

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee July 28, 2020

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

**MURMAN:** I'm Senator Dave Murman from District 38, south, west, and east of the Tri-Cities: Hastings Grand Island, Kearney.

**WALZ:** I'm Lynne Walz, District Fifteen: all of Dodge County

**ARCH:** John Arch, District 14: Papillion, La Vista, in Sarpy.

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

**CAVANAUGH:** Machaela Cavanaugh, District 6: west-central Omaha in Douglas County

**HOWARD:** Also assisting the committee is our legal counsel, Jennifer Carter, and our committee clerk, Sherry Shaffer. A few notes about our policies and procedures. Please turn off or silence your cell phones. This afternoon-- this morning, it's morning-- we'll be hearing, we'll be holding a hearing on the gubernatorial appointment of Stephanie Beasley as the director of the Division of Children and Family Services for the Department of Health and Human Services. We will also be taking public comment on nine other nominees: for the Nebraska Rural Health Advisory Commission, Marty Fattig, Lynette Kramer, Jessye Goertz, April Dexter, Benjamin Iske, and Sandra Torres; for the Stem Cell Research Advisory Committee, Dr. Rui Yi; for the State Board of Health, Daniel Rosenthal; for the Board of Emergency Medical Services, Carolyn Petersen. The committee has already held hearings, our first virtual hearings, on those nine appointments, so today we'll just be taking any public comments on those appointments after the hearing on Director Beasley's appointment. On each of the tables near the doors to the hearing room, you'll find green testifier sheets. If you're planning to testify today, please fill one out and hand it to Sherry when you come up to testify. This will help us keep an accurate record of the hearing. Also, I would note, if you are not testifying, but have written testimony to submit the Legislature's policy is that all letters for the record must be received by the committee by 5:00 p.m. the day prior to the hearing. Any handout submitted by testifiers will

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also be included as part of the record, as exhibits. We would ask, if you do have any handouts, that you please bring ten copies and give them to Sherry. We do use a light system for testifying. Each testifier will have five minutes to testify. When you begin, the light will be green. When the light turns yellow, that means you have a minute left. When the light turns red, it's time to end your testimony, and we'll ask you to wrap up your final thoughts. When you come up to testify, please begin by stating your name clearly into the microphone, and then please spell both your first and last name. We do have a very strict no-prop policy in this committee. And with that, we'll begin today's hearing and welcome Director Beasley. And just for the record, you don't have a time limit, so you can take as much time as you would like. Welcome.

**STEPHANIE BEASLEY:** Can you hear me or would you prefer I move, remove my mask?.

**HOWARD:** I think you can take it off while you're speaking into the microphone; that makes it a little bit easier.

**STEPHANIE BEASLEY:** Good afternoon-- good morning. I said the same thing here.

**HOWARD:** Yeah, same thing.

**STEPHANIE BEASLEY:** Senator Howard and members of the Health and Human Services Committee, I am Stephanie Beasley, S-t-e-p-h-a-n-i-e B-e-a-s-l-e-y, and I am the director of the Division of Children and Family Services for the Nebraska Department of Health and Human Services. I began my position on February 24, 2020. I am both humbled and honored to join CEO Dannette Smith and the team at the Department of Health and Human Services, under the singular mission of helping people live better lives. I've been welcomed into the department by very kind and passionate teammates, and I look forward to serving the great state of Nebraska. I appreciate the privilege of being before you today discuss, to discuss the subject of my confirmation. I also appreciated having had the opportunity to meet many of you and your colleagues when I first arrived, prior to the onset of the pandemic. Together we can continue making Nebraska a great place for children and families. Today, I want to share a little bit about my background as both a public servant and a private provider, and then outline how I believe we can work together to impact those in need. Human Services is my lifetime work. I graduated from Indiana University, where I studied criminal justice and sociology. I also later received my

