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Appropriations Committee
March 15, 2011

[LB325]

The Committee on Appropriations met at 1:30 p.m. on Tuesday, March 15, 2011, in Room 1524 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB325. Senators present: Lavon Heidemann, Chairperson; John Harms, Vice Chairperson; Danielle Conrad; Tony Fulton; Tom Hansen; Heath Mello; John Nelson; Jeremy Nordquist; and John Wightman. Senators absent: None.

SENATOR HEIDEMANN: I think we're going to go ahead and get started. Welcome to the Appropriations Committee. We are going to start with self-introductions, starting over to my right.

SENATOR NORDQUIST: Jeremy Nordquist, District 7, downtown and south Omaha.

SENATOR HANSEN: I'm Tom Hansen, District 42, Lincoln County.

SENATOR CONRAD: Danielle Conrad, north Lincoln.

SENATOR WIGHTMAN: John Wightman, District 36, Dawson and Buffalo Counties.

SENATOR HEIDEMANN: And to my right is the fiscal analyst at the present time, Sandy Sostad; way to my left is Anne Fargen, the committee clerk; our page for today, as every day, is Christina; I am Senator Lavon Heidemann from Elk Creek, District 1. To my left...

SENATOR HARMS: John Harms, 48th District, Scottsbluff.

SENATOR NELSON: John Nelson, District 6, central Omaha.

SENATOR FULTON: Tony Fulton, District 29 here in Lincoln.

SENATOR HEIDEMANN: And last but not least and joining us later will be Heath Mello from Omaha, District 5. At this time, we ask if you have cell phones to please shut them off as not to be disruptive later. Testifier sheets are on the table or near the back doors. We ask that you would please fill them out completely and put them in the box on the table when you testify. At the beginning of your testimony, we ask that you please state and spell your name. Nontestifier sheets are near the back doors if you do not want to testify but would like to record your support or opposition. You only need to fill this out if you will not be publicly testifying. If you have printed materials to distribute, we ask that you please give them to the page at the beginning of your testimony. We will need 12 copies. In an effort to be fair to all that want to testify on the budget this year, the Appropriations Committee will be using the light system. The principal introducer or principal agency representative will not have a time limit. We do, though, ask you to

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keep your testimony concise and on topic. All testifiers following will be given four minutes or three minutes, depending on how many people want to testify on a bill or agency hearing. On the light system sitting on the testifier table, you will notice a green light when you start your testimony. When you have one minute left, the yellow light will turn on. When the red light turns on, we ask that you please just wrap it up. Following the principal introducer on bill hearings, we will take testimony first from proponents, then opponents, then in the neutral capacity. For agency budget hearings we will take general comments on the agency budget proposal following the principal agency representative. With that, we are going to start today's hearing with LB325. Senator Howard, welcome back once again.

SENATOR HOWARD: Thank you. Thank you. Good afternoon, Senator Heidemann and members of the committee. I'm out of breath. I was racing back. For the record, I am Senator Gwen Howard, H-o-w-a-r-d, and I represent District 9. I come before you today to present yet another creative way to save the state money. I know that LB325 has a fiscal note of \$250,000 per year, but in the end LB325 will save us money. LB325 would appropriate funds for Family Works, a residential treatment program run by Heartland Family Services for women who are pregnant or who have young children. Family Works is a unique program because it allows mothers and their children to stay together while the mom is receiving treatment. Having children is often an overlooked barrier that prevents many from seeking treatment for their addiction. Many are unwilling or unable to entrust their children to the care of others or to the state, and we're all familiar with the foster care system, while they work to battle an addiction. Family Works allows women to work toward recovery in a safe environment while keeping families intact. If you look simply at the fixed incarceration costs, those things that we can predict, LB325 would save the state \$85,000 per year. According to data from Family Works, incarceration in the Women's Correctional Center costs the state \$37,726 per year. Foster care for children costs taxpayers \$18,250 if one estimates the price at a conservative \$50 per day. Adding six women and their children to the Family Works program under LB325 would cost the state, as I said before, \$250,000 per year but it would save the state \$335,856. That's a net savings of \$85,856. My staff figured all these numbers out so if you would like a copy of those figures I'd be glad to get that for you. This estimate does not include court costs, enforcement costs, foster care aftercare, or savings from the neonatal intensive care and treatment for drug-dependent newborn, which would likely be paid out of Medicaid money. I know that many of the members of this committee or your staff have met in the last couple of weeks with mothers who are in the Family Works Program, so I know that I don't need to explain to you the intangible benefits this program provides. The self-esteem and the family bonds that are preserved and fostered, because these mothers are not sent to prison, is invaluable. The support system that is created is...I can't explain to you what it means to someone going through treatment to have a mom who's already been through treatment go back and say I'm here to support you, the successful decrease in the use and abuse of alcohol and drugs allowing for a future of possibilities for the mom and their children.

