that is my only criticism that I would bring forward to the bill, and I just thought it necessary that it be put on the record. [LB417]

SENATOR ERDMAN: Appreciate you coming. Any questions? Senator Howard. [LB417]

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SENATOR HOWARD: Thank you, Senator Erdman. Thank you, Senator Krist. You were here when we started Alternative Response. Would you like to tell us a little bit about that? [LB417]

SENATOR KRIST: The pilot program was initiated in a very small number of counties, and it has expanded from there. We felt that the oversight for the program was very necessary to come back to the chairman and this committee and to the Legislature as a whole. There were significant issues when we first started Alternative Response that had to do with the inner working of the local area--the police chief, the folks who were working at the local level. There were some things that were corrected, in my opinion, very effectively and very quickly, because of those oversight and the reports that came back. I would not be in favor of eliminating those reports, if you're asking my opinion, until you see the total roll out of the program and at least one or two reports after that. [LB417]

SENATOR HOWARD: Thank you. [LB417]

SENATOR KRIST: You're welcome. [LB417]

SENATOR ERDMAN: Any other questions? Thank you for coming; appreciate it. [LB417]

SENATOR KRIST: Thank you. [LB417]

SENATOR ERDMAN: Any other opponents? Thank you for coming. [LB417]

MICHAEL CHITTENDEN: (Exhibit 2) Good afternoon, Senators; thank you. My name is Michael Chittenden, M-i-c-h-a-e-l C-h-i-t-t-e-n-d-e-n. I am the executive director for the Arc of Nebraska. The Arc of Nebraska is a support and advocacy agency, working with and for people with intellectual and developmental disabilities since 1954. We are a statewide organization with nine local chapters and over 1,000 members across the state. We are currently members of the Consortium of (sic: for) Citizens with Disabilities. We sit on the Brain Injury Council, the Statewide (sic: State) Rehabilitation Council, and we are a member of the Government's (sic: Governor's) Advisory Committee. We also are an affiliated chapter with our national Arc of the United States. The Arc of Nebraska has serious concerns with LB417, as presented by the Department of Health and Human Services. The bill contains language that has potential...has the potential to be dangerous and harmful to individuals experiencing disabilities in Nebraska by giving DHHS too much latitude in determining support services and quality assurance of these programs. History has shown us repeatedly that DHHS must have oversight to ensure that it is working within the boundaries that are set both by federal agencies and the state Legislature and, most importantly, its stakeholders. Without the guidance from those that need and benefit from

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the department's programs and oversee those programs, people have suffered and, unfortunately, sometimes died. This must not be allowed to happen on your watch or any subsequent body to be elected. We have the following concerns. Throughout the entirety of the document, the use of the term "may" gives the department the opportunity and the ability to either comply with the intent of the Legislature or not. The Arc suggests that a thorough review is done by this committee and replacing the word "may" with the word "shall" in every instance. In Section 2, page 3, lines 13 and 14, the statute exempts clergy from reporting abuse, neglect, and/or exploitation. The Arc suggests holding clergy accountable to report abuse, neglect, and exploitation. All should be accountable to the highest standard for the protection of all human beings, particularly those that are the most vulnerable to abuse and neglect. In Section 10, page 16, lines 2-4, there is language that allows the department to make changes in eligibility and services without notifying the Governor, the Legislature, and the Medicaid Reform Council. This is a serious breach of the department-stated goal of transparency and must be changed. The Legislature and this committee must always be made aware of the department's intentions. In Section 28, pages 30 and 31, the department effectively eliminates the quality review teams, which effectively takes stakeholders out of the quality assurance process and replaces it with the option of creating internal or external review. For the past decade, the department has ignored this law as it is currently written. Despite multiple attempts over the years to reinitiate the QRT at the request of the advocacy community, we have seen no attempt to comply with the law. In other words, the department has ignored the wishes of the Legislature and, given its ongoing intent to ignore these wishes, is coming to the Legislature to ask for a pass on the issue by requesting it be changed. I have attached documentation on the history of the QRT and our most recent attempts to reestablish quality reviews with the department. As you can see, they have been consistently unwilling to move on this subject. In the meantime, we have seen the quality of services in the state decline. In its most recent report, "The Case for Inclusion," the United Cerebral Palsy group has ranked Nebraska 41st, a drop from 37th overall. The Arc of Nebraska strongly advocates for keeping an impartial, external review process that includes the voices of those being served, which actually goes to the service settings as part of these reviews, akin to the QRT model, instead of rewarding the department for years of ignoring the law. Additionally, we believe that having the advocacy community collaborate with their department of service providers...department, service providers, and managed care organizations to create a new and vibrant quality tool will ensure the intent of the current statute. Senators, the department has stated its values of transparency, accountability, and integrity--please see the attachment. Sadly, in the list of their priorities and values, they do not acknowledge the people they are charged to support as key players in ensuring these values are adhered to. Self-advocates, their families, the advocacy community, and service providers contend that their voices are critical in order for the department to be held accountable. the QRT, when efficiently and effectively administered by a statewide nongovernmental advocacy agency and staffed by its network of volunteers, helps to create and maintain a quality system of supports and services for our fellow citizens with disabilities. We ask that you please consider our testimony carefully, strike the language that

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gives the department too much autonomy, and please keep the QRT process in statute. It is what the stakeholders originally wanted, it's what they want now, it's what they want for their future. [LB417]

SENATOR ERDMAN: Thank you for your testimony. Any questions? Senator Crawford. [LB417]

SENATOR CRAWFORD: Thank you, Senator Erdman. So I just want to clarify...do you see the QRT teams, as they're operating right now, operating effectively? [LB417]

MICHAEL CHITTENDEN: They don't operate right now. They haven't operated for close to a decade. [LB417]

SENATOR CRAWFORD: Okay, so they are not operating, although they are in statute. [LB417]

MICHAEL CHITTENDEN: They are not operating at all. [LB417]

SENATOR CRAWFORD: Okay. And so you're...you would like to see it operate as in statute, or an alternative. [LB417]

MICHAEL CHITTENDEN: Yes. As a matter of fact, we've got a proposal that we're willing to submit to re-establish those quality teams around the state with local people within the what was called the old regions, within the six regions, doing up to 300 or 400 visits. We would also agree that those visits can't just be at group homes; they should be in all service areas, including individuals' homes that are receiving supports there. [LB417]

SENATOR CRAWFORD: Okay, thank you. [LB417]

SENATOR ERDMAN: Any other questions? I have one. Have you spoken to the department about the...your concerns about the lack of the quality team meeting and the review? [LB417]

MICHAEL CHITTENDEN: Oh, yes. As I say, I sit on the Governor's Advisory Council, I bring it up at almost every meeting that we meet there...when are we going to get the QRT passed? [LB417]

SENATOR ERDMAN: Okay. [LB417]

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MICHAEL CHITTENDEN: In the packet that I provided you, I show the most recent letter that I sent back in August, requesting that we get the QRTs back up and going. It had been always verbal until then, so we finally put it in writing. I provided you the CEO Phillips' response and our response to her response. So... [LB417]

SENATOR ERDMAN: Okay. I haven't had a chance to review those. [LB417]

MICHAEL CHITTENDEN: That's okay; I understand that, so. She, she... [LB417]

SENATOR ERDMAN: So what you're saying is you haven't gotten the appropriate response that you would care about. [LB417]

MICHAEL CHITTENDEN: She lent herself towards the National Core Indicators, which we think are a wonderful tool, but they are being outsourced to what we consider a governmental agency, Munroe-Meyer, part of the University system. They are using...they are...while they are...I think they are trying to get close to the intent, because the teams that Munroe-Meyer has put together--well, it's just one team and they're going around the state--does have some of the components that we talked about, but they're not local, you know. So you would be sending a people from eastern Nebraska out to western Nebraska to make a decision on what's a quality life out in Scottsbluff or O'Neill. When...how would they know? They don't live there. [LB417]

SENATOR ERDMAN: Okay. Any other questions? Thank you for your testimony. [LB417]

MICHAEL CHITTENDEN: All right. Thank you for your time, Senators. [LB417]

SENATOR ERDMAN: Appreciate it. Any other opponents? Want to help her move that chair there? [LB417]

MICHAEL CHITTENDEN: Yeah, I got that. [LB417]

SENATOR ERDMAN: Thank you so much. [LB417]

MICHAEL CHITTENDEN: No problem. [LB417]

SENATOR ERDMAN: Thank you for coming. [LB417]

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KATHY HOELL: (Exhibit 3) Yes. First of all, my name is Kathy Hoell, K-a-t-h-y H-o-e-l-l, and I am going to ask for an accommodation, under the Americans Disabilities Act, that you disregard the lights. [LB417]

SENATOR ERDMAN: Okay. [LB417]

KATHY HOELL: Because with my voice impairment, it's difficult. [LB417]

SENATOR ERDMAN: Okay, take your time. [LB417]

KATHY HOELL: Anyway, I am the executive director of the Nebraska Statewide Independent Living Council. The Independent Living Council is a nonprofit organization that was mandated by the federal government, and it exists in every state, and it's under the Rehab Act. It was amended in 1992 and, again, it was amended again under the Workforce Innovation and Opportunity Act of 2014. We are responsible for writing the State Plan on Independent Living (sic: State Plan for Independent Living) and in conjunction with our partners. And the primary requirement of the law is to promote the philosophy of independent in all...independent living in all aspects of life for individuals with disabilities in Nebraska. NESILC, which is our acronym, has some very serious concerns about LB417, that was introduced on behalf of the department. We feel this bill gives the department too much discretion in how the programs are overseen by them. And that could force people utilizing those services to suffer or ultimately die. In the past, there has been very little oversight of the department, and people have been hurt. And we've had...the state of Nebraska has had to pay back large sums of money because of the things they have done. Throughout the bill we're also concerned, like Mr. Chittenden avowed, that it says "may" much too often in that bill; and it needs to be replaced by the word "shall." Another concern is where they would change eligibility and services without notifying the Governor or Legislature or the Medicaid Reform Council. The Legislature and this committee and the citizens across Nebraska that utilize their service need to have full disclosure about the activities of DHHS; we need transparency in that organization. And I am a firm believer in quality processes, and I know they've mentioned the National Core Indicators. They've mentioned the quality review teams. I'm not going to come down on which is (inaudible), which is (inaudible). I'm going to say they both have equally good pieces and maybe it wouldn't hurt to do both because I think this is a...that this population is some of the most vulnerable that we have in the state, and we need to do everything possible to protect them. Anyway, the department says they value transparency and especially with the citizens of Nebraska that they serve, but when they ask for a bill, such as this, to be introduced, that indicates they actually don't support transparency at all. And I guess I have final question. How many times are we, is this body, willing to pay back the federal government because DHHS does what it wants versus what it's required to do? [LB417]

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SENATOR ERDMAN: Thank you for your testimony. Any questions? I appreciate you coming today. [LB417]

KATHY HOELL: Okay, thank you. [LB417]

SENATOR ERDMAN: Thank you so much. Any other opponents? Thank you for coming. [LB417]

MELODIE BELLAMY: Good afternoon, Senators. I'm Melodie Bellamy, M-e-l-o-d-i-e Bellamy, B-e-l-l-a-m-y. I come on behalf of my office as the Kearney County Attorney, as well as the Nebraska County Attorneys Association, in opposition to LB417, specifically only to that portion...the only portion we're concerned about is that that deals with Alternative Response. I want to be clear that, for the most part, the way Alternative Response was explained to us, what it was going to come out and be a program, an informal program, to help those people that need food assistance, transportation assistance, housing assistance, in an informal process. That's a wonderful idea, and we agree with that idea. However, how it has begun to be implemented seems to be destroying the LB1184 teams that have been around since the early 90s. LB1184 teams, child abuse and neglect teams, come together; they bring all the players together to the table: county attorneys, law enforcement, the department, child advocacy centers. And we sit across the table from each other and we staff cases to improve the system. And it has been tremendous, the effect that it has had has been tremendous. But with AR, we seem to be carving out cases that are not being brought to the table. It's an ongoing issue with the department now taking away access to AR cases with the child advocacy centers. And I may be misinformed, but my understanding was that the department came to...in support of LB225, but then, when the child advocacy centers were included as part of the AR team, then they came to try to get LB417, which specifically excludes the child advocacy centers. And the child advocacy centers are an integral part of our team. They gather all the information; they do the agendas for the meetings. They, according to statute, are facilitated in to coordinate those teams, and that is a very integral part. So we are specifically in opposition to any bill, specifically this one, that continues to exclude child advocacy centers from the AR process. And I know there was some discussion earlier and I wasn't here either when AR became ineffective. But there was some discussion that child advocacy centers weren't going to be a part of that team. However, other legislation, specifically I believe it's 28-730, says that notwithstanding any other legislation, child advocacy centers are part of the team and are part of the people who should be given that information. So I think it's only recently that the child advocacy centers have been, specifically, more and more excluded. And in fact, the last couple of weeks the department has taken away their access to AR cases so that those cannot be staffed at LB1184 meetings. The other problems we have, and I don't want to reiterate questions that you guys have already had...Senator Howard, you asked about the reporting requirements. We do have some significant concern with that. I think the department stated that there's a contract in place, but we all know that contracts can be

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changed, can be canceled, can be...so I do think that there is some significant need for the insight. And if any of you have read the report--I didn't make copies for everybody; I assumed you had access to it--it's like a 56- or longer-page report that was given to the Legislature in November 2016. My...a knowledgeable reading of the actual report is that we don't have enough data yet because of the short time period and the small number of cases that have gone AR to determine whether this is an effective program. And we think we need that data to ensure: that it's an effective program; that it's been official; that it's cost efficient; that's it's doing the children of the state of Nebraska some good, before we give an unfettered restriction to roll out AR and not have it on any...not have any reporting requirements to the Legislature. Specifically, one other issue that we have with LB417, on page 7, the top of that...the bottom of page 6 and the top of page 7, it excludes public comment and public hearing for the department's changing of ineligibility criteria. So again, we're excluding stakeholders from the process and giving more and more process...or control...to the department without including other team members in that. So we would just encourage you to oppose that portion of LB417 that excludes CACs from the team, from the legislation, and that excludes the reporting requirements and the public input into the rules and regulations. [LB417]

SENATOR ERDMAN: Thank you. I may ask this question before we start. What...did you declare what county you are the county attorney? [LB417]

MELODIE BELLAMY: Kearney County Attorney... [LB417]

SENATOR ERDMAN: Thank you. [LB417]

MELODIE BELLAMY: ...which is in Minden. [LB417]

SENATOR ERDMAN: Any questions? Senator Crawford. [LB417]

SENATOR CRAWFORD: Thank you, Senator Erdman. And thank you for being here to speak. I think it's helpful to have your background here just to help clarify we have...Alternative Response is one way we're trying to help these families. And the LB1184 teams is another way we're trying to help children at risk by bringing people together to have those conversations. So is it true that, as a county attorney, you would be on both kinds of teams if some...you would be on an LB1184 team... [LB417]

MELODIE BELLAMY: Correct. [LB417]

SENATOR CRAWFORD: ...and you would be a part of the AR process. Is that true? [LB417]

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MELODIE BELLAMY: I think, theoretically, that's true. And when I contacted the department this week or last week to, you know, say: do we have any AR cases? Because AR didn't implement in Kearney County until July of last year, so we've had a very short period. Do we have any cases, AR cases, open in Kearney County? And they did send me those statistics, or they did say: we've asked our workers to let the county attorney know when AR cases are opened in their counties. In practice, at least for Kearney County and Buffalo County, who I also spoke to, that's not happening. [LB417]

SENATOR CRAWFORD: What's not happening? [LB417]

MELODIE BELLAMY: You know, we're not getting, even being informed that necessarily an AR case is being opened or being worked in our county. I do have a letter that I just deliver...or want to deliver from the Buffalo County Attorney, where she has specific examples of three cases where she feels that AR cases are not working and that they're not getting the information that she needs to effectively do her job to protect children in Buffalo County. [LB417]

SENATOR CRAWFORD: Okay. [LB417]

SENATOR ERDMAN: Senator Linehan. [LB417]

SENATOR LINEHAN: I just need you to repeat what you just said, the first part, since I missed it. [LB417]

MELODIE BELLAMY: The Buffalo County Attorney who does juvenile cases...I've got a letter from her. She feels that she's being excluded from that process, to the detriment of children in Buffalo County. [LB417]

SENATOR LINEHAN: Alternative Response...could you explain to me how you think it works? [LB417]

MELODIE BELLAMY: Okay, my understanding of Alternative Response is cases are screened. If they don't screen out and they screen into Alternative Response, it's a much more informal process with the department. Law enforcement is not involved. They're just working to provide services to the families that need services and build that rapport with the family, so that when the family maybe gets in trouble the next time, they have a face; they can contact the department without threat of their children being removed or law enforcement being involved or that, you know, it becoming a court case. [LB417]