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master's of social work from Indiana University. Directly out of undergraduate school. I started my career in child welfare and began as a frontline case manager and investigator. During 13 years with the Indiana Department of Child Services, I served in many roles. For several-- following several years as a direct care case manager, I worked at the State Central office, providing statewide oversight in multiple areas, including: independent living; foster care; special needs adoption; policy; quality assurance; and I served as the lead for the Indiana Child and Family Services Review. Later, I served as the director of child welfare for Marion County, which is the field office serving Indianapolis. I was in that role for a short time before being asked to return to Central Office as deputy director for field operations, where I supervised the provision of child welfare services in all 92 counties. When I left child welfare, I joined an intermediary nonprofit responsible for the KIDS COUNT data in Indiana. In my role for this nonprofit, I served as VP for statewide outreach and supported a responsible fatherhood initiative and faith-based collaboratives, working with families and fathers exiting prison. I also supported a field team working on community development and capacity building for youth servant organizations. For several years during this time, I worked for Indiana University as an adjunct professor for both undergraduate and graduate students studying social work. Over the last several years before coming to this position, I worked for a provider serving central Indiana in the role of chief operating officer. I was responsible for the operations and delivery of an array of crisis health services, as well as housing services, employment readiness, and foster care. When I came on board with CFS in late February, we immediately faced the impact of COVID-19 on children and families within the child welfare system and, as well as, persons served through our economic assistance programs. The pandemic rapidly provided an opportunity to learn a great deal about our services and our partnerships in Nebraska. I have appreciated seeing communities and stakeholder alignment in addressing critical needs across our state. Since being appointed director, I have identified divisional priorities to include: 1) strengthening community engagement; 2) enhancing cross-system collaboration; 3) ensuring quality services for children and families to include systematic and meaningful integration of youth and family voice; and 4) meaningful and intentional efforts to create a system designed to meet the diverse needs of youth, children, and families we serve. I would like to share more about these priorities. Strengthening community engagement and increasing the use of prevention strategies can mitigate the impact of involvement in the deeper end of our systems.

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Prevention efforts can ensure child and family well-being and prevent the need for services in the child welfare system. Preventing maltreatment is key to well-being, and limiting the trauma caused by removal and separation from family will serve Nebraska for generations. I'm looking forward to continued focus on prevention efforts across our state. Enhancing cross-system, collaboration is key to the success of the broader child welfare system. Judicial partners, law enforcement, providers, legislators, probation, faith-based partners, family organizations, private partners, and many others in Nebraska have a vested interest in the well-being of families. Continuous efforts are needed to build upon existing collaborations in each of these disciplines. Another priority is ensuring quality services to children and families, include systematic and meaningful integration of youth and family voice. In Nebraska, important work has been done to engage youth with lived experience in system improvement efforts. This is an area that can and should continue to be strengthened. Finally, meaningful and intentional efforts to create a system designed to meet the diverse needs of all youth, children, and families we serve are necessary for improved outcomes for children and families. It is critical in this field that we evaluate practices across the child welfare continuum with efforts designed for child and family well-being. I'm happy to be part of CEO Smith's team. I'm excited to lead the Division of Children and Family Services into the future. I appreciate the opportunity to speak in front of the committee today, and I look forward to working with each of you. Thank you for your time and I'm happy to answer any questions that you have.

**HOWARD:** Thank you. Are there questions from the committee?

**WILLIAMS:** I have one.

**HOWARD:** Senator Williams.

**WILLIAMS:** Thank you, Chairperson Howard, and thank you, Ms. Beasley, for being here and your time in Nebraska. We normally would have conducted this hearing some months ago. The good news is you've had longer to be here. What have you discovered about our particular situation in Nebraska that might have surprised you?

**STEPHANIE BEASLEY:** So the pleasant surprise in Nebraska-- I'll tell you, when I joined the team, COVID was ten days behind me with our first case here in Nebraska. And, you know, the silver lining in, in a crisis, in a pandemic, really is that it does shine a light on what you're doing well, what you can lean on, what you can stand on, and

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areas that you can focus. And in, in this pandemic, the prevention efforts and community collaboratives and those partnerships with communities really did help direct and emphasize where we needed to sink our resources and our focus for kids and families and vulnerable persons. And so that was something that I have referred candidly to my counterparts across the nation as you need this in your state, a focus on prevention and development of community collaboratives and those partnerships that allowed us to link in. And so that has been certainly something that I've leaned on quite a bit in making determinations about where were the issues and what did we need to be looking at next. So I have very much appreciated. And in fact, as well as recent as last week, we learned that Nebraska has been selected for their prevention efforts by ACF, Prevent Child Abuse America, Casey Family Programs, and the Annie E. Casey Foundation to really do a proof of concept around the prevention to reflect that engagement with these committed collaboratives. And, and this prevention effort in the community does work and can mitigate the impact of trauma and other deeper involvement in the system for kids and families and vulnerable persons. So that has been truly an opportunity for me to learn quite a bit. And other states don't have this like Nebraska has, has really shown that commitment to prevention.