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LB325 will save the state money, preserve families, and likely save lives. Thank you for your time and your attention to LB325 and I encourage you to support this program. Thank you. [LB325]

SENATOR HEIDEMANN: Thank you, Senator Howard. Are there any questions? [LB325]

SENATOR HOWARD: And I have folks here from Family Works that I think can tell you day-to-day operations and things you might want to know about how the program actually works. [LB325]

SENATOR HEIDEMANN: Will you be closing? [LB325]

SENATOR HOWARD: I will. [LB325]

SENATOR HEIDEMANN: Okay. [LB325]

SENATOR HOWARD: Thank you. [LB325]

SENATOR HEIDEMANN: You bet. How many people are wanting to testify on LB325? Could you raise your hands? In the back, four, yeah, we've got them over here. Thank you. At this time, we will take testimony in support of LB325 if you want to support the bill. [LB325]

SENATOR NELSON: Senator, if no one is coming, can I ask Senator Howard... [LB325]

SENATOR HEIDEMANN: We have... [LB325]

SENATOR NELSON: Okay. [LB325]

SENATOR HEIDEMANN: I think there's more people over to the left. Welcome. [LB325]

JOHN JEANETTA: (Exhibit 1) Good afternoon. My name is John Jeanetta, J-e-a-n-e-t-t-a. I'm president and CEO of Heartland Family Service. It may seem odd at a time when all the focus is on how to cut the budget, you are being presented with a request for additional funding for a particular service. We realize that when we are faced with how to tighten our belts, both personal and at our businesses, we look at how we can decrease our spending. I don't envy you this daunting task. However, if we were smart, we also look at where we can save by investing in efficiencies that will save us money. This funding request being presented to you in LB325 falls into that "if we are smart we invest in efficiencies" category. This funding will enable Family Works residential substance abuse treatment program for women with their children to expand from 10 to 16 families. Family Works is funded through federal funds designated for

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women's treatment that we receive from Region 6 Behavioral Healthcare for women who are not eligible for Medicaid. We also receive funding through the Medicare (sic) waiver that provides coverage for adult substance treatment. Family Works was developed through a federal grant from SAMHSA, the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services. It was designed to build the state's capacity to provide addictions treatment using best practices to a priority population--pregnant women and women with young children. Family Works opened in the fall of 2007 and has celebrated the birth of 29 drug-free babies, all born to full term. We are also proud to report that our successful discharge rate is 68 percent, which is nearly 20 percent higher than the national average for residential addictions treatment. This is a program that provides comprehensive addictions treatment for women that also includes family therapy, treatment for any co-occurring mental health disorders, and an intensive parenting education and support program. Our program only uses evidence-based practices designed to help women recover from their addiction while strengthening the mother-child bond and the mother's ability to provide a nurturing home for their child. Many women with children who need addictions treatment avoid entering treatment out of fear of losing custody of their children. Family Works removes this barrier and has also been successful in reuniting children with mothers who have entered treatment. We work closely with the family drug treatment courts, adult drug courts, and child protective services. The need for additional capacity is well-documented. In 2010, Family Works had to refer 72 mothers to other programs for treatment because our facility was full. This meant that if they entered treatment elsewhere, their children had to be placed in the care of others. Please note the use of "if" they enter treatment. As I mentioned previously, one of the primary reasons many women give for avoiding entering treatment at all is because they fear the loss of the custody of their children. Also, women waited an average of 29 days to enter treatment at Family Works once they had been determined eligible and placed on the waiting list. The cost savings of this investment are extraordinary, as Senator Howard just described. Operating a facility of 16 provides for the most efficient use of staff resources which decreases the cost of treatment per family by 22 percent, so going from the 10 families to 16 just by itself generates significant efficiencies because we're able to provide almost the same amount of care without changing our fixed costs. Each mother who successfully completes treatment, rather than being sentenced to incarceration at York, saves taxpayers over \$33,000 per year, when you consider the cost per inmate per year and the cost of foster care for her children. A priority population served at Family Works is pregnant women. Since opening in 2007, Family Works has celebrated, as I said before, the birth of 29 drug-free babies. The average length of stay for a drug-dependent newborn is 23 days in neonatal intensive care at a cost of \$550 a day, and that's just the cost for the room. It doesn't include any of the other costs that would be associated with their care and those costs are primarily paid for by Medicaid. Therefore, just looking at the cost per room, the Family Works Program would save Nebraska taxpayers about \$12,650 for each drug-free baby born. We calculate so far that we have saved taxpayers about \$366,000 with our program. When we increase our