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SENATOR LINEHAN: See, I think what I understood the CEO to say is to keep them from getting into trouble. The Alternative Response is not to bring in law enforcement, to see if you can keep them from getting to where you do need law enforcement. So wouldn't county attorneys be part of law enforcement? [LB417]

MELODIE BELLAMY: Well, I guess technically, yes. We are a part of...we are a part of law enforcement. But law enforcement is more the investigative side of the equation, where county attorneys are more the court side, the prosecution and...prosecution is not the right word for juvenile cases. But the attorney... [LB417]

SENATOR LINEHAN: But maybe in...maybe Senator Howard can help me here, but...or others. Is the...if the idea of Alternative Response is to avoid having trouble, then what...I don't...am I miss... [LB417]

SENATOR HOWARD: So Alternative Response is the idea that you're going to offer wrap-around services. So you're going to go into a dirty home and normally you would maybe remove but, instead, we're going to offer them some services so that we can clean up the home and leave the children there. [LB417]

SENATOR LINEHAN: Depending on the circumstances. [LB417]

SENATOR HOWARD: Depending on the circumstances, obviously. Or maybe the refrigerator is empty, and so we're going to connect you with some food supports so we wouldn't have to remove your children in that regard. The reason why the county attorney would need to be involved is if there...is if it rises to a higher level. So the concern about not having county attorneys be in the loop is that maybe on its face it looks like an empty refrigerator, but there's more going on and so maybe you want the county attorney to be aware of who's in Alternative Response, in case that case rises to another level. [LB417]

SENATOR LINEHAN: Well, it seems to me, in a smaller community from which I...I did grow up in a small community...if the idea is you're going to build trust with the person you're trying to help, telling who they would see as legal authorities would probably not help build that trust. [LB417]

SENATOR HOWARD: But certainly, and that's been a constant challenge of the department. [LB417]

SENATOR LINEHAN: Okay. [LB417]

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SENATOR HOWARD: That's why we look at alternative programs like home visitation, which is a nurse instead of a social worker. I mean, even a social worker has that sort of feel of authority. I apologize. [LB417]

SENATOR LINEHAN: Sorry, Mr. Chairman. [LB417]

SENATOR ERDMAN: Um-hum. I'm not exactly sure if that's how this thing is supposed to work (laughter), but... [LB417]

SENATOR LINEHAN: I'm sorry. [LB417]

SENATOR ERDMAN: Let's...let's direct our questions to the testifier, if we could. And the comments that we have between each other, we'll hold those for Executive Session. [LB417]

SENATOR LINEHAN: Okay, I'm sorry. Thank you very much for being here. [LB417]

SENATOR ERDMAN: That appears the way it's supposed to work, so. But any other questions? Senator Williams, take a shot at it. [LB417]

SENATOR WILLIAMS: Thank you, Senator Erdman. And thank you, Ms. Bellamy, for being here. I'd like to explore a little bit further...you commented on the role of the child advocacy centers in this process. Can you describe, first of all, how you feel they should be involved in this process... [LB417]

MELODIE BELLAMY: Hmm. [LB417]

SENATOR WILLIAMS: ...and how this legislation may change that? [LB417]

MELODIE BELLAMY: Okay. Traditionally, and it all goes back to the LB1184 teams, because we're all around the table to staff those cases, and those cases traditionally have been all types of cases, although AR is starting to be, you know, kind of taken out of that. But the child advocacy center gathers information for the county attorney's office. They have two parts: They do a lot of the investigation and you know it's a safe place where the child can be taken to be interviewed, to have medical exams, those kind of things, so that's the investigative thing. But as a coordinator of the LB1184 teams, they bring all the information. And Kearney County is small enough that we staff all of our cases. So all child abuse and neglect cases that are taken into the system, every quarter our staff, by all of us around the table. And FAN, which is our Family Advocacy

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Network, which is our CAC there, gathers all that information, creates the agenda, helps schedule the meeting, and then essentially runs the meeting. So by taking their access out, away from AR cases, those cases are no longer part of the process. And that process is vital because, when we sit down today, and I'm learning from you and you're learning from me, that's what happens there at the LB1184 teams. We've got teachers that know these kids, that see these kids day in and day out, where the department, my office, you know, is not seeing them on that regular basis. So there may be some piece of the puzzle that one team member brings in to our meeting that we discuss that helps protect these kids, that keeps one case from falling through the cracks. And that's really what we'd like to do is just to keep Alternative Response, the CACs having access to that and having those be able to be staffed and talked about at LB1184 meetings... [LB417]

SENATOR WILLIAMS: Thank you. [LB417]

MELODIE BELLAMY: ...because they are the gatherers of the information. [LB417]

SENATOR WILLIAMS: And as I understand it, under LB417 they're taken out of that process and have restricted access to the information. Would that be a fair statement? [LB417]

MELODIE BELLAMY: I don't...in the original legislation, they aren't included. [LB417]

SENATOR CRAWFORD: Yeah. [LB417]

MELODIE BELLAMY: But in practice they've been included until, I would say, approximately six months ago. And CAC may have a representative here that can speak more clearly to this. But then slowly, their access has been restricted. And two weeks ago, their access to the reports on the statewide reporting system was taken away. So now they have absolutely no access to AR cases. [LB417]

SENATOR WILLIAMS: Thank you. [LB417]

MELODIE BELLAMY: LB225 includes, specifically includes them to bring them back in as part of team and keep this process as we believe LB1184 teams should be working. [LB417]

SENATOR WILLIAMS: Are you going to also testify on LB225? [LB417]

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MELODIE BELLAMY: I am; I don't know that I'll have much more...else to say, but yes. [LB417]

SENATOR WILLIAMS: Thank you. [LB417]

SENATOR ERDMAN: Senator Crawford, did you have a question? [LB417]

SENATOR CRAWFORD: Yes, I was just going to ask you to clarify for the committee what brings a child into LB1184? [LB417]

MELODIE BELLAMY: It works different in different jurisdictions, okay? Like any time we have a child abuse and neglect report that comes in, my LB1184 team in Kearney County staffs all those cases. So every case gets staffed in Kearney County. In the larger jurisdictions, they simply can't do that. So somebody may bring an issue to the team and say: I want to have this case included. Usually it's identifying a problem that went wrong in a certain case that we don't...we don't want to...it's not the point to cast blame or to point fingers. It's to identify the problem and make sure it doesn't happen again because, when there's a problem, it's at the expense of the child. So it's a collaborative team building and trying to, system wide, be better at what we do. [LB417]

SENATOR CRAWFORD: And all child welfare cases... [LB417]

MELODIE BELLAMY: Are eligible.. [LB417]

SENATOR CRAWFORD: Yeah. [LB417]

MELODIE BELLAMY: ...except, at this point, I don't AR are. But yes, any case...county attorney, the department, anybody can ask that a case be staffed at an LB1184 meeting. [LB417]

SENATOR CRAWFORD: Thank you. [LB417]

MELODIE BELLAMY: Uh-huh. [LB417]

SENATOR ERDMAN: Okay. Senator Howard. [LB417]

SENATOR HOWARD: Thank you for visiting with us today. Could you walk us through the difference between Alternative Response and noncourt? [LB417]

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MELODIE BELLAMY: I don't know that I am the best person to do that. In my opinion, Alternative Response would be at the bottom of the continuum. It's something that's maybe been created, I won't say to take the place of noncourt, but noncourt is voluntary services again, where my office, the County Attorney's office, isn't necessarily involved, but we're working with the family to try to prevent my office from being involved. So I think they're very similar, but I would say AR is at the bottom of the continuum and noncourt is maybe a little bit higher, in my opinion. [LB417]

SENATOR HOWARD: Thank you. [LB417]

MELODIE BELLAMY: Uh-huh. [LB417]

SENATOR ERDMAN: Senator Kolterman. [LB417]

SENATOR KOLTERMAN: Thank you, Senator Erdman. Can you tell me, and I know they're kind of intertwined, the CACs...you have one in Hastings; is that your closest one? Or do you... [LB417]

MELODIE BELLAMY: Our CAC is the Family Advocacy Network out of Kearney. [LB417]

SENATOR KOLTERMAN: Okay. [LB417]

MELODIE BELLAMY: So that's... [LB417]

SENATOR KOLTERMAN: Because of distance...what is it, about 15 miles from Minden and Kearney? [LB417]

MELODIE BELLAMY: It's about 22... [LB417]

SENATOR KOLTERMAN: 22? [LB417]

MELODIE BELLAMY: ...about 33 to Hastings, so... [LB417]

SENATOR KOLTERMAN: Does that present a problem in itself? [LB417]

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MELODIE BELLAMY: In rural areas that's always a problem, you know, when you have families who are 22...and I'm at the top part of our, you know, district. When you get down into Franklin County and Alma, you know, those people are an hour away from services and families that don't have reliable transportation or the money to purchase fuel to come to those areas, so. [LB417]

SENATOR KOLTERMAN: Okay. [LB417]

SENATOR ERDMAN: Anyone else? [LB417]

SENATOR HOWARD: Yes. [LB417]

SENATOR ERDMAN: Senator Howard. [LB417]

SENATOR HOWARD: Thank you. One of the concerns that I have had is around families who are saying no to services. Are you experiencing that in your area where, you know, even if it's an AR or noncourt or more, they're saying no to services and then we're seeing them come into the system later and...seeing the children come into the system later with maybe some more egregious circumstances...are you seeing that as well? [LB417]

MELODIE BELLAMY: Absolutely, yeah. And I think the earlier we can get involved...that's why I think, in theory, AR is a wonderful thing, but it's that we get in sooner and we develop those relationships. But the sooner we can get involved and intervene in that family, we hopefully prevent something down the road. But yes, we're seeing a lot of resistance, you know. And I don't know that it's new; a lot of resistance to...and maybe it's because of the publicity, you know, but we're seeing a lot of resistance to help, even voluntarily...voluntary help. [LB417]

SENATOR HOWARD: Okay, thank you. [LB417]

MELODIE BELLAMY: Um-hum. [LB417]

SENATOR ERDMAN: Okay, any other questions? Seeing none, thank you for coming; appreciate it. [LB417]

MELODIE BELLAMY: Thank you. [LB417]

SENATOR ERDMAN: Any other opponents? [LB417]

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JAMIE VETTER: Hello, I'm Jamie Vetter, J-a-m-i-e, last name Vetter, V-e-t-t-e-r, and I'm the executive director of the Family Advocacy Network, which is the child advocacy center that we referred to, just a minute ago, in Kearney, Nebraska. I'm going to give you a little bit of history, and then I want to talk about the services that are provided through the child advocacy centers and really talk about that coordination piece. The history of the child advocacy centers started in the late '80s, mid-'80s, in Huntsville, Alabama, not in Nebraska. There was a district attorney that...he actually prosecuted white-collar crimes and then was transferred over to child sexual-abuse crimes and found that the cases were not successful; he didn't have cases on his desk, and these kids were truly traumatized and families were missing. So he went back through the system to find out what's going on that this is happening. And he found the system itself was traumatizing these children and the parents, and there was no advocacy--that the medical was not where it needed to be nor the mental health services. And so he bought a house and created a dream team of folks, which included: the mental health forensic interviewers; advocate CPS workers; law enforcement--that all had specific training, especially in child development, when working with these children--and provided all the services at the house, opposed to the child being brought all over the place, being interviewed 10-15 different times. What he found was that was successful; he had cases, and he had cases to prosecute and cases to...that would plead out. He went on to Congress and that was his platform in Congress, was to get the child advocacy centers across the United States. Currently there's over 800 child advocacy centers in the United States, seven nationally accredited in the state of Nebraska, with nine satellites in progress, four opened for services. Services provided through the child advocacy centers included: forensic interviews; advocacy services; team coordination of those LB1184 treatment investigative teams; forensics, medical, and SANE exams; hair or nail testing for drug-exposed children; education training; referral and linkage agreements with other providers, such as mental health; and other entities within each community of where the CAC is. We're going to really drill down on this coordination piece, because that's really what is at the root of what we're talking about today. We serve Buffalo County. We serve 14 counties, so we...a lot of our area that we serve is rural. And so every county looks a little different. Every county team is chaired by the county attorney, and I have a team coordinator that facilitates each one of those teams and travels to every one of those teams for the meetings. She compiles a report for that team that consists of all reports that come in through the hotline plus any agenda items that are added by any team member. The team members...it could be a school social worker or school nurse that says: hey, I'm concerned about this little Jamie Vetter that's in first grade; I want to have her on the agenda, you know, those kinds of things. And the discussion is, in some counties, is every single case, because they just don't have a caseload that would prevent them from being able to talk about every case that's come through the hotline, plus any other cases that the team may bring. In larger counties, such as Adams County and Buffalo County with Hastings and Kearney, they're not necessarily able to go through every single case and discuss every single case, but those cases are made available to the team. That is the most important piece of that--it is made available to the team--because, as we all know in working with families, it's ebb and flow. Things

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change every 15 minutes; things change overnight. And so I don't think that any agency or entity has the capacity to be responsible for everything, when you're dealing with families and, particularly, with children. We are all partners and what we do...the department, the child advocacy centers, law enforcement, the prosecutor's office...these teams were developed in the early '90s because Nebraska didn't fair well when it came to children dying due to abuse. And the purpose was for kids not to fall through the cracks; that was the purpose of these teams being developed and ensuring there's open communication. And that is a really big role of the CACs, is ensuring that open communication is constant between law enforcement, Health and Human Services, the prosecutor's office, our physicians, the mental health folks, whoever it is that's working with that family, to ensure that everything is being brought to the table to ensure that we're doing the best we can for that child and that family. Any questions for me? [LB417]

SENATOR ERDMAN: Any questions? Senator Kolterman. [LB417]

SENATOR KOLTERMAN: Thank you. So how...so you say there are seven right now and nine satellites being developed? [LB417]

JAMIE VETTER: Yep. Well, there are some that are functioning now. I am in charge of the Hastings satellite and we are building...is built and we have half our furniture in, and the iRecord equipment was being finished up at 8:00 last night, so we're hoping to be having kids in there this month, so. [LB417]

SENATOR KOLTERMAN: Okay, so you've got these satellites and you've got these facilities. [LB417]

JAMIE VETTER: Correct. [LB417]

SENATOR KOLTERMAN: How are they funded? [LB417]

JAMIE VETTER: We do have earmarked dollars from you folks, from the Legislature, that is filtered though HHS for our utilization services. We also receive some funding through HHS itself, for hair testing for drug-exposed children. And a lot of it, like our building in Hastings, I had a private donor that paid for the entire thing and is paying for overhead. United Way is personal dollars and fund-raising. [LB417]

SENATOR KOLTERMAN: Um-hum. [LB417]

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JAMIE VETTER: A little bit of federal dollars, about \$7,000 for this year, through the National Children's Alliance, which will go away the next year, and then any VOCA funding or things of that nature that you would apply for. [LB417]

SENATOR KOLTERMAN: Okay, thank you. [LB417]

JAMIE VETTER: And the CACs recently became recognized by VOCA to be able to apply for that funding. Prior to that it was...CACs really weren't recognized in that area. [LB417]

SENATOR KOLTERMAN: Okay. [LB417]

SENATOR ERDMAN: Senator Howard. [LB417]

SENATOR HOWARD: Thank you. And so working...thank you for visiting with us today; I appreciate it. [LB417]

JAMIE VETTER: Yes. [LB417]

SENATOR HOWARD: And so, thinking about the history and the purpose of the CACs, how does not having access to the AR cases sort of impair your ability to do your work? [LB417]

JAMIE VETTER: We have all cases. So we're not going to take the liability of saying: oh, this case should go to the team; this one shouldn't, this one should. I want to give you an example and, when I give this example, I don't give this example to cast blame or to say who's responsible or what's going on type of situation, but this is a prime example. A family, a male that we have worked with throughout the system and many of the counties that we serve, in the 14 counties that we're in, who aged out of the system, very violent, very sexually violent, as in cornering a little boy at a birthday party that was age 3, and he was 14, and sodomizing him...just a lot of history with him. He ages out of the system; becomes a dad. The mother of this child is low function--I can't remember what her diagnosis was, but it was cognitive development issues--has a baby, has a lot of medical concerns, baby is in NICU at one hospital and is taken to another, more-specialized NICU hospital to be cared for. Baby is on a feeding tube...just lots of things this baby needs. And so the hospital is concerned about their ability to care, first of all, because dad's and their, you know, dad's not able or wanting to care necessarily, and mom wants to care, but her abilities aren't there. And dad's not real supportive to mom. So an intake comes in because they had been doing in-rooms with this family and it wasn't going well, in fact, had to be redirected on how to feed the baby, medicating the baby, some very serious things for a child with care that high. The family was...the family...the mother's family came to that hospital, said

