

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee January 27, 2023

HANSEN: All right. Good afternoon and welcome to the Health and Human Services Committee. My name is Senator Ben Hansen. I represent the 16th Legislative District in Washington, Burt, Cuming, and parts of Stanton Counties and I serve as Chair of the Health and Human Services Committee. I would like to invite the members of the committee to introduce themselves, starting on my right with Senator Ballard.

BALLARD: Beau Ballard, Legislative District 21, northwest Lincoln and northern Lancaster County.

HARDIN: Brian Hardin, District 48: Scottsbluff, Gering, and Kimball.

M. CAVANAUGH: Machaela Cavanaugh, District 6, west-central Omaha, Douglas County.

RIEPE: Merv Riepe, Legislative District 12, which is a good part of Omaha, Millard, and Ralston.

HANSEN: OK. Also assisting the committee is our research analyst, Bryson Bartels to my left and our committee clerk, Christina Campbell. And today, our committee pages are Delanie and Kate. We will actually be doing four gubernatorial appointments today in the order listed on the agenda outside the room. On each of the tables near the doors to the hearing room, you will find green testifier sheets. If you're planning to testify today, please fill out one and hand it to Christina or one of the pages when you come up to testify. This will help keep an accurate record of the hearing. If you are not testifying at the microphone, but want to go on record as having a position on the bill being heard today, there are white sign-in sheets at each entrance where you may leave your name and other pertinent information. Also, I would note if you are not testifying, but have an online position comment to submit, the Legislature's policy is that all comments for the record must be received by the committee by noon the day prior to hearing. Any handouts submitted by testifiers will also be included as part of the record as exhibits. We would ask that if you do have handouts that you please bring ten copies and give them to the page. We will be using a light system for testifying, which is right in front of the microphone. Each testifier will have five minutes to testify. When you begin, the light will turn green. When the light turns yellow, that means you have one minute left. When the light turns red, it is time to end your testimony and we will ask that you wrap up your final thoughts. If you do come up to testify, please begin by stating your name clearly and the mike-- into the microphone and then please spell both your first and last name. And so each one

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of these gubernatorial appointments will begin with the person up for the appointment to come in and then give their opening and, and discuss their qualifications. And then after that, then we will start doing some of the neutral testimony-- or supporting testimony, opposition testimony, and then anybody who's wishing to testify in the neutral capacity afterwards. On a side note, the reading of testimony that is not your own is not allowed unless previously approved. And then we also have a strict no-prop policy in this committee. So with that, we will start first with CEO Dannette Smith. Welcome.

DANNETTE SMITH: My pleasure.

HANSEN: And you can begin whenever you like.

DANNETTE SMITH: Good afternoon, Chairman Hansen and members of the Health and Human Services Committee. My name is Dannette R. Smith, D-a-n-n-e-t-t-e R S-m-i-t-h. I am the chief executive officer of the Nebraska Department of Health and Human Services and I'm here today to begin the confirmation process. I want to thank the Health and Human Services Committee for their support since I have been in Nebraska. I am excited and humbled to be appointed to be a part of Governor Pillen's Cabinet to continue to serve and lead DHHS. Public service is a calling. My career has been built around serving the most vulnerable people for more than 30 years. I have worked as an executive in nonprofit arena as well as state, regional and municipal governments, organized-- organizations that deliver and coordinate human services for urban, suburban and rural communities. While there is much work to be done in this state, I would like to highlight some significant accomplishments during my tenure. My team and I have improved and modernized the YRTC programs and enhanced the educational community components for a more structured, behavioral-based program. We successfully launched Medicaid expansion and are prepared for the Public Health online, which will begin April 1, 2022 [SIC]. I provided oversight to the pandemic response in coordination with the Governor's Office, reorganized the Public Health Division to better support operations. One of my leadership attributes is to be a strategic-- one of my leadership attributes is to be a strategist that brings a strong vision, mission and organizational design. I have found that when a leader is able to clearly articulate their vision and the strategy for achievement, it garners excitement, commitment, and it inspires a level of execution that is often beyond what has been thought to be possible. Currently, I am the board chair of the American Public Human Services Association, human health subcommittee chair for the Council of State Government for 2022, and a Child Care Aware of America Board Member and finally, a Milbank Foundation fellow. I am fortunate to be