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capacity to 16 families, we anticipate that we will celebrate the birth of 12 drug-free babies each year, for a savings in the neonatal intensive care area of \$151,000 per year, and again that's just for those room costs. It doesn't include all the other costs which would probably triple or quadruple that amount. The cost of foster care, visitation, and family support services is around \$36,000 per year. The median length of stay in foster care is 15 months, for a cost of about \$45,000 per child. We can serve three families for the cost of out-of-home care for one child in our Family Works Program. So as we move forward with the child welfare reform process, we must keep in mind that one of the primary reasons children are removed from home and placed in the state's care is alcohol and drug abuse. About 46.9 percent of the cases, those are the underlying causes. Family Works cuts to the core of this problem, keeps families together, and when that goal isn't possible, leads more quickly to permanency for the children. We ask your support of LB325. We believe that investing in the expansion of this effective treatment program is in the best interest of both the taxpayers and the families and the children needing help. [LB325]

SENATOR HEIDEMANN: Thanks, John. Senator Conrad. [LB325]

SENATOR CONRAD: Hi. Thank you so much for coming in... [LB325]

JOHN JEANETTA: Yeah, sure. [LB325]

SENATOR CONRAD: ...and providing all of that relevant and important information and those very powerful statistics. I think it would be difficult to argue with the merits of the program that you've established in terms of not only fiscal impacts but dramatic quality of life differences for the women, children, and families affected. So congratulations to you. [LB325]

JOHN JEANETTA: Thank you. [LB325]

SENATOR CONRAD: I just have a couple of questions and I apologize if I just didn't get it written down quickly enough in your presentation. When did your program start and when did the federal funds...when were those granted? [LB325]

JOHN JEANETTA: The program started in 2007. [LB325]

SENATOR CONRAD: Okay. [LB325]

JOHN JEANETTA: And the funds were...we started it with a grant from SAMHSA. [LB325]

SENATOR CONRAD: And then the \$250,000 appropriation request that is contained in LB325 would cover just the expansion from 10 families to 16. [LB325]

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JOHN JEANETTA: Yes. [LB325]

SENATOR CONRAD: It's not replacing the federal funds that were at issue. [LB325]

JOHN JEANETTA: No. No, uh-uh. [LB325]

SENATOR CONRAD: Okay. And then do you happen to know off the top of your head if there are any other similar programs in other regions or in other communities across the state or are you unique in the population you serve? [LB325]

JOHN JEANETTA: I believe there's two other programs in Nebraska that are similar, one here in Lincoln and one in Hastings. [LB325]

SENATOR CONRAD: Is that at St. Monica's? [LB325]

JOHN JEANETTA: Uh-huh. [LB325]

SENATOR CONRAD: Okay. And then where was the other one? [LB325]

JOHN JEANETTA: Hastings, I believe. [LB325]

SENATOR CONRAD: Hastings too. Okay. Well, great, thank you. [LB325]

JOHN JEANETTA: Thank you. [LB325]

SENATOR HEIDEMANN: Senator Fulton. [LB325]

SENATOR FULTON: Thank you, Mr. Chairman. Thank you for being here. [LB325]

JOHN JEANETTA: Sure. [LB325]

SENATOR FULTON: Absent this \$250,000, will there still be an expansion? [LB325]

JOHN JEANETTA: No, we wouldn't be able to. [LB325]

SENATOR FULTON: Okay. So you're at 10 right now. [LB325]

JOHN JEANETTA: Yes. [LB325]

SENATOR FULTON: The request is for...this money would be utilized for expansion and that justification of state dollars is the...those are the statistics you're spelling out. [LB325]

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JOHN JEANETTA: Yes. [LB325]

SENATOR FULTON: Okay. All right. Thank you. [LB325]

JOHN JEANETTA: Uh-huh. [LB325]

SENATOR HEIDEMANN: Any other questions? Senator Nelson. [LB325]

SENATOR NELSON: Thank you, Senator. Thank you, Mr. Jeanetta. I don't see anything on the fiscal note about matching federal funds for this, where the state would be on its own with this \$250,000, is that correct, as far as the expansion? Are there any...are there federal funds that will help with this expansion? [LB325]