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they were going to take the family home and care for the baby, mom; that didn't happen. Mom ended up in a homeless shelter, and that was an AR case. And so the homeless shelter was being trained on how to do the G-button and the G-Tube feeding. The family was very upset. And like those types of cases, those are very high-concerning cases for that baby and for that mom, I would say, as well. And so those types of cases need to be through the teams; they need to be discussed through the teams. And we did discuss it at our team. And EDN was in there and working with home health and the homeless shelter, but those...sometimes those are the types of cases are coming down that AR track. [LB417]

SENATOR HOWARD: So I apologize. So this was an AR case... [LB417]

JAMIE VETTER: Yes. [LB417]

SENATOR HOWARD: ...with a baby coming out of the NICU? [LB417]

JAMIE VETTER: Yes. [LB417]

SENATOR HOWARD: To a low-functioning mom... [LB417]

JAMIE VETTER: Yes. [LB417]

SENATOR HOWARD: ...who ended up in a homeless shelter. That was an Alternative Response case? [LB417]

JAMIE VETTER: Yes. [LB417]

SENATOR HOWARD: Okay, thank you for your testimony today. [LB417]

JAMIE VETTER: Um-hum. [LB417]

SENATOR ERDMAN: Any other questions? Senator Williams. [LB417]

SENATOR WILLIAMS: Thank you, Senator Erdman. And thank you, Ms. Vetter, for being here. [LB417]

JAMIE VETTER: Um-hum. [LB417]

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SENATOR WILLIAMS: And you heard the testimony before you from Ms. Bellamy and the restriction of access to information? [LB417]

JAMIE VETTER: Um-hum. [LB417]

SENATOR WILLIAMS: Can you tell me how...first of all, can you verify that, that you had access to information, it was then restricted and then, as of a few weeks ago, you have no access? Correct? [LB417]

JAMIE VETTER: Correct, yep. [LB417]

SENATOR WILLIAMS: Can you explain to me how that has hampered your ability to serve your clients? [LB417]

JAMIE VETTER: The case example I just gave, that wasn't early on that all the team was involved. It was when somebody had made a phone call that was upset about something that got the ball rolling. I'm like, what is going on? Why are they calling? Is this true? Is this what's going on? And so that's what's going to happen. If we don't have access to those cases to take to the teams, it's going to be the reaction; it's going to be the knee-jerk reaction to when something else happens. Or, you know, when we have...you know, the school spends 7-10 hours a day with these kids. The schools have so much information in our kind of...have so much, not oversight, but they know what's going on. And they're invaluable team members. And to me, in our smaller communities especially, they're an integral piece of AR. I mean if they're, if they are...to even just know what's going on, not that we...every family deserves to have confidentiality and every family deserves to be anonymous when...I don't care if it's a Priority One, Two, Three--whatever it is, or it doesn't have any definition--every family deserves that. And we, we do have confidentiality statements that every team member signs. But the schools being aware and others being aware, not that we're going to penalize somebody or be like oh, I know their name--our case--we got to be doing this. It's being aware and ensuring that we're doing what we need to do and having due diligence in our work. [LB417]

SENATOR WILLIAMS: The information we're talking about, as you just mentioned, is highly confidential. You and your staff are used to working with highly confidential situations, correct? [LB417]

JAMIE VETTER: Absolutely, absolutely. [LB417]

SENATOR WILLIAMS: Thank you. [LB417]

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SENATOR ERDMAN: Senator Howard. [LB417]

SENATOR HOWARD: Thank you. Do you all have access to the Central Registry? [LB417]

JAMIE VETTER: We have access to N-FOCUS. [LB417]

SENATOR HOWARD: To N-FOCUS. [LB417]

JAMIE VETTER: Yes. [LB417]

SENATOR HOWARD: And then you can, if you needed more information, you can... [LB417]

JAMIE VETTER: I don't use it on a daily basis myself... [LB417]

SENATOR HOWARD: Okay. [LB417]

JAMIE VETTER: ...because I don't work the cases, but last I knew we did have...we were able to look at the Central Registry. [LB417]

SENATOR HOWARD: And it's my understanding, and it may not be yours, but I want to be clear, when there's...it's an Alternative Response case, those don't go onto the Central Registry unless they're substantiated? [LB417]

JAMIE VETTER: My understanding is nothing would be substantiated in AR... [LB417]

SENATOR HOWARD: Right. [LB417]

JAMIE VETTER: ...so nothing would go onto the registry; that is correct. That is my understanding. [LB417]

SENATOR HOWARD: Okay, perfect. Thank you. [LB417]

SENATOR ERDMAN: Makes sense. Any other questions? Thank you for your testimony. [LB417]

JAMIE VETTER: Yep, thank you. [LB417]

SENATOR ERDMAN: Any other opponents? Good afternoon; thanks for coming. [LB417]

IVY SVOBODA: (Exhibit 4) Thank you; good afternoon. My name is Ivy Svoboda, I-v-y S-v-o-b-o-d-a. I represent the Nebraska Alliance of Child Advocacy Centers. The Nebraska Alliance of Child Advocacy Centers works alongside its member centers, the Nebraska seven fully-accredited child advocacy centers--we otherwise call them CACs, so it's easier just to name them that--to enhance communities, our community's response to child abuse and neglect. I'm in opposition to LB417 in that it does not include the complimentary language to Statute 28-728 that outlines the role of the multidisciplinary teams and the child advocacy centers. The CACs should have full access to all child abuse and neglect cases in both systems; there's NCJIS and NDEN system from law enforcement and N-FOCUS, the department's system, to be able to fulfill their responsibility to the multidisciplinary teams they serve in the 93 counties of Nebraska. I wanted to provide some history, as we've been talking all about this today. And so here is...my history is on the back--final page--so as was brought up, we've been around...or since 1992 is when the LB1184 teams became into effect, and that was to create a coordinated multidisciplinary response. Since what was created in Huntsville, Alabama, worked as a child advocacy center model across the nation, Nebraska started implementing that back in 1996-2007 in the creation of the child advocacy centers across the state. We have...we represent coverage of all 93 counties. In 2004 there was...the Legislature, you guys, mandated and allowed for there to be funding for child advocacy center coordinators and then that was when the sharing of all reports within the system--that's these intakes--was included for the child advocacy center coordinators, in order to help the county attorneys implement everything with the teams. In 2006 there was clarification of the CACs' purpose within the investigative teams. In 2007 there was funding of the services for the child advocacy centers for those forensic interviews, the medicals, the advocacy that Jamie was mentioning as the other core services within the CACs. In 2012 we...the Legislature expanded the reach of the multidisciplinary team and properly defines the use of the CACs, mandating involvement also in noncourt case reviews, because you wanted to have oversight provided for the child, the intakes that came in through the hotline and through law enforcement. So then, on the very first page of your what I just handed out is Statute 28-728, the revised section. So if you note in Section 3, it talks about each county attorney representing all their groups of counties for the investigative team. It goes on, and later on in the statute, to talk about the treatment teams. But in there it says that a representative for the child advocacy centers, as outlined to, shall assist the county attorney in facilitating case review, developing and updating protocols, and arranging training opportunities for the team. This is a big component of the coordination that the child advocacy center coordinators participate in, and the...what's outlined in the protocols is listed below that. One of the other things in there is noting in that statute is Section (sic: subsection)(c), outlining...the protocols need to outline how reports will be shared between law enforcement and the Department of Health and Human Services. So the CAC coordinator plays a big role in making sure that those reports are shared and ensuring that that occurs, as well. This is all mandated by the Legislature; you felt that this was an effective

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process throughout the 25 years now and have funded that, and so that's about a third of the funding for all the CACs across the state. 2014...Alternative Response was implemented. There was minimal involvement with the child advocacy centers, although we still had access. It was our understanding we still had access to all cases that came in. And then in 2015 to speak to the rural areas so we have the nine...the seven child advocacy centers and almost the nine fully functioning satellite offices. So the...as...so as I said, Nebraska now has all of those in place and soon to be the nine functioning satellite offices that have been mandated through the Nebraska...through you, all of you, to assist the counties in the 93 areas to facilitate the case review process on court-involved and noncourt-involved cases, establish the protocols, and ensure training within the multidisciplinary teams. To that end, the centers across the state have 22 staff involved in providing coordination to the 100-plus multidisciplinary teams whom review over 12,000 cases each year that are reported to the system through law enforcement and the department of child...the department's child abuse hotline. With those sheer numbers, the county attorneys rely on the CAC coordinators' access to NCJIS, NDEN, and N-FOCUS. The CAC coordinators sift through all the cases, vetting the ones that meet the case acceptance criteria outlined in the protocols for review by the team, as the statute states, also accepts cases for the team review by referral from any member of the team within the system response issue that has been identified...do you need me to stop? [LB417]

SENATOR ERDMAN: Okay, thank you. Any questions? Senator Howard. [LB417]

SENATOR HOWARD: So you have access to the N-FOCUS system currently. [LB417]

IVY SVOBODA: Yes. [LB417]

SENATOR HOWARD: And all of the CACs have access to that. Do you think...so by statute, you have access to all abuse and neglect cases. There's argument to be made on the other side that Alternative Response cases are not abuse and neglect cases and, therefore, you wouldn't have access? [LB417]

IVY SVOBODA: I would leave that up to the department. It's our understanding that they all come...if it comes in through the hotline, then we would as a child abuse and neglect inquiry; then we have access to those cases. [LB417]

SENATOR HOWARD: And would the department be involved if wasn't an abuse and neglect, if there was, I mean, if it's less than abuse and neglect, why would the department be involved in the first place? [LB417]

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IVY SVOBODA: Correct. [LB417]

SENATOR HOWARD: Okay, thank you. [LB417]

SENATOR ERDMAN: Very good. Any other questions? Seeing none, thank you for your testimony. Any other opponents? Come on up. Good afternoon. [LB417]

SARAH HELVEY: (Exhibit 5) Good afternoon. My name is Sarah Helvey, S-a-r-a-h, last name H-e-l-v-e-y, and I'm a staff attorney and director of the Child Welfare Program of Nebraska Appleseed. And Nebraska Appleseed is a nonprofit that works for justice and opportunity for all Nebraskans. We oppose LB417 because it removes transparency and accountability in Nebraska's child welfare system. While we understand concerns about potentially burdensome reporting requirements, the reporting that would be eliminated as a result of LB417 are in place because of system failures and costs, both to the state and to vulnerable children and families that resulted when government was not transparent. And this background for some of the...I know some of the senators are new and some are new to this committee...the Nebraska Children's Commission was established by the Legislature in 2012 as a result of LR37, which was an investigation by this committee following the state's failed foster care privatization effort. At that time, the state's foster care system and the children and families in the system had endured a series of crises, eroded private providers in the communities across the state, and saw a substantial increase in child welfare spending with little to no improvements in outcomes. The conclusion of LR37 was that a collaborative and evaluative approach and the involvement of stakeholders, including all three branches of government, providers, advocates, and affected individuals, are critical for reform to be successful and for our system to operate effectively. It is in this context that we oppose the provisions of LB417 that would: eliminate the statutory requirement for an evaluation of AR; that would permit HHS to continue the implementation beyond the pilot program, which has significant implications for the safety of children and the rights of families, without evidence that it's working and without further evaluation or oversight by the Legislature; that would reduce the involvement of stakeholders and the Nebraska Children's Commission in planning regarding the program; and that would remove public notice of changes to eligibility criteria for the program. Similarly, we have concerns about provisions of LB417 that would: remove the requirement under Nebraska Revised Statute 43-296 that associations providing placements for children under the Nebraska Juvenile Code report annually to HHS regarding their competency to adequately care for children; and it would remove the requirement that DHHS report the number of licensing waivers granted to relatives providing foster care to children. These safeguards are not included in statute to burden HHS. Instead they were put into place as a result of hard lessons learned by this committee and to protect children and families, as well as taxpayers; and they are still needed. The lesson of LR37...the foster care crises that we experienced as a state was to change the way we do business in the Nebraska child welfare system. While oversight requirements must be reviewed and

updated regularly--and I agree that there are some things in LB417 that are outdated--provisions that promote collaboration, evaluation, transparency, and accountability, such as those that I mentioned in the child welfare space, are proper in statute because they are needed for the ongoing health and structure of our child welfare system. And if we remove them, we risk repeating harmful mistakes of the past. And with that, I would thank the committee for your important work on behalf of children and families in Nebraska. [LB417]

SENATOR ERDMAN: Thank you for your testimony. Are there any questions? Senator Linehan. [LB417]

SENATOR LINEHAN: Appleseed--I think I understand their work--do you have any concern that, I mean again, I'm trying to understand this, but the alternative...alternative to going to...we're trying to keep them away from law enforcement; we're trying to keep the families together so you don't have county attorneys and prosecutors involved. So knowing what Appleseed usually...I mean, wouldn't that...wouldn't you have an interest in supporting that, too? [LB417]

SARAH HELVEY: Yes. We do have, you know...support the idea behind AR and the preventative nature of it in providing supports, but we do have some concerns in the implementation and making sure that families' rights are protected in that process and the process is clear. So we're not testifying today on, necessarily, the...our position on the merits of the AR program, but more specifically focused on the oversight and reporting requirements that are being eliminated in the bill. [LB417]

SENATOR LINEHAN: So you mentioned family rights several times. So that would be the rights of parents. I mean, I understand that we need to protect the children, but the parents have some rights here, too. And wouldn't Appleseed be concerned about those rights? [LB417]

SARAH HELVEY: Yes, we're concerned about the rights of children and parents in the system. [LB417]

SENATOR LINEHAN: Okay. So do you support, overall, the alternative, the whole conversation here today, whether you do the regular--I'm losing my terminology, but--the alternatives that HHS is trying to work out so you keep, you keep them out of the court system, is Appleseed generally supportive of that? [LB417]

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SARAH HELVEY: We are supportive of prevention. We are supportive of the idea of it, but we have concerns about how it's...how it's being implemented and making sure that there's appropriate oversight in the process. [LB417]

SENATOR LINEHAN: You have concerns the way, the way it's working now? [LB417]

SARAH HELVEY: Correct. [LB417]

SENATOR LINEHAN: Okay. All right, thank you very much. [LB417]

SENATOR ERDMAN: Anybody else? Senator Howard. [LB417]

SENATOR HOWARD: Do you want to share those concerns about Alternative Response? [LB417]

SARAH HELVEY: Sure. Again, our testimony, our, you know, the...I guess the focus of our testimony today is really on the pieces of the bill that remove the reporting and oversight pieces and really just kind of coming in, having been through some of the crises that we experienced and having seen the work that this committee to put those in place and having testified on some of the provisions that are being eliminated, would be eliminated, as part of LB417, that is really our focus. So you know, again the AR currently is part of a IV-E demonstration project, part of a five-year waiver. And so that is something that the evaluation piece is really important to it. But we think that the Legislature needs to be a part of that because it's an important policy decision. Our concerns about AR, I think, are that making sure that families understand what that process means for them, understand what their rights are in the process, making sure that they are actually receiving concrete services and support as part of that process, that they're really actual able to not just get referrals to services, but they're actually able to access services and also to make sure that the assessment that's being done on the front end to actually be able to identify the safety assessment and that we're getting, kind of on the front end, the right decisions made about what children and families need to be in a more formal process and which ones are beneficial. I'm not saying necessarily that...that it's not working. I think the biggest concern is that we don't have...don't have evaluation of that, that at this point that I have seen, that would justify continuing the program without a further check on that process. My understanding is that the sample sizes...maybe they're not significant enough and it's early, and there may be some early positive indications, but I think it is really important that, before we continue the program, we are able to look at an evaluation to really determine if it improves outcomes. [LB417]

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SENATOR HOWARD: And then my other question for you is about the requirement for reporting when there's a kin placement and a waiver for that placement. Can you just talk about, because we've worked a lot on kin placements and my mother felt very strongly about it, but why you would grant a waiver and what that might mean, and why we should know when a waiver has been granted? [LB417]

SARAH HELVEY: Um-hum. Yes, so it...that the...if I could just refer to the part of the bill, that would be helpful. Do I have that section (inaudible)? [LB417]

SENATOR HOWARD: I think it's in the teens. [LB417]

KRISTEN STIFFLER: It's 14. [LB417]

SENATOR ERDMAN: 14. Page 14? [LB417]

SENATOR HOWARD: 21, page 21. [LB417]

SENATOR ERDMAN: Section 14, page 21. [LB417]

SARAH HELVEY: Okay. So this section is part of a bill that passed a few years ago, prior to our call, that would permit the department to issue a waiver of licensing standards that are not related to children's safety, for a relative home. [LB417]

SENATOR HOWARD: Right. [LB417]