**WILLIAMS:** Have you identified some different challenges that you didn't expect to see from the beginning?

**STEPHANIE BEASLEY:** I don't think that I've identified challenges I didn't expect to see. You know, many of the opportunities that we have, it's been a learning curve for me. Right? I have definitely tried to understand by listening to system partners' opportunities. And so that's where I've sunk my priorities, which is not just prevention, but also cross-system collaboration. I think that's an opportunity that was shared with me very early on, that I can lean my spirit and focus into, because I think collaboration with the judicial partners, law enforcement providers, that's key to success. And so that has been an area where I believe that child welfare can continue to strengthen.

**WILLIAMS:** Thank you.

**HOWARD:** Senator Cavanaugh.

**CAVANAUGH:** Thank you. Thank you for being here this morning. It's weird listening to somebody talk and have, like, facial expressions. So I was listening intently. And I appreciate what you've said this

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morning. One thing that I've been particularly interested in, and I think you bring to you, from your background, is prenatal care. And I'm just curious to hear a little bit more about your Counting [SIC] the Kick's program. And is that something that you see an opportunity to implement here in Nebraska? And are there other things that we could be doing because maternal health and infant health in Nebraska are-- there are a lot of challenges? And so I just want to give you an opportunity to speak to that.

**STEPHANIE BEASLEY:** Thank you, Senator. I have less experience with prenatal care and more experience with the focus on maternal, maternal infant health and relationships. One of the key pieces for our prevention strategies have been around Healthy Families America, which I think is a really great model for visiting services. And that can begin prior to the birth of the child. So I believe that that's an opportunity for us to really strengthen the family, not only the family bond, but the parents' skills in caring for the infant and ultimately have long-term outcomes. As you sink into that early stages in prevention efforts, I think that is a powerful strategy to build both parenting skills and knowledge and relationships and resources for that family.

**CAVANAUGH:** Thank you.

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

**ARCH:** Thank you. Thank you for coming. Welcome to Nebraska. So COVID-- I'm sure that you had to adapt your programs for in-home visits and that type of thing. What, what, what was adapted? And did you learn anything? Did you see opportunities in the future for doing kind of a blended hybrid of that? Or-- I, I don't want to put the words in your mouth. Just go ahead and talk about COVID and what you learned.

**STEPHANIE BEASLEY:** Yeah, thank you, Senator. So we did very early on recognize that we needed to have some rapid interventions to support flattening the curve. And so it was in mid to late March that I reached out to our judicial partners and provider network, and we transitioned to virtual services. There were, obviously, challenges with that transition. Not all families had connectivity or they had limited minutes for services, or even some of our providers weren't fully equipped for a virtual platform. And our contracts, candidly, weren't structured for virtual services. And so we worked really closely to develop a guidance document to, to really guide those efforts around moving both visitation for parent/child visitation and

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services that could be transitioned to virtual, to that. We were really clear that this didn't impact safety services. So if there were risk or safety needs, we armed our team and providers with PPE and gave them the knowledge from Public Health and CDC on how to equip themselves. We tried to limit that to, to really safety issues and otherwise use virtual platforms. We met those challenges for families. We did provide cell phone minutes, tools, resources, tablets, etcetera. And-- but it brought up some issues for some families of connectivity. And that's a pretty significant transition to take someone from an eight hour, hour Saturday visitation with their two-year-old to a virtual visit that obviously wouldn't be able to occur over eight hours. A two-year-old isn't going to sit on the other end. But we really did work to amend our contracts. We partnered with our providers. We were having weekly calls with provider network across the state to talk about the challenges that they were having and the issues that they were seeing, and working to address individual case needs. So I think that first guidance document went out on March 22nd, in concert, you know, we, I had shared, obviously, with our judicial partners the direction that we were headed, you know, and I knew the challenges that it would represent for everyone. We certainly-- that parent child bond is, is critical, and we wanted to ensure that virtual was an alternative method, although not ideal. And it was in early May that we transitioned back. In the interim, we worked to flip contracts in concert with our provider, our network associations, to a case rate that allowed for virtual. So there was a lot of very rapid transition happening. It was a, a-- probably not. There were flaws, you know, things that we know today that we didn't know then. And but we did really work to make sure that services could continue and that the opportunity was there for services. We didn't want to impact a parent's ability to work towards their permanency plan. In early May, we transitioned back to face-to-face. I think some of that-- obviously, you learn very quickly about what some of the concerns are. We were focused on ensuring we didn't have workforce shortages, that we had plans so that, if a child or a parent or a foster parent had tested positive or had been exposed, that we were working with the courts to identify why we wouldn't have been returning to face-to-face. And this has-- it's been a true learning, and I think some innovation has come out of it. Our plan is to continue to, not only allow for some virtual services, but to have some flexibility in our contracts, moving forward, so that if we needed to flip back to all virtual, we would have that possibility. The piece that I think has been, you know, an opportunity for us with providers are that some of their services have, have really been