JOHN JEANETTA: No. [LB325]

SENATOR NELSON: No. All right. Somehow I missed out on anyone meeting with me explaining this. What is a drug-free baby? [LB325]

JOHN JEANETTA: Means the child is born without having been exposed to drugs during the pregnancy. [LB325]

SENATOR NELSON: Okay. All right. The mothers, the prospective mothers, are...would they go to York otherwise? Is this a diversion program? Is that what it amounts to as far as the court system? [LB325]

JOHN JEANETTA: Yes, that could...that is a likely outcome for many of the women that enter our program. [LB325]

SENATOR NELSON: So by entering this program, they can go through this and then avoid incarceration or just if they satisfactorily complete the treatment? Is that it? [LB325]

JOHN JEANETTA: Yes, uh-huh. [LB325]

SENATOR NELSON: All right. Okay. Thank you very much. [LB325]

JOHN JEANETTA: You're welcome. [LB325]

SENATOR HEIDEMANN: Any other questions? Seeing none, thank you. [LB325]

JOHN JEANETTA: And I have copies here of my testimony. [LB325]

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SENATOR HEIDEMANN: Welcome. [LB325]

CAROLYN THIELE: (Exhibits 2 and 3) Thank you. Good afternoon. I'm Carolyn Thiele, C-a-r-o-l-y-n T-h-i-e-l-e, and I'm the vice president of Nebraska Professional Services at Heartland Family Service, and Family Works is one of the programs in my division. And this afternoon I really wanted to share with you how we got to bringing this request to you this year. The Through the Eyes of the Child Initiative in Omaha, which you're probably all familiar with which is across the state, there are committees that are part of this initiative through the Supreme Court, and the team in Omaha came to us last summer and asked us if we would be willing to expand our capacity from ten mothers, because they saw the need to try to bring more families into this kind of service. So that was the reason that Senator Howard brought LB325 to you today. I did want to share, and I think John shared, some of the statistics from the Foster Care Review Board, and I really wanted to talk about Family Works as it relates to moving forward, the child welfare reform in Nebraska, because we're keeping families together, we're getting them reunited more quickly. The Foster Care Review Board data shows that 58 percent of the families who have children come into the foster care system have some kind of a behavioral health issue. Forty-seven percent of them are a substance, either drugs or alcohol. They also note that 24 percent of the children under the age of two who are placed in foster care have a parent who is using methamphetamine. And just a side note, it's not in the testimony, but 90 percent of the mothers coming into our program have used methamphetamine. Sixty percent of the families that have come into Family Works have been families that are already involved with child welfare services. Their children have been removed and they've been made wards of the state. We have worked really closely with the family drug treatment courts in Douglas County, as well as child protective services, so that we are able to get kids reunified with their mothers within the first 30 days that they're in our program for treatment. As soon as Mom is stabilized and able to resume parenting, kids are being able to be returned. It's really important for you to understand that when mothers complete Family Works, they have succeeded in their recovery but they've also succeeded in parenting sober. And for many of them, this is the first time they've had an opportunity to parent sober. When mothers are successful in treatment in programs where they aren't with their children, they are successful in their recovery. What they walk back into is a situation where they're having to deal with the stress of parenting and children who are displaying some pretty significant problems because they have been separated from their parent for a number of months. And we know this because we've seen kids who have come and been reunited with their moms at Family Works and some of the behaviors and some of the problems that they're dealing with. And our program provides 24-hour support for Mom in her role of parent. We have a very intensive parenting education program, but staff are there 24 hours a day to help with that role. So when women graduate from Family Works, having achieved their parenting goals is just as important as having achieved their recovery. The one thing that we have done over the three years that we have been open is we have been working with Health and Human Services and tracking

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what are the long-term outcomes for kids who come in through the child welfare door, and we have found that 53 percent of those children have remained successfully reunified with their mothers, 28 percent of them have gone on to another permanency plan through adoption, relinquishment, or some type of guardianship. Because Family Works was able to provide court with documentation about reasonable efforts being made for rehabilitation and because the clock is ticking on those young children, it was time to move forward with a different type of permanency plan. Only 19 percent of the kids remained in foster care. I do have attached to my testimony letters from Dave Newell, who is the executive director of the Nebraska Families Collaborative, which is one of the lead child welfare contractors, as well as Sandra Gasca-Gonzalez, who is the president of KVC. And I also have a letter from Judge Johnson, whose family drug treatment court has been very supportive and worked with us very closely since we started. I also have given you a letter from Robin Sullivan, who is one of our Family Works graduates who, when she heard about the fact that this was being proposed, wanted to have an opportunity to submit written testimony. And since the red light is on, I won't read you any of Judge Johnson's letter as I planned. [LB325]