SARAH HELVEY: And so that's really important to allow, to encourage more relative placements for children, which is, can be really positive for a number of reasons. One reason that I think this, that Appleseed thinks that this provision is important to include some reporting on how many waivers are granted... [LB417]

SENATOR HOWARD: Hmm. [LB417]

SARAH HELVEY: ...and the total number of children in relative homes is to provide a little bit of oversight on that and to make sure that those relatives are getting the support that they need to help children that are in their care, when they're essentially serving as a foster care placement for the state. [LB417]

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SENATOR HOWARD: And so when the waiver is granted, are they an unlicensed foster care placement? [LB417]

SARAH HELVEY: Correct. [LB417]

SENATOR HOWARD: And so tell me about what...why do we have licensure for foster care placements? What does that do? Does it provide safety? [LB417]

SARAH HELVEY: Um-hum. [LB417]

SENATOR HOWARD: Does it make sure that... [LB417]

SARAH HELVEY: Yeah. [LB417]

SENATOR HOWARD: ...there no sex offenders... [LB417]

SARAH HELVEY: Correct. [LB417]

SENATOR HOWARD: ...in the home? [LB417]

SARAH HELVEY: Yes. [LB417]

SENATOR HOWARD: Like that? [LB417]

SARAH HELVEY: Yes, there's a process to provide safety and additional training and oversight requirements. [LB417]

SENATOR HOWARD: And so waiving those requirements for a kin placement: What does that mean and why should we care about that? [LB417]

SARAH HELVEY: Because we want to make sure that when waivers are being granted in that case, that there is proper oversight that those placements are safe and that they're getting the support that they need for children. [LB417]

SENATOR HOWARD: Okay, thank you. [LB417]

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SARAH HELVEY: Um-hum. [LB417]

SENATOR ERDMAN: Thank you. Senator Linehan. [LB417]

SENATOR LINEHAN: I'm sorry. Thank you, Senator Erdman. You were here when the chief executive officer testified. Okay. I thought I...maybe it was just, just a misunderstanding. I don't think that they're--the Alternative Response---they're still studying it; there are still going to be reports. They haven't decided. It's a five-year program. So did you understand that we would get no more reports, from her testimony? Is that what you understood? [LB417]

SARAH HELVEY: I didn't. No, I think that it's possible that the Legislature will, and I think it's part of, you know, the existing process in place, the Legislature would. My understanding in this is that under the bill, the department could continue with the program without the Legislature having a chance to review those reports and per...and make a policy choice about whether, based on that information, this policy or form should continue. [LB417]

SENATOR LINEHAN: Okay. I just...okay. I can see how you understood; thank you. [LB417]

SENATOR ERDMAN: Yeah, thank you. Thank you for testifying. [LB417]

SARAH HELVEY: Thank you. [LB417]

SENATOR ERDMAN: Thank you for coming. [LB417]

JULIA TSE: (Exhibit 6) Thank you. Good afternoon, members of the Health and Human Services Committee. My name is Julia Tse, J-u-l-i-a T-s-e, and I am here to testify in opposition to LB417 on behalf of Voices for Children in Nebraska. Voices for Children in Nebraska is the independent voice building pathways to opportunity for all children and families, the research policy, and community engagement. And I want to emphasize that Voices is supportive of some of the philosophy behind Alternative Response. I personally sit on the director's steering committee and the citizen review panel, so I get monthly updates about how the pilot is going, and we really appreciate the partnership that we've enjoyed with the department since implementation in 2014. We've seen a lot of hard work from the division on investments, gathering stakeholder input, collecting and acting, most importantly, acting on the data that they see in their CQI process and with case reviews. So I get to review cases and get to see some of the details of how an AR case works. But we have some concerns about how the provisions regarding AR is...are changed under LB417. Specifically we're concerned with the statutory changes to...from shall to may. This bill also strikes language requiring the evaluation through

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CCFL at UNL. And I understand that it's the intention of the department to continue with providing the pilot and to contract with the evaluator, but we believe that there should be no question under statute. It should be clear in law that we're doing this because if AR is not provided and if we don't do the evaluation, we will lose our IV-E funding; that's a violation of our waiver. So I think we would just feel more comfortable if that part of the law was preserved. The second part of our concerns are specifically regarding the extra public notice that was initially inserted into law in LB503, into LB853, and passed in 2014. I...my understanding of the intent behind the 60 days public notice was that the process of getting those 22 eligibility criteria, the eight RED team criteria, was super extensive and it was a very contentious topic. It...AR is undeniably a culture shift for the state and for the agency, and I think...so that extra 30 days, which is different from regular regulatory public notice which is 30 days, allowed more time for public comment and response from some of the folks that you see here today. So like the CACs and the county attorneys can provide input so that there is more time to respond. And these exclusionary criteria are incredibly important. They include: types of physical abuse; sexual abuse; domestic violence; child fatality in the home; drug exposure in newborns; and certain types of prior or current involvement with CPS. So we would like to see that part of statute preserved. We don't...it's not our intent to advocate for continuous evaluations, but I think that we are advocating for one more check-in point with the Legislature, but prior to making this pilot permanent, because it's true that the data is not out yet--the evidence is not out. The most-recent report issued in November of last year offered intermediary results, which we found to be very promising. There are certainly things that show that AR is working, but there aren't some of those final evaluations. Are we seeing returns from out of...returns into the child welfare system? Are we seeing another substantiated allegation? Those findings are not, are not out yet, and they're...some of the data that we've been able to see is not statistically significant yet. So I think our belief is that the Legislature should be able to review that evaluation and decide if we want it to be a permanent fixture of our child welfare system. So with that, I want to thank Senator Riepe for his commitment to children and for all of the work and the time that this committee has put into this issue. We respectfully urge you to consider our concerns in advancing LB417. [LB417]

SENATOR ERDMAN: Thank you. Any questions? Senator Kolterman. [LB417]

SENATOR KOLTERMAN: Thank you, Senator Erdman. So you sat on the steering committee. In the past...it sounds like you're not real supportive of AR. Have you ever expressed those concerns in the steering committee, or is this the first time that you've expressed them today? [LB417]

JULIA TSE: No. I...if I gave the impression that I am not supportive of it, of AR, I want to clarify that we support the philosophy and we support having an approach that's not just an investigation to abuse and neglect. I think our stance is that families come to the attention of CPS

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for a lot of reasons. Sometimes it is very serious and requires quick action. Sometimes it requires a little bit of hard work, a little bit of relationship building and provision of services. So...and my predecessor before I arrived, just after this bill was passed, worked really closely with the department in thinking through the waiver and thinking how that would work in Nebraska and thinking about the approach. So I will, just to clarify again that I'm very supportive of AR. I think my point here was to say that we're not quite ready to say this should be a permanent part of our system; the jury's still out and some of the data is not there yet. And we like to see some...we like to see research and evidence in forming our policies. [LB417]

SENATOR KOLTERMAN: Thank you. [LB417]

SENATOR ERDMAN: Thank you for your testimony. [LB417]

JULIA TSE: Thank you. [LB417]

SENATOR ERDMAN: Anyone else? Have any more testifiers? Okay, one. Okay, thank you. [LB417]

BRAD MEURRENS: (Exhibit 7) Good afternoon, Senator Erdman and members of the committee. From the record, my name is Brad, B-r-a-d, Meurrens, M-e-u-r-r-e-n-s, and I am the public policy director for Disability Rights Nebraska, the designated protection and advocacy organization for persons with disabilities in Nebraska. As such, I am here today in opposition to LB14...LB417, excuse me, as currently written. Our opposition to this bill primarily rests in the deletion of important areas of reporting contained in several sections of the bill. First, we would suggest retaining the language describing the issues to be included in the analysis of the medical assistance program--Section 9, page 14. The bill, as written, would remove information critical to the department's analysis of the program, seemingly leaving up to the department any decision about what aspects of the program should be reported, evaluated, and analyzed. While we have confidence in the department's ability to tease out the pertinent information for legislative and public digest, we would be more assured that these key areas are sufficiently addressed if they are specifically required in the department's analysis. Additionally, we would suggest keeping the language on page 16, line 2-4, that require the department's monitoring of the medical assistance program be reported, at a minimum, to the Governor and the Legislature. Monitoring is good, but when it is potentially sporadic or not brought to the attention of policymakers, it is not as strong as it could or should be. Second, we suggest that LB417 retain language requiring data reporting regarding behavioral health in Section 13 (7), pages 20-21. Disability Rights Nebraska strongly believes that effective policymaking is guided and informed by substantive and thorough data collection and reporting. Thus, we would encourage the Legislature to reexamine this part of Section 13 to retain as much of the existing data collection requirements

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as pertinent and possible. Third, we object to the dissolution of the quality review teams and the process to evaluate the quality of developmental disability services. We are not confident that the best means to assure and evaluate the quality of services is to default to internal mechanisms. We contend that the most effective means to achieve this is to have both a quantitative and qualitative analysis of services that is independent of the division and objective in nature. We agree that monitoring and reporting is key and support the concept of developing a quality assurance plan, but we feel that this plan would be more robust if it was required to include information gathered by the quality review teams already established in statute. We do not believe that the new language in Section 28, pages 20-21, regarding the process and development of the quality assurance plan, is mutually exclusive with the stricken language in LB417 regarding quality review teams and their qualitative focus. Rather, we believe that utilizing both approaches would best serve Nebraska and this Legislature and, ultimately, the people receiving services. If the issue is with the composition, activities, performance of the quality review teams, then the Legislature should work to strengthen the teams' work rather than throwing out the proverbial baby with the bathwater. Disability Rights Nebraska would be happy to work with interested and relevant entities to assist in this effort. Finally, to end on a positive note, we do support one piece of the proposed legislation--the establishment of standards for peer services in Section 12. Peer services are an important piece of the overall behavioral health system and services. They should be codified as a service under the auspices of the Behavioral Health Division and standardized in order to achieve and increase consistency, quality, and legitimacy. LB417 needs further review before being advanced. Disability Rights Nebraska stands ready and willing to assist in this effort. I'd be happy to answer any questions that you may have. [LB417]

SENATOR ERDMAN: Thank you for your testimony. Any questions? Senator Crawford. [LB417]

SENATOR CRAWFORD: Thank you, Senator Erdman. And thank you for being here. [LB417]

BRAD MEURRENS: Sure. [LB417]

SENATOR CRAWFORD: Have you ever been a part of a quality review team? [LB417]

BRAD MEURRENS: I myself have not, no. [LB417]

SENATOR CRAWFORD: So we heard some testimony that it's in statute, but hasn't been practiced. Were you familiar with that? [LB417]

BRAD MEURRENS: I've heard that, yes. I've heard that. [LB417]

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SENATOR CRAWFORD: Okay. So leaving it in statute may not mean that it happens. [LB417]

BRAD MEURRENS: Well, I mean, sure. Things do happen that should happen or that's in statute that don't get acted on, sure. [LB417]

SENATOR CRAWFORD: But you would like to be a part of creating something that's workable, whether it's that language or different language. [LB417]

BRAD MEURRENS: Well, sure. I think, you know, our position is that there's, you know, there's benefit to these quality review teams and that, you know, perhaps the best approach is to reinvigorate those teams to work in compliment with the National Core Indicators and the other quantitative pieces that the department has suggested. We don't, you know, we are not in opposition to using or incorporating or looking at or, finally, participating in the National Core Indicators. We just think that that's...that focusing exclusively on that quantitative data, you know, to the exclusion of the quality, you know, review teams and the qualitative data...and engaging in creating those relationships with those individuals that receive services, that can really get at what the National Core Indicators or the quantitative data don't tell you. It's kind of like I always tell other advocates, I say, you know, I can come in here and bring in the data and the numbers and the statistics and the percentages, but that only provides half the picture. In order for you all to get a full picture of how people live their lives or how services are being developed or if they're working or not working or what needs to be changed, you know, the complete picture is the data plus the experiences and the information that's garnered by having discussions and creating relationships with people. [LB417]

SENATOR CRAWFORD: Thank you. [LB417]

BRAD MEURRENS: Sure. [LB417]

SENATOR ERDMAN: Thank you for your testimony. Anyone else? Thank you for coming. [LB417]

MARY ANGUS: (Exhibit 8) Thank you for having me. I'm too tired to run up here real fast. [LB417]

SENATOR ERDMAN: (Inaudible). There we go. [LB417]

MARY ANGUS: I'm too short. My name is Mary Angus, M-a-r-y A-n-g-u-s, and I appreciate the opportunity. I am actually representing ADAPT Nebraska, which is a grassroots network of

advocates who are working to ensure that people with disabilities have their civil and human rights intact and be able to live as independently as possible. I don't represent any other organization today. I am testifying in a neutral capacity with concerns. The bill seems to clarify language of the current statute, but we have some objections. The ability to access...uh, excuse me. We rely on transparency in order to inform our decisions, as do you. The ability to access information is central to the accountability that we expect. LB417 reduces transparency in the government, in the department, making it more difficult for us to understand the implications of the policies. LB14 (sic: LB417) eliminates reporting requirements that were set into law specifically to correct...provide protections for people with disabilities and correct abuses. To begin, the Medicaid Reform Council was established to oversee changes in the medical assistance program when the department was initiating them too quickly and without notice. The department's Web site is confusing when you look for information just on the council itself. The agenda and minutes of the meetings end in 2013, as you been...as been mentioned. This would be approximately the time Director Vivianne Chaumont died. So when that lapse in their meetings was understandable, but it doesn't appear that they were ever rescheduled and, from the sounds of it, they were not. What reduces transparency in this bill is when they say...use the word "monitor" and then take out all of the reporting requirements. Is...the other...what I find even more interesting about this bill is that it reduces, you know, it cuts out the portion in one page of the bill...two pages of the bill...of the reporting to the Medicaid Reform Council and then includes it in the rest of the bill, without any way of looking at it happening again. As a matter of fact, last spring a resolution was introduced, LR553, that was to look at what was called "issues" in the Medicaid Reform Council; that died the second day, so that didn't happen. The Nebraska Behavioral Health Services Act, which is my next comments, it was designed to insulate the state from accusations of violations of the Olmstead decision of the Supreme Court, in response to the Americans with Disabilities Act. That was kind of like what they were considering, our Olmstead Plan. Currently the Justice Department has been much more active in prosecuting such cases and, in fact, the Legislature put together a study over the interim to look at how to present that plan. Those kinds of things were happening as a result of LB1083, which was that Services Act (sic: Nebraska Behavioral Health Services Act). In a post-LB1083 world, we may have some different ways of looking at things, for instance, the specific requirements of who was put in as an inpatient/outpatient--all of that piece. But I believe that it is very important that we continue to collect and report on the availability of community-based services and the use of regional center and secure residential facilities. I never hear anybody talking about secure residential facilities; they basically are institutional settings also. I can't even begin to think about what we would do for that Olmstead study, as well as any preparation for responses to any potential violations, if we don't have that information, which I...apparently, I believe is still available through the regions. But when we can't get it in one lump sum as a department report, it makes it very difficult; we don't know what we don't know. Finally, LB417 eliminates the statutory requirement for quality review teams. I'm not going to go into that much because you've heard quite a bit about those. But what this brings to me is that the quality review teams, how not being

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used...they're not...they haven't been formed. It has been approximately 10 years. This is not the first time the department has come to this body and asked for a change in law because they're not in compliance with that law. [LB417]

SENATOR CRAWFORD: Hmm. [LB417]

MARY ANGUS: Then you combine that with the fact that the Medicaid Reform Council just blew away approximately two years ago and was never reinstated; that presents a problem to me. In conclusion, although advocates have been told to expect increased transparency and accountability from the department, this bill belies that promise. We're asking that reporting requirements be maintained. Thank you very much. [LB417]

SENATOR ERDMAN: Thank you for your testimony, Ms. Ang (sic: Angus). I forgot to ask and make an announcement whether you were a opponent or neutral. [LB417]

MARY ANGUS: I'm neutral with concerns. [LB417]

SENATOR ERDMAN: I forgot to ask that; it doesn't sound to me like, from your testimony, you're neutral. [LB417]

MARY ANGUS: Well, not anymore. [LB417]

SENATOR ERDMAN: It sounds to me like you'd better fit in the opposition part. [LB417]

MARY ANGUS: That would...that would be probably where I would end up, yes. Thank you. [LB417]

SENATOR ERDMAN: So you...what do you want it to be? [LB417]

MARY ANGUS: I would like to be in opposition. [LB417]

SENATOR ERDMAN: Okay, thank you so much. [LB417]

MARY ANGUS: Thank you so much for that clarification. [LB417]

SENATOR ERDMAN: Any questions? Hearing none, thank you for coming. [LB417]

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MARY ANGUS: Thank you so much. [LB417]

SENATOR ERDMAN: Okay, are there any neutral testifiers? Any neutral testifiers? Hearing none, are there any letters that we need to be aware of? [LB417]