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supported by virtual services. Right? It's easier to connect more frequently with a family when you don't have drive time. And so I think, you know, as we've structured our new contracts, moving forward, it's an understanding of-- it pushed us into a place where we use technology in a different way, and I think some opportunity has come out of that for us to continue moving forward, not only in planning for continuity of operations, should we need to go back to solely virtual. For a brief period, except for issues of safety, it really does allow us to, to, to see more people and maybe have a therapist serve more families because they don't have that drive time associated with that.

**ARCH:** Yeah. Or more, more frequent touches--

**STEPHANIE BEASLEY:** Yes.

**ARCH:** --with families, not, not necessarily eight-hour visits, but--

**STEPHANIE BEASLEY:** Right.

**ARCH:** --more frequent touches. It'd be a different, it'd be a different model. And we're, we're certainly seeing that in telehealth. I didn't know if that you were seeing that in Child Welfare, as well.

**STEPHANIE BEASLEY:** And we actually just sent out a provider survey-- I got the results yesterday-- because we were wanting to know what had they learned and what platforms did they find most successful. They all used a different platform. And we really wanted to know what was the best. And so we just got those results yesterday, I was looking at it-- and some really interesting information. We asked them opportunities from us, too, what could-- I was holding weekly calls for a long time. We actually just transitioned to monthly. We were, we went to every two weeks and at, just actually this month, have moved to monthly. But I wanted to know from them, too where, you know, from our providers, are we communicating? Are we providing you the right tools to do the services? Because they are an invaluable partner to us. They are seeing these kids and serving these kids 24/7. And so we wanted to make sure that we had provided the right tools. We're still working on, you know, continuing to do that and planning. They also were key to us in our continuity of operations planning. Candidly, very early on, that's where we shifted our focus. We didn't know what we didn't know in pandemic planning. I think we didn't really understand the true depth of what was going to happen, and so they were key to us. And this was part of our continuity of operations of

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what virtual services could be provided and how could we address that and really protect potential workforce shortages and other needs.

**ARCH:** OK, thank you.

**STEPHANIE BEASLEY:** Thank you.

**HOWARD:** Senator Walz.

**WALZ:** Thank you. Thanks for coming this morning. One of the things that really kind of caught my eye has to do with your professional experience at Adult and Child Health [INAUDIBLE]? And it said: achieved 79 percent client census growth in four years with a 63 percent growth in budget and increased in revenue. So it's just, it's a pretty broad question and I apologize for that. But are there a couple major factors or major-- or strategies, I guess, that you used to achieve those, those at all? Was it a goal that you, that you had or or how was that achieved?.

**STEPHANIE BEASLEY:** So when I was a-- so Adult and Child Health is-- has really three certifications. So they were a community mental health center-- or they are a community mental health center, a federally qualified health center and a licensed child-placing agency. And in Indiana, that means that they are what is called the child-placing agency here so they can place fosters-- foster children. One of the areas that we really, in Indiana, we're focused on-- candidly, they have an opioid epidemic in Indiana that people are in crisis every day. And so one of the things that we did was we transitioned to open-access model. And so we really walk in and be served. And that was a very different-- and so, you know, it's difficult to, to hire, necessarily, to keep up with that type of model because people are coming in in crisis and, and they needed addictive disease treatment and mental health services. And so that was one key component of expanding that, is really to look at-- is your front door wide enough?