SENATOR HEIDEMANN: Are there any questions? Seeing none, thank you, Carolyn. [LB325]

CAROLYN THIELE: You're welcome. [LB325]

SENATOR HEIDEMANN: (Exhibits 4 and 5) At this time I do want to note into record that we have letters in support from Nebraska Association of Home and Community Health Agencies, and from one individual. Is anyone else wishing to testify in support of LB325? Welcome. [LB325]

JESSICA HOPPINGTON: Hi. My name Jessica Hoppington, H-o-p-p-i-n-g-t-o-n, and I just wanted to let you know that Family Works has saved my life and my little baby girl. She's two years old. I was incarcerated due to my alcohol issues and drug abuse, and the judge decided to release me to this treatment, also because I wanted a treatment because I wanted to get my baby back. I have tried in the past to get off drugs and alcohol, but I wasn't able to because when I have gone to other treatment my baby has to be away from me. So on this treatment, my daughter was placed with me so I got to concentrate on myself and I get twice therapy a week and I also do parenting classes, and now me and my daughter, we're bonded more and it's just an amazing program. My daughter, when she was...she was away from me, when she came back to me, she wasn't able to speak no more. She was just traumatized. And I've been there...on the 17th is going to be my sixth month so I'll be graduating here pretty soon. And they just don't leave us, you know, kick us out or anything like that. We're going to go through a transitional housing and they're going to continue helping us out. And I am pretty confident that I am going to stay sober this time because they take us to meetings and I got a sponsor and everything else. So I think it's a wonderful program. That's all I have.

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[LB325]

SENATOR HEIDEMANN: Senator Harms would like to ask a question. [LB325]

SENATOR HARMS: Thank you very much for coming. I know it takes a lot of courage to do what you did and I want you to know how much I appreciate, and I'm sure my colleagues appreciate that, for your courage. And I know that you will whip this battle. And so thank you very much. [LB325]

JESSICA HOPPINGTON: Thank you. [LB325]

SENATOR HARMS: You're welcome. [LB325]

SENATOR HEIDEMANN: Any other questions? Seeing none, thank you. [LB325]

JESSICA HOPPINGTON: Thank you. [LB325]

SENATOR HEIDEMANN: Welcome. [LB325]

SARAH WELLS: Hello, good afternoon. Thanks for having us. My name is Sarah, S-a-r-a-h, middle initial D., last name Wells, W-e-l-l-s, and I am here in support of the bill. I have been addicted to drugs for many years, since 1999, and I gave birth to my daughter on cocaine and that was in 2000, and I lost her to the system. So in accordance to what some of the people before me spoke about, you know, losing the kids to the system, I think is very important reason for this bill, you know, to support Family Works, because when I went to treatment to get my children back the first time, it was simply to get them back. It was not taking in the knowledge of the treatment and holding on to an actual recovery. This program has given me so much to live for. I was supposed to originally get into the program May 3 and, because of my addiction...or March 3, I'm sorry, because of my addiction, thank you, I did not actually get into the program until May 3. Because being out there using, I went to jail, and being in jail and pregnant and knowing that I did not want to give birth to this child the same way, you know, I took a serious thought and, you know, wonder if this program would still accept me, even though I blew them off when they were willing to accept me, and they did and I'm so grateful for that. And like Senator Howard was mentioning, you know, a lot of the kids being lost into the state in the system, I was a foster child because of abuse in my family, and I got pulled from two foster homes, being molested and being whipped with cords that...cable cords. So I believe that the reunification is so important because when mothers get it under control, you know, it's nothing better than for a child to be with his parent. And I had something all wrote out so that I would know exactly what I wanted to say but I felt like it would not be anything close to coming from my own heart. And I think one of the important things is that I know a lot of us in here are parents and it could one day be, no matter how perfect of a parent you are, your child or your

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(inaudible) who gets hooked on drugs, you know, and one of the great things about going through this program is that it has given me a testimony so large that I can tell the next child and the next child, and it could be your child, to prevent them or to help them come off of the streets, you know, and to not use drugs or even go back. And this program has given me so many tools to be able to use myself to prevent relapse, because I went through treatment in 2009 and that kept me for five months and it was a 28-day program. This program has given me so many more tools to be able to be well-equipped to deal with any feelings that arrive, any tough situations without resulting back to my addiction, and I think that that's one of the important things about all of the women in this program as peers, as the authority figures, you know, and also the people that are in support of these type of programs that are available. So thank you for listening. [LB325]