TYLER MAHOOD: (Exhibits 9-15) Yes. I have a letter signed by...I apologize but I might mispronounce this name...Lloya Fritz, who's representing herself. The Nebraska Association of Service Providers submitted a letter of opposition. A letter signed by Mary Sullivan of the Nebraska Chapter of the National Association of Social Workers...submitted a letter of opposition. Jodie Austin, of the Children and Family Coalition of Nebraska, submitted a letter of opposition. Kristin Mayleben-Flott, of the Nebraska Planning Council on Developmental Disabilities submitted a letter of opposition. And Heather Sikyta, of the Sherman County Attorney's office, submitted a letter of neutral. That is it. [LB417]

SENATOR ERDMAN: Okay; thank you. [LB417]

MELODIE BELLAMY: And one more, I'm sorry. [LB417]

TYLER MAHOOD: Okay. [LB417]

SENATOR ERDMAN: One more? [LB417]

TYLER MAHOOD: Yes, one more. The letter, signed by Mandi Amy, of...she's the deputy Buffalo County Attorney...submitted a letter in opposition. [LB417]

SENATOR ERDMAN: Okay, thank you. Senator Riepe, you want to close? [LB417]

SENATOR RIEPE: Thank you, Chairman Erdman, and thank you, committee members. I would, first of all, like to thank everyone who's testified today, whether they're in support or opposition. It's an important part of the process, and it helps us all learn and grow. And so we do need that. I'd like to say that LB417 is a big and bold effort to promote operational efficiency. That said, as a committee, when we Exec, we'll have a lot to look at and a lot to consider, because our commitment is to having good policy through good legislation. We'll also need to get clarification on some of the actions that are by the department or maybe actions that were, in fact, legislative actions and in statute. So sometimes the confusion can come in there; we'll seek and try to clarify what were departmental actions and what were legislative actions. With that, I have no more. [LB417]

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SENATOR ERDMAN: Are there any questions you may have for Senator Riepe? I just might add I'm sure glad that Director Phillips and her staff are well thought of; I'd hate to think what it would be like if they weren't (laughter). [LB417]

SENATOR RIEPE: That is the truth. [LB417]

SENATOR ERDMAN: That will close the hearing of LB417; thank you. [LB417]

SENATOR RIEPE: Thank you. [LB417]

SENATOR ERDMAN: We'll take a five-minute break. We will reconvene at 4:00; thank you. [LB417]

BREAK

SENATOR RIEPE: Okay. May we reconvene? Again, thank you for your diligence and perseverance. We are now going to open on LB225, which is Senator Crawford's, so I would invite you, Senator, to open. [LB225]

SENATOR CRAWFORD: (Exhibit 1) Absolutely; thank you. Good afternoon, Chairman Riepe and members of the Health and Human Services Committee. My name is Sue Crawford, S-u-e C-r-a-w-f-o-r-d, and I represent the 45th Legislative District of Bellevue, Offutt, and eastern Sarpy County. I am honored to be here today to introduce LB225 for your consideration. The Alternative Response pilot program, AR, was first created in 2014 by LB853. Alternative Response provides a different approach to traditional child protective services responses when the risk to children is deemed to be low or moderate. In these specific cases, the goal of the AR program is to provide early intervention and services to these at-risk families, to prevent them from entering the system. It is important to note that only cases in which there is deemed to be low risk to the children can qualify for AR, and there are 22 exclusionary criteria including, but not limited to: physical and sexual abuse, prior reports of abuse, and instances resulting in serious injury. In 2016, I introduced LR544 to examine the effectiveness of implementation and administration of the pilot project. More specifically, the study looked into the possible issues that could be addressed in the future reauthorization and expansion of the pilot project, as well as systematic barriers to optimal effectiveness and accessibility of the Alternative Response pilot project. During the interim, I also met with the department administrators and evaluators to discuss the progress of the pilot and the initial evaluations. We were working together on a bill to continue the pilot until we were told they were going to ask someone else to introduce an extension of the pilot, which was introduced as part of LB417, which you've just heard. I felt it

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was important to go ahead and bring LB225 so we could have a hearing to discuss some components that emerged from the interim study conversations that were not part of LB417. And it gives our committee maximum flexibility to decide which direction to go. The alternatives have all had a hearing, and we can decide how to best proceed from that conversation. The AR pilot program was first implemented in five initial sites and, over the past three years, it has expanded to several locations across the state. LB225 would extend the Alternative Response pilot program until December 31, 2020, to allow the Department of Health and Human Services to complete the proper evaluation, which ends July 1, 2019, and statewide expansion requirements outlined in their federal waiver. Nebraska needs to extend our AR program to continue to comply with our waiver. LB225 moves forward with an extension, instead of making the AR pilot program permanent, as LB417 would do. LB225 also incorporates a report for the assessment of whether to continue the pilot program and it brings, clearly, child advocacy centers into the process. It's important to clarify, based on an interpretation for the fiscal note, that it is not the intent of the bill to extend the independent evaluation of the program but, instead, to provide a buffer before the end of...before, excuse me...provide a buffer between the end of the evaluation that's already scheduled and the pilot project ending, so that if there's time there for us to get the evaluation and be in session and decide what we're doing next, before the program ends. I drafted an amendment to clarify that point and that we can discuss in Exec if the committee feels that we should clarify the language on that front. LB225 requires the department to provide analysis of the challenges, barriers, and opportunities that may occur if the Alternative Response implementation plan is made permanent. And I've drafted an amendment to require that report to also go to the HHS Committee for deliberation, in that we can discuss if we want to add that to the bill. And I want to note that it is the case that we, as a committee, have an opportunity to ask for questions and evaluate programs and decide to make changes in the evaluation of programs at all times. However, it's the case that, in this case, we created a pilot project to get an evaluation, to then make a decision of whether or not to make it permanent. And so that's why I feel that it's important to continue to follow that process and extend the program, to make sure the waiver is safe and make sure we don't create any chaos in the system, but to have...and to have time to make that decision about whether this specific project would be a permanent project in our Child Welfare system. Finally, LB225 provides the child advocacy centers, along with law enforcement and county attorneys, may access appropriate information regarding cases of suspected child abuse and neglect. And we've had some conversations with legal counsel about some confusion on this point, so we'd like to make sure that's very clear and in the law. Representatives from the child advocacy centers and county attorneys from different parts of our state will follow with testimony to explain how this clarification will change, will improve the process. I also have a letter to enter into the record from Chief Olson, chief of the Gothenburg Police Department, which speaks to the importance of including the child advocacy centers in this process. So while it's important to recognize we are in the process of evaluating this program, so we want to be careful about making any major changes to the program while we're evaluating it, this one change or, it appears from some of our testimony, it may be more of

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a clarification, consistency, than an outright change, would be worth making while we still have some time in the evaluation to see how it improves or if it improves results. There are other lessons about potential improvements we learned during the initial implementation of the project and the interim study, that were discussed as part of the interim study. In conversations with the department and stakeholders, there was an agreement not to push for any of those changes now, because we're in the middle of this evaluation and still learning. These are, however, areas we would want to consider before we made the program permanent. Just for the record, let me highlight a couple of those areas on which we had conversations that we will want to return to visit when we make a decision of whether to make the program permanent. One was the exclusionary criteria that you've heard about already, and a question of whether there are changes in that--those exclusionary criteria--that would be important to make sure we're serving more children, more families while still bring very careful to protect those children at risk. A second area of conversation was about managing how we manage caseloads and social workers when we have these two approaches to Child Welfare systems and how we try to allow some social work, some case managers to specialize in AR because this is a very different way of approaching the services. And right now you have some workers that are handling both kinds of cases. And would we want to continue to do that or not? It's interesting that those workers who are doing both kinds of cases, they're learning things in AR that they can sometime even improve their traditional responses. But it's an important question for us to consider as how we would move forward and making sure that we have the capacity and attention to how we move forward to use both of those approaches in our Child Welfare system. Overall we've seen promising initial results; however, these results are preliminary and for this reason, and to fulfill our obligations that we made in securing our waiver for the program, it's critical that we continue this program, whatever form, whether a pilot or through the permanent approach, and LB225 argues we should continue the program, have the full evaluation, and have a time to assess any possible changes that appear that are important to make from that evaluation before we make the program permanent. LB225 extends the program to allow us to continue the pilot and the evaluation and allows us a window to respond those evaluations during the follow legislative session. That's an appropriate time for us to decide whether or not to make the program permanent. And I appreciate the committee's attention to this issue and also will enter, for the record, we're happy to bring an amendment with an emergency clause to address the issue that was raised by the director, and happy to have conversations, really, about the best way forward, really enter this bill to make sure we have a hearing on some of those components that are different from our conversations so that the committee can have full flexibility in moving forward and in the way we think is best for our system and for our kids in the state. Thank you, Chairman. [LB225]

SENATOR RIEPE: Thank you, Senator Crawford. Are there questions? Senator Erdman.
[LB225]

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SENATOR ERDMAN: Thank you, Senator Riepe. Senator Crawford, so this bill...all it does is extend the date and allows us to continue on. If we do not advance this bill, it dies on July 1, is that correct? [LB225]

SENATOR CRAWFORD: So some bill to extend the program needs to be passed, yes, and so--and actually with an emergency clause--and we need to make sure we're extending the program. We, with our waiver, have committed to continue the program. [LB225]

SENATOR ERDMAN: So if we don't do that, there's a penalty for it. [LB225]

SENATOR CRAWFORD: So we need to pass a bill that extends the program. Whether it's this or LB417, we need a bill; we need to pass something that extends the program. [LB225]

SENATOR ERDMAN: You had mentioned in your comments that you had drafted an amendment? Or did you...did I catch that correct? You said... [LB225]

SENATOR CRAWFORD: Yes. So we have... [LB225]

SENATOR ERDMAN: I don't see it anywhere in my notes. [LB225]

SENATOR CRAWFORD: We have a couple...no, no, no. I...we have...I'll...I can bring that to the Executive Session. We have copies if you'd like to see them, but I thought we'd probably get into those details in the Executive Session. Just the...one amendment would be to clarify that we were not intending to extend the evaluation. The fiscal note suggested we were wanting to extend the evaluation, as well as the program; that wasn't our intent. I don't think we say that in the bill, but we, you know, we can...we have an amendment; we can show in Exec if we want to clarify that. [LB225]

SENATOR ERDMAN: Wouldn't it be appropriate, if we have an amendment, that everyone should know what that is, not just in Executive Session? [LB225]

SENATOR CRAWFORD: Sure. We can distribute... [LB225]

SENATOR ERDMAN: I mean I'm just saying... [LB225]

SENATOR CRAWFORD: Yeah. [LB225]

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SENATOR ERDMAN: I don't know how that works, but...I'm not sure how that works. [LB225]

SENATOR CRAWFORD: Right. [LB225]

SENATOR ERDMAN: Am I...did I miss something? I mean if we're having a hearing on this bill... [LB225]

SENATOR CRAWFORD: Right. You're welcome to see it; sure. [LB225]

SENATOR ERDMAN: ...and if you have an amendment for this bill, and there are people here to testify, pro or con, they should be having all the information possible as to what the bill is. And if we have an amendment that's going to be shown in Executive Session that no one else gets to see... [LB225]

SENATOR CRAWFORD: Right, right. So, I... [LB225]

SENATOR ERDMAN: ...I would think it'd be appropriate that everybody gets to see it. [LB225]

SENATOR CRAWFORD: That's why I was very...I said it...actually, often amendments are just distributed. They're usually distributed to the committee members. [LB225]

SENATOR ERDMAN: Okay. [LB225]

SENATOR CRAWFORD: I wanted to say it out loud. So yes, if there's anybody else in the room... [LB225]

SENATOR ERDMAN: Oh. [LB225]

SENATOR CRAWFORD: ...that wants to comment on it or wants to see it, that we have...they would be able to do that. [LB225]

SENATOR ERDMAN: Okay. Thank you; thank you. [LB225]

SENATOR CRAWFORD: And I... [LB225]

SENATOR RIEPE: Thank you, Senator. [LB225]

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SENATOR CRAWFORD: Yeah, go ahead. [LB225]

SENATOR RIEPE: I'm sorry. Were you finished, Senator? [LB225]

SENATOR CRAWFORD: No, that's...yes, um-hum. [LB225]

SENATOR RIEPE: Senator Kolterman. [LB225]

SENATOR KOLTERMAN: Yeah. I'm confused on the dates. Would you run through the...because in this, we're really extending Alternative Response, on page 2, line 27, until December 31, 2020. Is that correct? [LB225]

SENATOR CRAWFORD: Correct. So there is an evaluation that I, that runs into '19, and so... [LB225]

SENATOR KOLTERMAN: Right, and the waiver goes until '19, as I understand it, if I'm not...I picked that up. So... [LB225]

SENATOR CRAWFORD: Right. And so we put that date in so there would be a window for evaluation between when we got the evaluation back and deciding whether to continue the program, and made sure we had a session to come back and revisit that question. [LB225]

SENATOR KOLTERMAN: I guess my question, Senator Crawford, is would that...by doing it, would there be a gap in coverage? [LB225]

SENATOR CRAWFORD: It was our intent to do the opposite, by making sure that we had a date out to the future that we would not be creating a gap in coverage that... [LB225]

SENATOR KOLTERMAN: Okay. [LB225]

SENATOR CRAWFORD: Happy to make sure that it's consistent with our waiver and make sure that's an appropriate date, as we're moving forward. That was our intent, is to make sure there wasn't a gap. [LB225]

SENATOR KOLTERMAN: Okay. And if we're going to do that then, would we need an "E" Clause? Or is there going to be any more money appropriated or...to fill that gap? [LB225]

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SENATOR CRAWFORD: Well, so this would be in '19. This is creating the authorization to continue to provide... [LB225]

SENATOR KOLTERMAN: Until '20, so... [LB225]

SENATOR CRAWFORD: ...this approach until '20, right, this approach to the Child Welfare system until '20. [LB225]

SENATOR KOLTERMAN: So we're actually extending it one year. That's where I'm confused. [LB225]

SENATOR CRAWFORD: So current statute, it would end July 1, 2017. [LB225]

SENATOR KOLTERMAN: Oh. [LB225]

SENATOR CRAWFORD: That's part of why we need a bill... [LB225]

SENATOR KOLTERMAN: Okay. [LB225]

SENATOR CRAWFORD: ...because we have the waiver, have the funding, want to make sure. And we're doing the evaluation... [LB225]

SENATOR KOLTERMAN: Okay. [LB225]

SENATOR CRAWFORD: ...so we need to make sure it goes beyond July 1, 2017, stricken. December 31, 2020, so we were proposing in the bill, as a target date that allows us... [LB225]

SENATOR KOLTERMAN: As an extension. [LB225]

SENATOR CRAWFORD: ...to complete the evaluation and still have a session to make any choices and so that there's no concern that...yeah, so there's a session period to have conversations, if there's going to be anything that replaces it or if you want to make it permanent. [LB225]

SENATOR KOLTERMAN: Okay. Can I go on? [LB225]

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SENATOR RIEPE: Sure. [LB225]

SENATOR KOLTERMAN: I just...I have one other question. So this bill is actually being brought by you as a result of the interim study that was done. Is that an accurate statement? [LB225]

SENATOR CRAWFORD: Yes. [LB225]

SENATOR KOLTERMAN: Okay; thank you. [LB225]

SENATOR CRAWFORD: Thank you. [LB225]

SENATOR RIEPE: Are there additional questions? I have a question. [LB225]

SENATOR CRAWFORD: Um-hum. [LB225]

SENATOR RIEPE: Did the department ask you not to include CACs in the bill? [LB225]

SENATOR CRAWFORD: We were sending drafts back and forth. And they had some concerns about that in some of our conversation. And then we were just told that it was going to be brought in a bill by someone else. So I think we were...really had two pieces. We were working on conversation; one was a CAC piece and one was whether it's permanent or a pilot. Those were the two conversations we were having. [LB225]

SENATOR RIEPE: Okay. Are there additional questions? Hearing none, thank you very much. We will go forward with any proponents. I think we have some. [LB225]

IVY SVOBODA: Good afternoon. I'm Ivy Svoboda, I-v-y S-v-o-b-o-d-a, executive director of the Nebraska Alliance of Child Advocacy centers. Thank you, Senator Crawford, for bringing this initiative forth and your thorough understanding and support of the child advocacy center model. Over the last 25 years, this Legislature has adopted policies that ensure a coordinated approach to child abuse investigations. We all know that multiple agencies respond best when they work together. Today a clear and deliberate policy drives the child abuse investigation process for law enforcement, child protective services, prosecutors, and child advocacy centers. As you have heard, and will hear from other testimony, cases deemed by the Department of Health and Human Services as Alternative Response are not always sheltered from system response issues. Even with that said though, by no means are the teams reviewing every