**WALZ:** Hmm.

**STEPHANIE BEASLEY:** And are you really open to letting people walk in? The other thing that we did was we focused on partnerships, and we did a lot of school-based services. And so we had both bachelor's- and master's-level clinicians in schools serving kids and families. And this really does a couple of things. Candidly, when you're serving kids in schools, it's very helpful because parents, after they come

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home from work, they can't take their child in the evening to, to mental health services. And so it really allowed for that partnership with the educators. And so that really was-- a significant portion of our growth is that we expanded into multiple school corporations and partnered with the leadership in those schools to, to provide that support.

**WALZ:** That's awesome. Thank you

**STEPHANIE BEASLEY:** Thank you.

**HOWARD:** Other questions? Oh, Senator Murman.

**MURMAN:** Thanks for coming to Nebraska. I've got a question about, you worked for a nonprofit that supported responsible fatherhood and worked with faith-based collaboratives with the fathers. Could you expand on that a little bit?

**STEPHANIE BEASLEY:** Yeah. So it's the Indiana Youth Institute. They are the entity in Indiana that provides and disseminates the KIDS COUNT data. And-- but it's an intermediary, and I joined-- when I joined the team, we had about two and a half, almost three years left of a five-year initiative where we were the inter, intermediary, supporting five locations across the state, five, five faith-based partnerships doing healthy marriage and responsible fatherhood programming. It was a phenomenal experience. I really helped support and navigate the-- as a federal liaison, federal reporting, outcomes, measurements, the evaluation efforts-- really also supporting programming and some capacity building. And so it was in Gary, Fort Wayne, Bedford, Indianapolis, and Evansville. So if you're familiar with it, it was kind of the-- all across the state, it was really incredible. Several of the coalitions were really working on dads who were exiting prison, and integrating them. And so, you know, one of the things that we did, as an intermediary, is help build the capacity with partnerships to do employment readiness services, and then, obviously, the, the process through reconnecting with their kids, making sure that they were employed so that they could pay their child support and not face a return, a violation of the court order and a return to prison. So it was a phenomenal opportunity. We really had some great outcomes. I worked all the way to the end of that project, and there was a lot of celebration. These faith-based collaboratives really were in the community, serving families, serving kids and parents and dads. And it

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was truly an opportunity to see how that type of programming, particularly in the faith-based community, can do powerful work.

**MURMAN:** Was it all kinds of faith, different faiths at work?

**STEPHANIE BEASLEY:** It was, yes. It was. Yeah, five different coalitions across the state. So--

**MURMAN:** OK, thank you.

**HOWARD:** That's great. Other questions? I just have a few. We've heard a lot-- and I just want to focus on COVID a little bit. Senator Arch asked, asked a great-- a great question about visitation and COVID. But can you talk about the hotline calls, because I know that's been a big issue during-- throughout the pandemic? And so can you talk about the trend and then how it's looking right now?

**STEPHANIE BEASLEY:** Thank you, Senator. It was one of the very first things that we were looking at. So it was-- our educators are really our primary report source. They-- and it goes educators and then law enforcement. And when kids are isolated, they aren't seen. And that immediately became a concern for us when we started tracking to look at our hotline calls. Now, since it's in education, educators are our primary report source. Any time we're on spring break or summer break or fall break or Christmas break, you'll see a bit of a dip. When the pandemic began, when we first started watching, it was hard to compare because this was over spring break. But then in April, we saw 38 percent up. And it was really alarming for all of us. We were very concerned about eyes on kids. Right? And in-- both informal and formal supports. And when people were in isolation, not only did they have the stressors and, and, candidly, critical moments for themselves. Right? Fight financial issues, food security, isolation-- they had the added stressor of teaching their children now. And so we started monitoring this. So we, we, we worked to do-- and in concert with some of the community collaboratives and NDE, a well-being guide-- and Behavioral Health. So we were trying to get resources into the hands and encouraging people to connect with families and support them. And then also, candidly, some, some identifiers of ways to recognize abuse and neglect, too, and just give them some tools and some resources, as well. So if they identified food security as an issue or housing issues and that they had the number to call and so we disseminated that well-being guide in multiple languages. It continues to be something we reference and resource. It was somewhat difficult to get all of the resources throughout Nebraska into this guide that could be

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disseminated, but we've provided that with-- in concert with the school. They've been very-- it's a-- we call it the well-being task force and have really looked to ensure that we're getting the word out. It's upticked to the-- as people are getting out. There are more eyes on kids. But we are preparing for the fall when kids return, which we always see an increase in our reports. Again, educators are key. They're well-trained, they know these kids, and they are reporting their concerns. And so we, we know that's coming. And we've been working with NDE on how to get the word out. And we've been prepping for it.