SENATOR HEIDEMANN: Thank you for coming before us today. Senator Harms. [LB325]

SENATOR HARMS: Sarah, thank you very much. And I will say the same thing I said before. I know that really takes a lot of courage on your side to be able to come and do that and tell your story. Sarah, you didn't need anything written down. You did marvelously well. What's your daughter's first name? [LB325]

SARAH WELLS: This is actually my son. [LB325]

SENATOR HARMS: Son? (Laughter) [LB325]

SARAH WELLS: My daughter I gave birth to in 2000 and... [LB325]

SENATOR HARMS: What do I know? [LB325]

SARAH WELLS: ...he was actually born, I believe that this is my blessing child, he was born September 21, 2010, on my 30 birthday. [LB325]

SENATOR HARMS: Well, he's got big eyes. He's a beautiful little boy. [LB325]

SARAH WELLS: Thank you. [LB325]

SENATOR HARMS: So thank you very much for coming and like I said, I know it takes a lot of courage to do this and we appreciate that. Thank you. [LB325]

SARAH WELLS: Thank you. [LB325]

SENATOR HEIDEMANN: Thank you very much. Is anyone else wishing to testify on LB325 in support of? (See also Exhibit 5) Is anybody wishing to testify in opposition of

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LB325? Does anybody wish to testify in the neutral position on LB325? Senator Howard would like to close. [LB325]

SENATOR HOWARD: I will. Senator Harms, I believe that was Baby Ernie. I introduced LB325 so that we could begin to talk about a real difficult issue and that's the use of drugs by people that had no intention of getting themselves in this situation but did get hooked and now they are parenting children. You've heard about the savings that can be realized by the treatment that preserves these families. You've heard a lot today and over the last few weeks about the importance of the Family Works program. I know they came in and hopefully talked to most of you. I'm sorry, Senator Nelson, if they didn't get that chance to talk to you, but I will tell them that your door is always open, as I know it is. LB325 would make the program more effective by increasing it to the most efficient capacity and by getting more individuals off the waiting list. It would allow mothers to work toward recovery with their children instead of being without them or being in a jail cell. I appreciate your hearing this bill and I ask for your support. [LB325]

SENATOR HEIDEMANN: Thank you, Senator Howard. Are there any more questions? Senator Harms. [LB325]

SENATOR HARMS: Thank you very much, Senator Howard, for introducing this. Do you have any idea about how many women we might have that are in this particular situation where... [LB325]

SENATOR HOWARD: Oh, you mean the numbers over all? [LB325]

SENATOR HARMS: Yeah, do we have any idea what we are confronted with? [LB325]

SENATOR HOWARD: You know, I couldn't...I could only give you my own impressions of this. I remember there was some testimony about by expanding it there would be 12 drug-free babies born during the year, and so that's just kind of the tip of the iceberg. But from the years I worked in Health and Human Services, I saw a steady increase in the children coming into care whose mom, primarily I would say the mom, had an addition. [LB325]

SENATOR HARMS: Okay. Thank you. Thank you, Mr. Chairman. [LB325]

SENATOR HEIDEMANN: Seeing no further questions, thank you. [LB325]

SENATOR HOWARD: Thank you so much. [LB325]

SENATOR HEIDEMANN: And with that, we will close the public hearing on LB325. We will now open up the public hearing on Agency 25, the Department of Health and Human Services. We will do them all together: Division of Behavioral Health, Division of

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Medicaid and Long-Term Care, Division of Developmental Disabilities. While we're waiting, we've got numerous letters on this agency and they actually have come in. We're going to put them all into the record. (See Exhibits 6 through 142.) The ones that we have before us, letters opposing provider reductions from five organizations--Blue Valley Behavioral Health; FirstCare Home Health; National Alliance on Mental Illness, Nebraska; South Central Behavioral Health Services; and the Hastings Police Department--and also from 132 individuals. We have letters opposing changes to the preferred drug list from the Alzheimer's Association; the Visiting Nurse Association; the Community Health Charities. We also have a letter listing concerns for potential reductions to Medicaid and mental health services for students from Lincoln Public Schools, and we have one letter with information regarding the DD waiting lists. Welcome. [LB325]