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Alternative Response case at every team meeting. We are talking about only a handful of cases, yet ones that experienced team members identified as needing team member input. The work of the team benefits of the DHHS workers who may be missing services for a family or are unfamiliar with services in the area or are overloaded with their cases. Multidisciplinary teams convene subject matter experts within the community to provide guidance and recommendations for case professionals to use in their case and treatment planning and for the county attorney to consider when and how to prosecute a case. Ultimately, case planning decisions are made by DHHS and charging decisions are made by the county attorney. However, it is immensely beneficial to access system partners to make their decisions with accurate and complete information. If it were decided that an Alternative Response case needs to be reviewed, there are team members from agencies at the table in many counties, as was brought up earlier, that are crucial to the success of Alternative Response and traditional response cases, such as school social workers, Early Development Network, Head Start, and other services in the communities. As part of the child advocacy center model, confidentiality is paramount to the work of the multidisciplinary teams. Procedural safeguards are put into place to protect the confidentiality of families and the integrity of the case review process. Each team has protocols for case review and confidentiality is statutorily protected under the Revised Statute 28-730. The staff of the CACs understand and model this in their work every day. This core belief is demonstrated in the protocols developed by the team for...by the CACs in the trainings provided by the CACs and in their everyday practice of protecting families' information. Senator Crawford includes the child advocacy centers in LB225 and clarifies access for the centers, for the county attorneys, and the multidisciplinary teams. I am here on behalf of the child advocacy centers, to ensure their access to all child abuse and neglect cases in both systems, through the law enforcement system and the department system, as outlined in Revised Statute 28-728, so that the centers may fulfill their mandated responsibility to the multidisciplinary teams that they serve in all of the 93 counties across Nebraska. On behalf of the Nebraska Alliance of child advocacy centers, I'd like to thank the Health and Human Services Committee for attending to this issue to ensure that every child in Nebraska is protected and afforded the best systems response possible. [LB225]

SENATOR RIEPE: Okay. Questions? Oh, Senator Linehan. [LB225]

SENATOR LINEHAN: Thank you very much for being here today and for the work you do. And L...it's very important work. So I am just trying to understand. This bill would mean that every time a case was reported to Health and Human Services, you would be notified, even if Health and Human Services thought they could handle it without involving law enforcement. Is that basically where...that's the split here, right? They either...okay, excuse me. Go ahead. [LB225]

IVY SVOBODA: Prior to this bill, we have had access to all cases, back since--my outline probably told you--2004, with the child advocacy center coordinators being put in place, prior to even implementation of AR. So any case that would have been come into the hotline that sounds

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like AR, is traditional response...we've always had access to all of them. Now with the implementation of AR and then, most recently, because of some issues that have come up with several cases where they were brought before the team because of issues that were identified where the team felt a system response was needed and to move maybe towards traditional response or at least to have the county attorney be aware of those cases, then that was brought before the team, so then that alerted us. We definitely needed access to this and then the department has said that this statute of Alternative Response, as it reads, it does not include the child advocacy centers. So we wanted our inclusion so that, that way we would be able to afford the teams access to all cases, as we were prior to the implementation of Alternative Response that the Legislature mandated us since (inaudible)]. [LB225]

SENATOR LINEHAN: Wait. The Alternative Response does not...I'm still just...I'll go back. So the difference is, you want...you want full access to every case, whether it's Alternative Response case or not. [LB225]

IVY SVOBODA: As we did... [LB225]

SENATOR LINEHAN: That's what you want. [LB225]

IVY SVOBODA: As we have had prior...once...ever since we've been involved in this system's response. The case comes straight into the hotline, and then it's deemed whether or not it would be Alternative Response, traditional response. So when it comes into the hotline, we review all those cases that are in there, cases that don't meet definition for our child abuse and neglect. We review those cases that do meet definition and then, if additional response is needed, then that is brought to the team, and then discussion is made as to whether or not an additional service needs to be put into place. Or maybe this does need to be investigated and then that decision is made by the team, rather than it being siloed just by one entity. And that has been the whole reason for putting multidisciplinary teams into place. [LB225]

SENATOR LINEHAN: But you're still getting all the teams. I mean you're still getting all...if it's not Alternative Response, you still get all those names and that's all shared with you. [LB225]

IVY SVOBODA: Right. [LB225]

SENATOR LINEHAN: If it's not...if Health and Human Services doesn't find it to be an Alternative Response case, then you still get all the information with all the cases they decide are not Alternative Response cases. [LB225]

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IVY SVOBODA: Um-hum. [LB225]

SENATOR LINEHAN: So again, this...what you're wanting is you want the Alternative Response cases. You're getting everything else. [LB225]

IVY SVOBODA: We want access to all cases... [LB225]

SENATOR LINEHAN: Right. [LB225]

IVY SVOBODA: ...regardless of the internal response, noncourt, traditional response, however...route that they...whatever happens here and then however they're filtered, we want access to those, just like we do with the law enforcement cases, as well. [LB225]

SENATOR LINEHAN: Okay. And then I...sorry if it wasn't you. I think maybe you mentioned schools or working with the schools and the health officials in the schools. [LB225]

IVY SVOBODA: Um-hum. [LB225]

SENATOR LINEHAN: So if those, if those nurses or teachers have problems, they can...they can bring them to you now, right? [LB225]

IVY SVOBODA: They make a call into the hotline, and then those calls are then filtered out and, whether or not there's an investigation that's needed to take place, they are. So... [LB225]

SENATOR LINEHAN: But then...okay. [LB225]

IVY SVOBODA: ...some of the testimony that has also been provided is the schools might just mention that, and the teams...hey, oh, we've also had, you know, concerns about this. That's brought up at the teams but, if it does rise to a level, everybody is mandated reporters and need to make sure that that gets called into the hotline so that it would actually open up an investigation or that there would be a response. [LB225]

SENATOR LINEHAN: But if the teachers are concerned, they call the hotline now. [LB225]

IVY SVOBODA: Right. Everybody calls the hotline or 911 to report a child abuse- and neglect-suspected issue. [LB225]

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SENATOR LINEHAN: Okay, okay. All right; thank you very much. Thanks for being here. [LB225]

SENATOR RIEPE: Okay. Senator Erdman. [LB225]

SENATOR ERDMAN: Thank you for coming. Talk a bit, if you would, about the hotline, when a call comes into the hotline and who decides whether that case is AR or traditional. Who makes that decision? [LB225]

IVY SVOBODA: The department. [LB225]

SENATOR ERDMAN: So that's where the call goes? [LB225]

IVY SVOBODA: Yes. [LB225]

SENATOR ERDMAN: And the department makes that decision. [LB225]

IVY SVOBODA: The department makes that decision, right. [LB225]

SENATOR ERDMAN: Okay; thank you. [LB225]

SENATOR RIEPE: Senator Kolterman. [LB225]

SENATOR KOLTERMAN: Thank you, Senator Riepe. I think I understand what you're trying to do. [LB225]

IVY SVOBODA: Um-hum. [LB225]

SENATOR KOLTERMAN: Do any of them come direct to you? [LB225]

IVY SVOBODA: We... [LB225]

SENATOR KOLTERMAN: Do you have any self-reporting (inaudible)? [LB225]

IVY SVOBODA: We do have self-reporting, but then we direct them to the hotline. [LB225]

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SENATOR KOLTERMAN: Do you then call the hotline for them? [LB225]

IVY SVOBODA: Absolutely. [LB225]

SENATOR KOLTERMAN: Or do they call the hotline? [LB225]

IVY SVOBODA: Well, we try to work with them on contacting the hotline. [LB225]

SENATOR KOLTERMAN: Oh. So by calling the hotline, all you're really doing is establishing a trail or a formal complaint. [LB225]

IVY SVOBODA: Yes. Well, the...right. The hotline was...I don't remember, recall when it was, but it's a hotline that's across the state. It used to be segmented out, but now it's a statewide response system. So all calls go into the hotline. All calls go to either the hotline or to 911, to law enforcement, and then those are all put into the system that we're wanting access to, so either the department systems or the law enforcement system. And that's what we have access to now, and that's what we want to continue to have access to. And part of the legislative mandate is that we are put into place to make sure that those two are sharing reports and that there's a team-coordinated response to any call that comes in through the hotline. And then if it's a systems issue, then we activate the teams to respond. [LB225]

SENATOR KOLTERMAN: Okay. [LB225]

IVY SVOBODA: That makes sense. [LB225]

SENATOR KOLTERMAN: Thank you. [LB225]

SENATOR RIEPE: Okay. Additional questions? Seeing no more, thank you very much. [LB225]

IVY SVOBODA: Thank you. [LB225]

SENATOR RIEPE: Another proponent, please. [LB225]

JAMIE VETTER: I'm Jamie Vetter, J-a-m-i-e, last name Vetter, V-e-t-t-e-r. I am the executive director of the Family Advocacy Network in Kearney, Nebraska. I serve 14 counties in the central part of the state. I'm not going to go over what I went over just an hour ago, so I'm going to, kind of, want to cover more of the nitty-gritty of what this looks like on a day-to-day basis.

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We talked earlier about how the CACs changed the child welfare system, bringing of all agencies to one place to do the investigation of the allegation. All reports that we work are done within a multidisciplinary team approach. So it's always law enforcement because, if they're coming to a CAC, there's an allegation of something illegal has happened. And then Health and Human Services is involved. If they deem it necessary, they're involved, meaning the perpetrator is in the home, it's a Priority One, Two, or Three. Whatever the case would be, they would be involved in that team as well. There are times that they're only law enforcement only. So let's say we have a neighbor that perpetrates against the child next door; there would only be a law enforcement-only intake, based on some different things. Within those teams, within our LB1184 teams, law enforcement shares that information with HHS. I mean it is across the board we are all sharing information. So it's not that we're asking...we're asking that these cases not be weeded out by a simple phone call that's being made by someone to determine the team having access or not; I think that's risky business. I think we have situations within teams that maybe we're talking about something and we have an investigator that says: I've had my drug guy sitting on that house for four days; I didn't know they had any kids. Those things happen. We've had arrests made on someone and they were in Buffalo County, and the kid is somewhere in Custer County, and nobody knew she had a kid. And so it was discovered through these teams in discussions that there were other things going on. When we talk about the LB1184 teams like FAN or the CACs, we never make contact with that family; we never see an intake come in. I pick up the phone and I'm calling Jamie Vetter, saying: there's some allegations going on; we need to set up an interview. All of our intakes, all of our systems come together to work it. So law enforcement and Health and Human Services are working jointly to make that happen. The teams never make contact with family within LB1184, if that makes sense. We're not, we're not...we are trying to problem solve within those LB1184 teams. We're not trying to figure out how we can take the kids away or how we can intervene more than what needs to be done. I mean everybody that has even, that has testified today agrees with the philosophy of AR that, when we have kids that a lot of the times it's poverty driven, that needs to have some change so that they don't enter the system, that is good. But we need to have a system approach to it with all entities involved; you cannot start picking and choosing who you're going to have involved and who you're not going to have involved. That's not fair to the families and it's not fair to the kids. And when we talked about the schools being involved, you know, it could be...the school very well could have the solution to what the problem is. If we've got, we've got kids that come to school and the school is doing their laundry, finding glasses for them, I mean there's a lot of things that schools...it's not like it was 20 years ago. You went there for education and you went home. They're doing a lot more now than what they've ever done before. And so they're a critical piece, in my opinion, for AR. And in our rural counties, they're very heavily based on the school, very heavily based school, because they are...they're an informal provider and support in those communities. We don't have a lot of mental health in Alma; we don't have a lot of mental health in Cambridge. We don't have a lot of supportive services in those areas just because of where they're located. And so the schools are a huge benefit, and so are other people on those teams. Lets see; have I

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covered everything? I think I did. I think it's just really important that, that we not carve out what we're going to share with the team. The teams were implemented many years ago to have full communication, have full access and protection by the law. And I think it's a big mistake to start carving out who's going to have access and who's not going to have access. You know, law enforcement, the law enforcement that works these cases and the prosecutors that work these cases, they have tough, tough jobs. And we are out there...nobody wants to remove a child, nobody wants to disrupt a family, but there are times that those things are necessary. And that's the last thing anybody wants to do. And so we want to work together to make sure that we can keep those families intact and make sure that they're successful. But it's going to be done through a team approach; it's not going to be done with each one of us working in silos. And I'll say one more thing. I honestly...I've been in this position for 14 years, and I've worked within the teams for that long. And know: it's very hard to work within teams; anybody that has worked on teams know that. But I know, if the teams are told we will not have access to AR and you will not have access to information, it is going to be detrimental to the teams. And I feel like we'll be taking 10-years-backwards steps in trying to rebuild those relationships and to get everybody back on the same page again. So it will be very detrimental in other areas, as well, in my opinion.
[LB225]

SENATOR RIEPE: Okay. Thank you very much. Are there questions from the committee?
Senator Linehan. [LB225]

SENATOR LINEHAN: I appreciate your passion. [LB225]

JAMIE VETTER: Thank you. [LB225]

SENATOR LINEHAN: You do important work. [LB225]

JAMIE VETTER: Thank you. [LB225]

SENATOR LINEHAN: But I just want to go back. If I think, when you first testified...the founder of your organization was put together to prosecute people. That was kind of because they were...he went in, if I remember the story right, he went in and he saw all these cases. He had been doing white-collar crime and now there were all these crimes that weren't prosecuted.
[LB225]

JAMIE VETTER: Um-hum. [LB225]

SENATOR LINEHAN: So... [LB225]

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JAMIE VETTER: That was Congressman Cramer in Alabama. Yep. [LB225]

SENATOR LINEHAN: Okay. But the point was, and I...very important work, critically important work...but it was to prosecute. I mean that's the founding kind of...okay. I understand your concerns; it's a little disconcerting to me. If you have...and I know that schools are very close to these kids and they know what is going on, wouldn't they pick up the phone and call the caseworker? I mean it's a small area. [LB225]

JAMIE VETTER: Um-hum. [LB225]

SENATOR LINEHAN: I mean you're talking about rural communities. They know each other, right? [LB225]

JAMIE VETTER: Yeah. Let me go back to the example I gave earlier. That case was recognized through the team because the EDN person talked about going to the homeless shelter to teach them how to do the G2 (phonetic). That's how the...and everybody was like whoa, what are we talking about, and started that way. We have cases where the school counselor calls and says: I'm concerned about this; it's a "does not meet definition." That "does not" definition is brought to the team, and then we have the EDN that says: oh, I'm working with the younger brother; I tried to get into the house the other day and they wouldn't let me in. Or there's other information to where people are saying: you know what? This is changing the landscape of what this initial report was. And there's more things that have happened, or there's more information brought. Just because the school counselor calls this day doesn't mean the neighbor called, and the EDN worker called, and law enforcement, who arrested dad last night for a domestic violence incident; they don't have all the information. You're making all those decisions early on, off of one phone call from one person. My mom and I could watch, witness the exact same thing happen, and I can guarantee you my information given would be a lot better than my mom's, just because I work in this field. My mom would be like: I'm not sure that's what happened, but I think that's what happened. I don't want to start any trouble; I don't want to start any problems. And that's how we are as human beings; we don't want to think that people do these things to our kids. And so you're making all of your information, based off of a phone call... [LB225]

SENATOR LINEHAN: Well, when... [LB225]

JAMIE VETTER: ...as a screening tool. [LB225]

SENATOR LINEHAN: ...when Health and Human Services gets the phone call, they do go out and talk to the people. [LB225]

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JAMIE VETTER: No, not necessarily; not necessarily. They will screen those. They have a screening tool that they use with series of questions, and it's going to be like what we talked before--law enforcement only, meaning that there's...the child is not dependent on the alleged perpetrator. A Priority One, which is immediate, they need to respond right away, so there would be contact right away. Priority Two is up to five days, and Priority Three, I believe, is ten days. AR, if it goes down the AR route...an AR worker, and I can't testify to what their time frame is--I think it's ten days for a response. Noncourts--if they decide to go noncourt, usually it's an investigation that's done and they decide there's not enough to be involved with the court, but there's high concerns. So they will have a caseworker, they'll be referred out to different agencies. But even in those cases, when those were brought about, when we're sitting around the table, HHS workers says: well, I referred them to the region to this program. And the region worker is there saying: well, we've got like a six- or eight-week waiting list, so nobody has made contact. So we have 10 days of a high-risk family that's noncourt, that's waiting on a waiting list. [LB225]

SENATOR LINEHAN: Okay. Well, those are very good questions to ask HHS how they're handling it. I appreciate you being here. Thank you very much. [LB225]

JAMIE VETTER: Um-hum. Yep; thank you... [LB225]

SENATOR LINEHAN: Thank you, Mr. Chairman. [LB225]