**HOWARD:** That's great. And then in terms of the economic assistance programs that you oversee, what sort of changes did you make, in light of COVID, for that?

**STEPHANIE BEASLEY:** So there were several waivers that we, you know, took advantage of to ensure-- I can get you the list of all of the different waivers-- but so one is childcare. We spoke pretty frequently about subsidy and some of the, the challenges as day cares were closing. So one great example is allowing childcare subsidy providers to bill for days that kids were kept home. And, you know, we wanted our families to be able to keep their kids home if their child was sick or they, they, you know, felt like they needed to keep them home without losing their slot, and so providers could also really continue to be supported and, and hold that slot for them when they were able to return. So there were several of those-- the max allotments were examples-- and we actually continue today to exercise the max allotment for SNAP benefits. That will come out on August 7, I believe. And then P-EBT was another example we partnered with NDE-- and P-EBT is pandemic EBT. And this really allowed us, since schools closed in March, to look at the days that schools were closed and to ensure that, for kids who were being served by the free and reduced lunch meal program, that we could redirect those funds and that families could receive that. And so actually the first allotment for that will be going out this month, and then another next month. It's a bit more complicated when you are comparing data across systems. So that took us a bit to work out and get the word out to families that they could apply. And so that was-- you know, there was really a lot of great work done by NDE and CFS team partnering together to get the word out, and then a lot of stakeholders, as well. So that's just another example that we were looking for opportunities to, to really address some of those needs as quickly as we could, as you know, and,

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and exercise the opportunity to ensure that we got benefits into the hands of our recipients.

**HOWARD:** That's great. And the, do you want to give us an update on the Eastern Service Area while we're here?

**STEPHANIE BEASLEY:** OK. So the Eastern Service area-- are you asking for just a general overview of how they're doing? Or--

**HOWARD:** Yeah.

**STEPHANIE BEASLEY:** OK.

**HOWARD:** Just how they're doing, because obviously, we saw the transition start in October, so we're getting close to a year.

**STEPHANIE BEASLEY:** We are, yeah.

**HOWARD:** And so it'd be great to just know how things are going.

**STEPHANIE BEASLEY:** Wonderful. So the transition obviously began before I came. And so since I've arrived, I've really enjoyed the opportunity to, to learn about the services that St. Francis-- we've developed a key partnership and myself with both the director of the regional VP here, as well as leadership at with Saint Francis Ministries. You know, we have really focused on areas of-- did the transition of ensuring that they are aligned in, and in our program design. Right? That they have service array. And so FFPSA is a great example, so that's Family First Prevention and Services Act, an implementation of prevention services. And we've been working closely with them on this. You know, our contract monitoring process is we meet-- our team, our contract monitors actually meet daily with St. Francis leadership. I meet pretty frequently with their leadership, as well. And then last week, one of the pieces is, as we look at contract monitoring and we're looking at the same metrics that we're being measured by-- so one of the things that we are measured by, obviously, is our federal indicators. So with our CFSR review, we have a pith that says if it cured the areas that we're really going to focus on, so permanency would be one of them, we have those same measures for St. Francis Ministries. And so that's the piece that as they are-- so we meet and we provide that data on how they're doing. It's-- so we, we work the same process that we work with our own team, with Saint Francis, as far as sending them their data, talking about what it means, trying to understand what the indicators are or what the influences are, one way

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or the other. And so that's a process that gets into a lot of program details. So last week, actually, we assigned another staff person around program design and program understanding. And she has a long history with Health and Human Services. And she was the deputy director of protection and safety and, and really has a passion about practice and what program looks like. And so she is also supporting St. Francis Ministries now. So I-- we really work closely to ensure operations mimics and-- or, you know, is really-- follows the same expectations for DHHS and that we're in concert, but that we're also measuring the same outcomes for ourselves around safety, permanency, while being, obviously, caseloads and other factors that are, you know, that, that we at DHHS and CFS are holding ourselves accountable for. And we're providing that information to them daily, weekly, monthly, and, you know, really supporting them and working through planning in those areas. Just as we are our own region service area administrators, we do the same work with our team to address some of our, our needs in areas where-- one of the areas that we're really looking at is placement stability and permanency.