JAMIE VETTER: ...for listening. [LB225]

SENATOR RIEPE: Thank you. Any other questions? That's very informative; thank you very much for being with us. [LB225]

JAMIE VETTER: Yep. [LB225]

SENATOR RIEPE: Additional proponents? [LB225]

JULIA TSE: (Exhibit 2) Good afternoon, Senators. My name is Julia Tse, J-u-l-i-a T-s-e, and I am here to testify in support of LB225 on behalf of Voices for Children in Nebraska. I'm going to take a step back and, sort of, contextualize why we support the continuation of AR and why we, sort of, want to make sure that we give thought to the process of how to think about the best way to structure the front door of our system. So you'll get a copy of a issue brief that we recently published on the issue. We believe that all...that children are our state's greatest resource, and that we all share responsibility for protecting them and ensuring that they have the opportunity to

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become healthy and successful. Most parents want to do what is best for their children, but circumstances sometimes prevent them from doing so to the best of their abilities. Physical and mental health issues, financial hardships, or a lack of social support can overload a parent's capacity to care for their children. The data show that most child maltreatment in Nebraska is not due to sexual or physical abuse. The majority of child maltreatment in our state is due to physical neglect, which is defined as a failure to provide for a child's basic needs, and that represented 84 percent of all substantiated child maltreatment in our state last year. And page 2 of that issue brief shows a longitudinal chart, so you can, kind of, see that's always more or less been the case in our state where physical neglect is pretty consistently the biggest, the biggest type of substantiated maltreatment, which is not to say that we don't need immediate intervention in...for those serious cases. Even so, until very recently, CPS could only respond to allegations in one manner, which is through an investigation. This one-size-fits-all approach is not unique to Nebraska; state and federal policies were long ago structured to respond to some of the most serious and egregious, headline-making cases of child abuse. Such cases demand swift action to protect child safety and often requires the removal of a child from their home. Investigations in the traditional response have always...often been described as adversarial, where caseworkers can interview children without the knowledge or consent of their parents or interview their neighbors or friends. And there's always a looming threat that they may be removed from their home, which creates a sense of coercion for parents. Although there will always be a need for our system to address immediate safety concerns, we also know that these cases represent a smaller portion of our child welfare population. There is a second longitudinal chart in the issue brief on page 3 that shows how the number of investigations that are completed have far outpaced the number of cases that are substantiated. So postinvestigation, the evidence that's gathered suggests that yes, this abuse or neglect did occur. So this graph suggests that there is a significant amount of resources that we're spending on investigations of families that may not rise to serious abuse or neglect, that may have been better served by services and access to supports. Alternative Response has been tested in other states since 1993 and allows our caseworkers to collaboratively work with families to address underlying issues, with a goal of long-term stability, so not returning to the system and being able to sustain that stability. Instead of focusing on evidence gathering, caseworkers and families focus on building parental capacity and strength. Change takes time and we believe that the pilot has dutifully followed the legislative intent with which AR was originally authorized in 2014. The AR pilot came on the heels of privatization in our state and, as such, the guiding principle throughout this whole process was to prioritize child safety above all. This manifested in a number of oversight provisions of very lengthy deliberation over eligibility criteria and very careful rollout over the last two years. The measured pace at which the pilot has progressed is appropriately matched with the magnitude of change in agency culture and philosophy that AR represents. The intermediate results, like I mentioned in the previous...on the previous bill are very promising. Highlights included: more timely receipt of services; better match between services and needs; higher buy-in and engagement; lower mistrust; lower hyperactivity in children; fear of peer

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relationship problems for children; and improved prosocial behavior for children. And that is, sort of, the intermediate results that the CCFL evaluators have been able to, sort of, pick out and not...none of that includes some of our long-term outcomes that we want to see, so reentry to the system, removal into an out-of-home placement within a certain time frame. With that, I'll wrap up talking a bit about the CAC provisions. We are supportive of that, we think that CACs are a valuable resource in our state; and that needs to be a part of, most importantly in AR, being able to figure out which cases are not appropriate. So you'll see in that flowchart that cases can always go back to TR, and we want to make sure that everybody is in the room and...sorry, I'm over my time...and everybody is in the room and able to make sure that families are appropriate. And with that, I'll conclude and thank Senator Crawford and this committee for their time and consideration. We respectfully urge you to advance LB225. [LB225]

SENATOR RIEPE: Thank you very much. Are there questions from...Senator Erdman. [LB225]

SENATOR ERDMAN: Thank you for your testimony. Help me with understanding who Voices for Children in Nebraska is. [LB225]

JULIA TSE: Sure. So we are a nonprofit, nonpartisan, independent advocacy organization. We've been around for about 30 years. We primarily collect data, so if you've seen the "Kids Count in Nebraska Report," it's the most comprehensive source of data on child well-being. So we primarily work in the areas of child welfare, juvenile justice, economic stability, and health. And we try to make sure that our state systems are best structured in a way that supports families and kids and, most importantly, is, sort of, directed at where we want to be with the data, so if the data tells us that something is going terribly wrong, we want to make sure that our systems are working to correct that. [LB225]

SENATOR ERDMAN: Who started it? [LB225]

JULIA TSE: Kathy Bigsby Moore, who is a former foster parent. She is responsible for lots of child welfare reforms in our state. She recently retired, but we've been taking up the work ever since. [LB225]

SENATOR ERDMAN: And the funding comes from where? [LB225]

JULIA TSE: The funding is all private. We don't receive any state or federal dollars. It's...we receive a lot of funding from foundations and also the kindness of people's hearts that we have a lot of friendly folks and families in the state of Nebraska that want to see people advocating at the table for children, because we know that children can't be here themselves. [LB225]

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SENATOR ERDMAN: Okay. So if you are that involved with the issues with children, does your organization make direct contributions to taking care of children? [LB225]

JULIA TSE: We do not. So because we're independent and we don't take any funding from the state, we don't take any funding from the federal government, we are primarily a nondirect service organization, so we don't provide any direct services to families. But our thinking is that, if we advocate at the systems level, we can affect more children's lives and make sure that laws make sense when they impact children. [LB225]

SENATOR ERDMAN: Thank you. [LB225]

SENATOR RIEPE: I would add that the headquarters is in Ralston, Nebraska. [LB225]

JULIA TSE: That's true; we are in Senator Riepe's district. [LB225]

SENATOR ERDMAN: Well, it's just...it's peculiar with me, but for these nonprofits because, where I come from, we don't have any. [LB225]

JULIA TSE: Sure. [LB225]

SENATOR ERDMAN: And it's because we probably don't have any money; I suppose that's why. But... [LB225]

SENATOR KOLTERMAN: Give me a break. [LB225]

SENATOR ERDMAN: But these are peculiar to me. And I see the Appleseed and all these other things, and... [LB225]

JULIA TSE: Um-hum. [LB225]

SENATOR ERDMAN: ...Holland Group and all that. And it's hard for me to get my hands around those kind of things... [LB225]

JULIA TSE: Sure. [LB225]

SENATOR ERDMAN: ...because we don't have those. [LB225]

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JULIA TSE: Right. [LB225]

SENATOR ERDMAN: And I guess I would think that, at some point in time, if they have that much money to do what they do, they could sure make a contribution to help kids directly. [LB225]

JULIA TSE: Sure. [LB225]

SENATOR ERDMAN: That's my thought. [LB225]

JULIA TSE: Sure. [LB225]

SENATOR RIEPE: Okay; thank you. And thank you for testifying. Any other...Senator Williams. [LB225]

SENATOR WILLIAMS: Thank you, Chairman Riepe. And one quick question, Ms. Tse. [LB225]

JULIA TSE: Sure. [LB225]

SENATOR WILLIAMS: In your handout that you gave, there's a comment here I would like to get your response to. It says: Additionally, tied as it is to Nebraska's federal Title IV-E funding waiver, loss of the pilot could threaten millions in federal funding. Can you help me understand that? [LB225]

JULIA TSE: Sure. So the federal Title IV-E waiver is a program that allows states to use their IV-E funding flexibly. Typically you can only use those funds for kids who are already out of the home, so you can't try to prevent out-of-home placement, you can't use it on certain families; it's tied to an AFDC-like poverty level, which is from like 20 years ago. So it doesn't really capture...it's supposed to capture high-needs families specifically. So the waiver allows our state and other states that have taken the waiver to test an innovative approach in finding good outcomes in child welfare, so states do all sorts of different pilots, but our...or all sorts of different waivers. Our state does AR as a part of the pilot and also results-based accountability. And so that was...that sentence was simply to say that this bill...a bill...a bill, whether this bill or LB417, needs to happen to basically...because in our child abuse and neglect statute, we can only respond with investigation outside of this pilot. So we need to say yes, we can continue doing this pilot through the end of this waiver because, if we violate the terms and conditions of that waiver, we would...we would lose our funding, which is the biggest... [LB225]

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SENATOR WILLIAMS: We would lose that funding. [LB225]

JULIA TSE: Yeah, it's the biggest source of funding that we use for child welfare. [LB225]

SENATOR WILLIAMS: Yeah. Thank you. [LB225]

JULIA TSE: I think it was just over \$50 million last year. [LB225]

SENATOR WILLIAMS: Thank you. [LB225]

JULIA TSE: Um-hum; you're welcome. [LB225]

SENATOR RIEPE: Senator Lindstrom (sic: Linehan). [LB225]

SENATOR LINEHAN: Thank you for being here. You do a great job; this is very helpful information. [LB225]

JULIA TSE: You're welcome. Thank you. [LB225]

SENATOR LINEHAN: So you're an advocacy, so it's private donations. So you don't have to publish who gives you money, right? [LB225]

JULIA TSE: You know, I am not sure of that information, but I...actually no, I think that we do publish that information. Sorry; I'm not too involved in the financial side, but we..... [LB225]

SENATOR LINEHAN: It's on your Web site, do you think? [LB225]

JULIA TSE: Yeah. So I can tell you we receive funding from national foundations like the Annie E. Casey Foundation, which funds Kids Count reports in every state and like three territories and Mexico, I think, also, just to make that data about child well-being public knowledge and a part of the discourse when we're talking about policymaking. [LB225]

SENATOR LINEHAN: Okay; thank you very much. [LB225]

JULIA TSE: Um-hum; you're welcome. [LB225]

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SENATOR RIEPE: I apologize, Senator Linehan. [LB225]

SENATOR LINEHAN: Lindstrom (laughter). I knew who you meant. [LB225]

SENATOR RIEPE: It rolled out so easy. Are there other questions? [LB225]

SENATOR LINEHAN: That was bad. [LB225]

SENATOR RIEPE: Okay; thank you so much for testifying. [LB225]

JULIA TSE: Thank you so much. [LB225]

SENATOR RIEPE: Additional proponents? [LB225]

MELODIE BELLAMY: Good afternoon, Senators. Thanks again for your time. I'm Melodie Bellamy, M-e-l-o-d-i-e, Bellamy, B-e-l-l-a-m-y. I am the Kearney County Attorney, and I speak to you today on behalf of my office, as well as Nebraska County Attorneys Association. We would like to speak in support of LB225 essentially for three reasons. First of all, it includes the child advocacy centers, which we think are a necessary component of our multidisciplinary teams. It allows them access to the information which then essentially allows county attorneys access to the information because that's how that information is funneled down to our offices. It also includes further briefing and reporting requirements, so it keeps those things so that we're going to continue to watch and learn whether this program is actually working and is beneficial to families in Nebraska. And it also keeps all team members, as well as the public, involved in the exclusionary criteria and doesn't put that under, solely under the direction of the department. We...I think it's very clear, from everybody talking today, that we need to determine if AR is effective. Right now it is a pilot program; it's a pilot program for five years, and we're almost halfway into that. We need to determine if it's effective before we go on. And I think that those reporting requirements and those analyses are very key components of that. LB225 is much more consistent with current law than LB417 is. I don't want to bore you, but I want to read you some of the current law that, starting with 28-728, says the Legislature finds that child abuse and neglect are community problems requiring a coordinated response by law enforcement, child advocacy centers, prosecutors, the department, and other agencies. That was when the Legislature created our LB1184 teams and talks about them later in that statute, that their coordinators are through the CACs, and then it talks about each team, each LB1184 team having a protocol. And each team does that, and that protocol is what is supposed to support the sharing of case information between team members. Also want to go to 28-730 which again requires, ignoring all other legislation, requires the sharing of information between all team members. So

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including the CACs as part of 28-712 and 28-712.01 is much more consistent with the other legislation that has already been passed, and the law is already in effect, rather than allowing the department to exclude the CACs from the AR process. Also I just want to clarify a couple of things. Cases that are screened in and go to AR, there is still an underlying allegation of abuse and neglect. So there has been an allegation by someone, called into the hotline, of a child being abused or neglected before it goes into AR. So there...all of these cases, whether they do AR or traditional, there is an allegation of abuse and neglect. But not all reports to the hotline result in someone from the department going out. The department screens things, and that process has been talked about, but if it does not meet definition, they don't go out necessarily. And also, even when they do go out, it can go up to ten days before they're out. And without getting into any real specifics, we have had cases in the past--one in particular comes to mind--that we had an allegation of sexual abuse by one of the parents, on children. When we got into it we also determined, or there was allegations, that the children--there were many children in this home--were "perping" on each other...again, sexual abuse child to child. And that screened, I believe, Priority Three, giving them up to ten days to go out and interview this family and be on the ground with this family. And in fact, there were some issues because law enforcement then contacted the county attorney and our office was like: okay, we can't wait ten days on this family. And there were some issues; the department was upset that the county attorney had been contacted. But working together is better for the children. It's better for all the team members because then we all know all the information and nothing slips through the cracks. So we would just ask that you support LB225, as we believe it's more consistent with current legislation and with the needs of the children in the state of Nebraska. Thank you. I'm open for any questions. [LB225]

SENATOR RIEPE: Questions. Thank you very much. Questions from the committee? Seeing none, thank you very much. [LB225]

MELODIE BELLAMY: Thank you. [LB225]

SENATOR RIEPE: Okay. Other proponents? Proponents, any? Any opponents? None in opposition? Any coming forward with a neutral testimony? I see one coming here. [LB225]

DOUG WEINBERG: (Exhibit 3) Good afternoon, Senator Riepe and members of the Health and Human Services Committee. My name is Doug Weinberg, D-o-u-g W-e-i-n-b-e-r-g, and I am the director of the Division of Children and Family Services in the Department of Health and Human Services. I am here to testify in a neutral capacity on LB225. This bill would allow the Division of Children and Family Services to continue Alternative Response and expand the program to all counties in Nebraska until December 31, 2020. Alternative Response is a new approach to help families with less severe reports of child abuse and/or neglect, connect with the

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supports and services they need in order to enhance the parents' ability to keep their children safe and healthy. Research shows that families who receive an assessment, rather than an investigation, are more likely to be receptive and to engage in services when they are approached in a nonadversarial, nonaccusatory manner. Alternative Response began in October 2014 in five pilot counties and is currently in 57 counties. While DHHS has no position on this bill at this time, we would like to take this opportunity to share the following technical issues. LB225 does not allow for Alternative Response continuation after December 31, 2020. This time line meets the terms and conditions of the Title IV-E waiver. However, DHHS prefers the flexibility to continue the program at the end of the waiver without additional approval from the Legislature. LB225 does not include an end date to the evaluation requirement. DHHS is contracted with an independent evaluator to evaluate Alternative Response as part of the Title IV-E waiver. The current evaluation will stop collecting data on June 30, 2019. DHHS would need to negotiate a new contract for any evaluation after the June 30, 2019, date and cannot guarantee the current evaluator would be willing to continue the evaluation process. And finally, most importantly, LB225 contains no emergency clause. Current statute only authorizes Alternative Response through July 1, 2017. Without an emergency clause, there could be a lapse in services to the current Alternative Response families. DHHS would be unable to accept new Alternative Response families until this bill becomes effective, and DHHS would violate the terms and conditions of its Title IV-E waiver. DHHS anticipates that the Alternative Response program...as it expands, families will be more able to safely care for their children, and less children will enter the foster care system. I appreciate the opportunity to testify before you today regarding LB225, and I am happy to answer any questions you may have. [LB225]

SENATOR RIEPE: Thank you. Are there questions? Senator Erdman. [LB225]

SENATOR ERDMAN: Maybe more or less a statement. Director Weinberg, you have come as close as anybody that I've heard, since I've been here, about neutral (laughter). I don't believe you're neutral; I believe you're more in support of it, but that's my interpretation. But I'm willing to give you a compliment; you're as close to neutral as I've heard. [LB225]

DOUG WEINBERG: Thank you. [LB225]

SENATOR RIEPE: Senator Kolterman. [LB225]

SENATOR KOLTERMAN: How do you feel about continuing to allow the CACs to be involved? [LB225]

DOUG WEINBERG: We don't have a position on that. We are not opposed to that component of the bill. [LB225]

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SENATOR KOLTERMAN: Okay. [LB225]

SENATOR RIEPE: Other questions? I have a couple. One of them is the independent evaluator...is that the University of Nebraska-Lincoln Center on Children's (sic: Center on Children, Families, and the Law)? [LB225]

DOUG WEINBERG: Right, the Center for Children and Families and the Law (sic). [LB225]

SENATOR RIEPE: Second question: Have any children died while in the AR program? [LB225]

DOUG WEINBERG: No. [LB225]

SENATOR RIEPE: Okay. The third one that I have is, when calls come in on the hotline, the case is triaged, I assume, and then either directed towards the traditional response or the Alternate (sic) Response. Is that true? [LB225]

DOUG WEINBERG: That is correct. [LB225]

SENATOR RIEPE: Okay. If this...is this one person... [LB225]

DOUG WEINBERG: No. There's a... [LB225]

SENATOR RIEPE: ...that's taking that call, that triage? [LB225]

DOUG WEINBERG: There's a hotline staff... [LB225]

SENATOR RIEPE: Okay. [LB225]

DOUG WEINBERG: ...and, you know, there are certain situations where the staff member may consult with a supervisor or other folks at the hotline. But it's also important that we follow a very prescriptive, evidence-based, structured decision-making process. And, as it's been discussed earlier, there are 22 exclusionary criteria. [LB225]

SENATOR RIEPE: Um-hum. [LB225]

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DOUG WEINBERG: And on top there's additional eight criteria that require further evaluation by a team before a case can be assigned to Alternative Response. So these are very, you know, low-risk situations that would not rise to the occasion where you would necessarily need an LB1184 team or a forensic interview, as Senator Howard pointed out earlier this afternoon. The typical AR case is a dirty home. [LB225]

SENATOR RIEPE: And it's (inaudible). [LB225]

DOUG WEINBERG: But it's...and I think it's also important to note that, just because a case is assigned to AR, it's not always AR. We are current...consistently, constantly evaluating the needs of the family. And, you know, since inception of Alternative Response, 11 percent of the families who were originally assigned to AR have been reassigned traditional response, the majority of those reassignments taking place in the first 15 days because, when that caseworker first gets to the home, they will often realize that there's a lot more to this case than what's in the allegation that was in the report that was submitted to the hotline. [LB225]

SENATOR RIEPE: Are all the calls from the hotline recorded? [LB225]

DOUG WEINBERG: They are not. [LB225]

SENATOR RIEPE: And so that...I'm just looking for check and balances. [LB225]

DOUG WEINBERG: Yeah. We are planning...we are introducing a new phone system for the hotline that will have recording capability. [LB225]

SENATOR RIEPE: It doesn't now, but it will. [LB225]

DOUG WEINBERG: Yes. [LB225]

SENATOR RIEPE: Okay; I'm just thinking of the Regional Poison Control Center (sic: Nebraska Regional Poison Center), (inaudible). Okay. Senator Kolterman. [LB225]

SENATOR KOLTERMAN: Thank you, Senator Riepe. Director Weinberg, this is more of a...for information for me. I've learned a lot here today in both of the hearings, a tremendous amount of information. I've been here; this is my third session. We've got three brand new people on the committee and, you know, we start about things like calling in to a hotline...most of us don't get

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involved with that very often. It's not that we shouldn't; it's just that we don't...we don't deal with it like the child advocacy centers and... [LB225]

DOUG WEINBERG: Um-hum. [LB225]

SENATOR KOLTERMAN: ...the different organizations that are out there: the schools, the police. How do...how do we--I'm talking about legislators--educate ourselves about that in a more intentional way, if we're going to sit on a committee like this and try and make decisions about this? And I ask that simply because we're talking about kids' lives here. And I've seen some real neglect and abuse personally, and I always wondered if I called in, how...and sometimes people don't call in because they don't want to get involved. And somebody else will do it, like...but somebody made the remark earlier today that schools are being asked to do more and more and more, and we're taking away from them, in many regards. [LB225]

DOUG WEINBERG: Well... [LB225]

SENATOR KOLTERMAN: I know that's a lot to get your arms around, but... [LB225]

DOUG WEINBERG: Yeah. [LB225]

SENATOR KOLTERMAN: ...those are concerns that I have... [LB225]

DOUG WEINBERG: Sure. [LB225]

SENATOR KOLTERMAN: ...as a legislator, sitting here listening to testimony for three and a half hours. And I don't...I don't have any answer to that. Can you help me with that? [LB225]

DOUG WEINBERG: Yeah, sure. Let me just make one clarifying point. You mentioned the schools. In fact, if you look at the list of service providers or groups of organizations that we engage with the family through Alternative Response, schools are very high on the list. So we very often...a Alternative Response caseworker will reach out to a school, engage a school counselor or a nurse, you know, to gather information to potentially engage with the family. So if anything, Alternative Response brings the schools to the table probably more frequently than our traditional response approach would. But in terms of education, I'd be more than happy to provide a special briefing session on either Alternative Response or the process of intake at the hotline; that would be my pleasure. I think it's also important for this group to know, just today, that I've always said and believed that Alternative Response is really much more about prevention than it is about intervention. As we look at cases that get randomly assigned to

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traditional response, I don't have the exact number with me today, but the majority of those cases never have a substantiated allegation of abuse or neglect. The result of that is that family never receives any service from DHHS at all... [LB225]

SENATOR RIEPE: You (inaudible). [LB225]

DOUG WEINBERG: ...whereas Alternative Response gives us the ability to, you know, put a family into Alternative Response without substantiating an allegation and provide some of those preventative services, to keep that family from coming back into Child Welfare down the road. [LB225]

SENATOR KOLTERMAN: Does that work hand in glove with Sixpence? [LB225]

DOUG WEINBERG: Sixpence is one of the providers that we network, that we will refer families to, for home visitation. [LB225]

SENATOR KOLTERMAN: Okay. [LB225]

DOUG WEINBERG: We have tried very hard to align Alternative Response with our community response collaboratives, which are active now in ten communities. Across Nebraska we're looking to expand that over the course of the coming year. And it's really much more about community engagement, again, going back to who we engage for families in Alternative Response. It's very often neighborhood associations, friends, neighbors, extended family, churches, the faith-based community, other nonprofit organizations, to really provide connections. Sometimes it's just social connections for these families that will exist long beyond when we close even the Alternative Response case. The problem with traditional response is...we close that case, we're done, we're out of there; services stop. And if we're not making those social connections, it's hard for that family to get back, to stay on their feet. [LB225]

SENATOR RIEPE: Director Weinberg, can you tell me...let's see. Can you tell me when mandatory reporting came in, and what's been the positive side of that? [LB225]

DOUG WEINBERG: Mandatory reporting...I...yeah; I couldn't tell you. That's before my time. I... [LB225]

SENATOR RIEPE: Yeah; I'm a young guy and I can't remember either. [LB225]

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DOUG WEINBERG: Yeah; I can't give you before and after. I could collect some information. [LB225]

SENATOR RIEPE: Okay. [LB225]

SENATOR LINEHAN: Go ahead. [LB225]

SENATOR WILLIAMS: Go ahead. [LB225]

SENATOR LINEHAN: Because...no, I have to think; I'm flustered. [LB225]

SENATOR WILLIAMS: Okay. [LB225]

SENATOR RIEPE: Okay. Senator Williams. [LB225]

SENATOR WILLIAMS: Thank you, Chairman Riepe. And thank you, Director Weinberg. I appreciate you helping us, especially those of us that are new on the committee, as Senator Kolterman suggested. My concept of a dirty house is probably a whole lot different than what you're talking about or what Jamie Vetter sees in Kearney and Dawson County. [LB225]

DOUG WEINBERG: And remember, the dirty house is in the eye of the beholder. In this case, it's the person making the allegation. [LB225]

SENATOR WILLIAMS: I'm trying to sit here and make sense of what we have heard this afternoon with two bills that have similarities and yet we have the department coming in, in one bill, changing a requirement from "shall" to "may." And we have had experience, and you know where I sat on a committee the last two years before I was here. And we've worked with the criminal justice system intently on some of those things. From your perspective, would your opinion change if the first bill we heard substituted the word "shall" instead of "may" in there? [LB225]

DOUG WEINBERG: In respect to which clause? [LB225]

SENATOR WILLIAMS: In respect to the issue that we're talking about here, the Alternative Response issue that, as I remember the bill, it switches that to the department may continue using an Alternative Response versus what we have in law right now that we shall use an Alternative Response. [LB225]

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DOUG WEINBERG: You know, I think... [LB225]

SENATOR WILLIAMS: I hear you saying this is something you want to continue... [LB225]

DOUG WEINBERG: Right, right. [LB225]

SENATOR WILLIAMS: ...or if you're going to do that, and I know there's some heartburn around this table, and others, when we change those two words. [LB225]

DOUG WEINBERG: Sure. I think our concern would be...we would rather see this with the evergreen provision so it doesn't sunset on a given date, so we're not back here again in 2020. [LB225]

SENATOR WILLIAMS: I agree. Would you be opposed if the word "shall" was in there with an evergreen date? [LB225]

DOUG WEINBERG: I'd have to give that consideration. [LB225]

SENATOR WILLIAMS: Okay. Second question, along the same line, is the first bill again removed some of the transparency requirements that appear to be in law now. And I would like to hear your response as to whether the burden of that is worth losing that...that reporting back to this body that has oversight responsibilities. [LB225]

DOUG WEINBERG: Well, I mean, we have a lot of oversight as it is today. This body has created the Nebraska Children's Commission. There is a subcommittee of the commission that focuses on Alternative Response, that has oversight, that reports to this Legislature. I have a director's steering committee that I engage, on a regular basis, to discuss policy issues. That includes a variety...it's county attorneys; it includes CAC executive directors, Gene Klein... [LB225]

SENATOR WILLIAMS: And I appreciate all those. Would you agree that all of those are elective on your part, to continue and to do... [LB225]

DOUG WEINBERG: I don't know if...I wouldn't say the Children's Commission is elective. We are not voting members on the commission. [LB225]

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SENATOR WILLIAMS: Okay. And the last question I have...I know you heard my question to Ms. Tse from Voices for Children, concerning the money and the potential loss of that. Can you help us understand that further, also? [LB225]

DOUG WEINBERG: Sure. When we implemented our Title IV-E waiver two and a half years ago, we signed a document called "terms and conditions." And one of the provisions in those terms and conditions is that we include, in our...as our waiver interventions, both Alternative Response and results-based accountability. So if we were to have a lapse in Alternative Response, or if we were to discontinue Alternative Response, we would be in direct violation with our terms and conditions, which could mean we would lose our Title IV-E waiver. And if the Title IV-E waiver went away, we'd go back to the historical, the traditional way of claiming Title IV-E funding. But the Title IV-E waiver gives us the ability to claim all the cost we incurred associated with Alternative Response...are now eligible for federal funding. Plus any other prevention service that we engage families in that are intended to keep children safely at home are now eligible for Title IV-E. [LB225]

SENATOR WILLIAMS: And I'm assuming it would not be an overstatement to say that's something you would not want to happen. [LB225]

DOUG WEINBERG: Would not want to happen, by no means. [LB225]

SENATOR WILLIAMS: Thank you. [LB225]

SENATOR RIEPE: What kind of dollars are we talking about? [LB225]

DOUG WEINBERG: Our capped allocation is roughly \$30 million a year. It wouldn't all go away; we'd have to do some real detail analysis to see what our federal funding would look like under the traditional IV-E waiver. [LB225]

SENATOR RIEPE: Thank you. Senator Linehan. [LB225]

SENATOR LINEHAN: I've got all my questions. Thank you. I have a...I'm going to give a little background here. I have a daughter who's done a lot of work with refugees. And I think sometimes they get in trouble because there's the language barriers, and a lot gets in...so do you have...are there a lot of complaints that come in regarding refugee families? Or allegations on refugees...have you? [LB225]

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DOUG WEINBERG: I have never looked into that, so I really couldn't...couldn't give you an opinion. [LB225]

SENATOR LINEHAN: Okay. All right; thank you. [LB225]

SENATOR RIEPE: Can you give us some clarification on why does the waiver and the statute sunset? And they do not match; there are different dates on those, I think. [LB225]

DOUG WEINBERG: I was...I don't know what the legislative intent was with the statute... [LB225]

SENATOR RIEPE: Okay. [LB225]

DOUG WEINBERG: ...because we knew, at that time, there would be a waiver. Yeah. [LB225]

SENATOR RIEPE: We will follow up on it; we'll find out. Thank you. Are there additional questions? Seeing none, thank you very much. [LB225]

DOUG WEINBERG: Yep; you're welcome. [LB225]

SENATOR RIEPE: Are there others in the neutral capacity? Seeing none, Tyler, do we have any letters? [LB225]

TYLER MAHOOD: (Exhibits 4-6) Yes, and I apologize for mispronouncing the name again. I have a letter a Heather Sikyta, of the Sherman County Attorney's Office, in support; a letter from Mary Jo Pankoke, of the Nebraska Children and Families Foundation, in support; and a letter from...signed by Mandi Amy, of the Buffalo County Attorney's Office, in support. [LB225]

SENATOR RIEPE: Thank you. I personally know how difficult is to keep names straight all the time (laughter). Would you like to close, Senator? [LB225]

SENATOR CRAWFORD: Yes; thank you. Thank you, committee. I know it's been a long afternoon, and I thank you for your attention. Obviously our kids are so important to us, and it's important that we make sure we know how to protect them and help them and help those families in the best ways we can. So it is clearly an issue deserving of our time and attention. And learning about all the different ways that those processes work and how that relates to the bills in front of us is time well spent. So I appreciate your time to that. I do want to also thank Director

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Weinberg for his work on this program, on Alternative Response, and working to get it up and running and making sure it's helping our families. I want to also note that, as he noted, prevention is key, and I appreciate his commitment to that and note that, in addition to this work on Alternative Response, he's been working with communities on another layer, which is Community Response, and so he's been working hard in some of those communities, including Sarpy County, to make sure that there are systems in place that people turn to, even before they make that hotline call. And those systems then, that are in place building the supports and for families, one, to try to keep people from even having made the hotline call in the first place, but then those are then systems in place that our AR families can also have access to. So he's been working very hard to expand and improve those prevention networks in our communities, and that's been an important part of this whole AR pilot project, as well; and I think that's very valuable. I think, in our conversation, we've also learned a lot about the LB1184 teams and...and also about the child advocacy role, and I appreciate and I'm glad that...to hear the department indicate that they are supportive of the child advocacy centers being a part of this process. And so however we move forward, we know that we can make sure that that's clarified and in law, so we can continue to use those child advocacy centers effectively to help these families. There are differences that we've had a chance to discuss: the shall versus may and the permanent versus an extended to a set date; and also there are some differences, in terms of what gets reported to the Nebraska Children's Commission and so that gives us a lot of grist to really talk about what's the best way forward, however we proceed, whether we make changes in LB417 or make changes in LB225. And what's important to me is just that we make sure we get this program extended and up and running in a way that it best serves the needs of our children in the state and make sure that we're doing so carefully and effectively. The LB225 emphasizes making some of those changes and keeping the reporting in and having it be a temporary expansion until we get those results of the...the results of the study. And that's...those approaches are in the bill, and I look forward to further conversation on how we move forward on...in Alternative Response and keep helping those children and decide how we're going to do this in a way that so, in the long term, we're also making the best choices of how our child welfare systems work. Thank you. [LB225]

SENATOR RIEPE: Okay; thank you. We do have a question here from Senator Kolterman. [LB225]

SENATOR CRAWFORD: Yes. [LB225]

SENATOR KOLTERMAN: Yeah. Senator Crawford, you alluded to the fact that he was working in Sarpy County. Is that someplace near here (laughter)? [LB225]

SENATOR CRAWFORD: Yes. It's a beautiful part of the state, and I encourage you to come visit. I can send you brochures, if you like. The project in Sarpy County is called Lift Up Sarpy

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(sic: Lift Up Sarpy County, Inc.) and it's getting, you know, the churches involved and the nonprofits involved, just to make sure we have...and they're finding new ways to work together. I mean it's been a wonderful...it's wonderful to see that growing collaboration and network in the county, really working to help families and, again, not just our AR families, but also having those networks out there so that families get help, and they get help from their own community and their own neighbors, so that they...so that they can get the help they need to not even have to make that hotline call. [LB225]

SENATOR KOLTERMAN: Thank you. [LB225]

SENATOR RIEPE: Any other questions? Thank you for your intense interest in this subject. [LB225]

SENATOR CRAWFORD: Thank you. [LB225]

SENATOR RIEPE: That said, that will conclude the hearing on LB225; I (inaudible) that. [LB225]