**HOWARD:** And remind me, is St. Francis on a performance improvement plan?

**STEPHANIE BEASLEY:** So they do. So when there are, when there are factors that we are asking them to address, they are on that. And so we're meeting with them and saying: What progress are you making? And so caseloads are an example. Right? So we are working with them closely to look at hiring and training and how many staff do they have that are able to do this work, so that caseloads are brought up to the same standard that we're held accountable to.

**HOWARD:** OK, thank you. Senator. Cavanaugh.

**CAVANAUGH:** Thank you, Senator Howard-- Chairwoman Howard. I just wanted to go back to the Chairwoman's questions about programs. You mentioned the subsidies, the bill for days kids are home. And is that a program that's no longer-- are you no longer doing that? Have you gone back to the previous, that they have to be in attendance? And if not, are you considering extending that?

**STEPHANIE BEASLEY:** I actually, Senator, can get you the list of all of our current waivers and the end dates for those. And so I can't tell you the exact end date; I didn't bring that with me.

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**CAVANAUGH:** But that is, that is ending for the subsidy for the childcare program?

**STEPHANIE BEASLEY:** So it is a waiver,

**CAVANAUGH:** Right.

**STEPHANIE BEASLEY:** Yes.

**CAVANAUGH:** And we're not seeking the waiver to extend it?

**STEPHANIE BEASLEY:** So I'll have to ask and see when our waiver actually will end, and when we would have to seek that guidance and see if we can still continue to get that waiver.

**CAVANAUGH:** OK.

**STEPHANIE BEASLEY:** So typically, we're, we're listening to our-- obviously waiting for our federal partners to tell us what's possible--

**CAVANAUGH:** Right.

**STEPHANIE BEASLEY:** --and then applying for those as those are disseminated. And I apologize. I don't have that.

**CAVANAUGH:** No, that's, that's fine. I just-- yes, I would be interested in that. Thank you.

**STEPHANIE BEASLEY:** OK, I'll bring it.

**HOWARD:** OK, other question? And just-- and this will be our last question. But just as a point of clarity, in your role, are you overseeing facilities and the YRTC's? This committee is really focused on them, and so I think it would be helpful for us to know who's in charge of the YRTC's and the facilities for youth.

**STEPHANIE BEASLEY:** Yes, thank you. CEO Dannette Smith has been intimately involved in the leadership and will be maintaining that leadership and oversight with the leadership team of the YRTC's. When I onboarded, obviously, she had been very deeply involved. She's allowed me to remain focused in the child welfare and economic assistance realm. So she's going to maintain that.

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Health and Human Services Committee July 28, 2020

**HOWARD:** That's great. All right. Any other questions? Do you have any final thoughts you'd like to share with the committee?

**STEPHANIE BEASLEY:** I really appreciate being here today and speaking to you. One of the many-- and I, I've really spoken openly about how thrilled I am to be here in Nebraska. There are-- I often tell the people back in Indiana and Illinois-- there are many things here that I'm excited to be able to join in the efforts and the commitment to-- really the work that happens in the community with, with families, with vulnerable persons. Nebraska is being recognized for that. And that's phenomenal. And so I'm excited to, to come and join the efforts. I, I think my, you know, history in human services-- I hope my history in human services serves Nebraska well. I'm looking forward to working with all of you.

**HOWARD:** Wonderful. Thank you. OK, we'll now invite any testifiers who would like to speak on behalf of Stephanie Beasley's appointment to the direct-- Division of Children and Family Services. Excellent. Seeing none, we do have two letters for the record: one from the Nebraska Alliance of Family and Child Service Providers, and from-- one from the Nebraska Alliance of Child Advocacy Centers. The --so then I don't close the hearing. OK, so then the following gubernatorial appointments had confirmation hearings on May 27th and May 29th, by videoconference. And we'd like to invite any public testimony for: Marty Fattig, Lynette Kramer, Jessye Goertz, April [INAUDIBLE] Dexter, Ben Iske, or Sandra Torres to the Rural Health Advisory Commission; Dr. Rui Yi to the Stem Cell Advisory Committee; Daniel Rosenthal to the State Board of Health; or Carolyn Petersen to the Board of Emergency Services. Seeing none, we do have one letter for the record, on behalf of Marty Fattig, for the-- from the Nebraska Hospital Association. And this will close the gubernatorial appointment hearings for today. Wonderful. OK. We did it. OK. And we're going to go into an Executive Session now, so--