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able to leverage these leadership experiences to lead DHHS and drive innovation. Through my leadership and work with my team, our accomplishments have been substantial. We have been recognized number one by political and pandemic response. I provided leadership and oversight during the transition of the Saint Francis Ministry contract for child welfare. Community engagement is another leadership trait that has been a strength. The department held a number of town hall listening sessions and community meetings. We hear often from community members how appreciative they are that my team and I are visible. I have traveled all over the state and have enjoyed meeting some fellow Nebraskans. As the department looks to develop the future state of DHHS for Nebraska, I think of us as employing the quilt model of integration alignment to better serve Nebraskans. We envision the determinants of health such as jobs, housing, access to medical care as the backdrop of our quilt or agency. I imagine the five divisions and services we provide stitched together over a backdrop in a way that supports cross-divisional innovation. Continuing with that image, ensuring full implementation of the iServe Nebraska, a portal for all benefits programming. It is an integral part of our quilting. This will help Nebraskans with accessing services quicker. The ability to cocreate strategies with the divisions to better serve families through integrated programs and services will serve Nebraskans well. One patch of that quilt will be reimagining child welfare-- the child welfare system through the child welfare practice model workgroup created by the Legislature in 2022. You know, quilts provide comfort, support, warmth, both physically and emotionally. We aim to offer this to all Nebraskan residents and I take the responsibility of providing this seriously. Again, I want to thank Governor Pillen for the opportunity to lead the state's largest agency, along with my division directors and my team, because we are committed to empowering Nebraskans to live their best lives. I appreciate the Legislature's support over the last three years and thank you for your time. I'm happy to answer any questions.

HANSEN: Thank you. Are there any questions from the committee? Yes, Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thank you for being here, CEO Smith, and for your willingness to continue serving for the state of Nebraska.

DANNETTE SMITH: Thank you, Senator Cavanaugh.

M. CAVANAUGH: So in your time, we've had some unfortunate incidences in child welfare. What would you say are some of the lessons that you've learned in your position, specifically speaking the trans-- the

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contract and then transition of the contract for Saint Francis Ministries?

DANNETTE SMITH: So there's a couple of things, Senator Cavanaugh, that I would say to you, lessons learned. Always there's an opportunity to look at how we do contracting. And I think one of the things that moving forward, we will always make sure that we have kind of a third party looking at the work and how we do our piece. That's one. The second thing is always making sure that we have enough staff to do the work of child welfare. That is very serious for us. We want to make sure that we have the right staff, the trained staff to be able to support the families that we serve in both the Sarpy and Douglas County. I'd say that's the second thing. And then the third thing is always exploring strategies and making sure, although we're not there right now, that we're keeping in front of us our caseload sizes. And part of that is having good supervision, good retention of, of the current workforce that we have in place right now.

M. CAVANAUGH: What are the current caseload ratios?

DANNETTE SMITH: Oh, I don't have that right offhand. I can tell you we're better than we were six months ago, but I don't have that information, but I can certainly get it to you.

M. CAVANAUGH: Would you say it's between 20 to 25 or is it more than that?

DANNETTE SMITH: No, I don't think it's more than that, about 25, yeah.

M. CAVANAUGH: OK. I won't hold you to the number.

DANNETTE SMITH: OK. That's fair.

M. CAVANAUGH: An approximation is fine.

DANNETTE SMITH: That's fair.

M. CAVANAUGH: So as-- and I'm sorry, I have several questions if, if you want me to pause at all.

HANSEN: Maybe after a couple more questions. Then we can look around and see if anybody else has some and then--

M. CAVANAUGH: OK

HANSEN: --you can continue.

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M. CAVANAUGH: Thank you. So with the child welfare-- and I appreciate you've said the right staff in the right places. There has been a pretty significant staffing change made in your department in that we no longer have a director of child welfare and services. Did you feel that that wasn't the right fit? Were there issues happening that we should be aware of or concerned that you made such a significant change?

DANNETTE SMITH: Well, you know, this is how I feel about that, Senator Cavanaugh. Oftentimes, the leaders that we have in place take us to a certain level. And I believe that the, the, the leader that was in that place got us to a certain level. I am very, very appreciative of all of the work that Stephanie Beasley has done and I commend her for that. However, in a time of transition, I'm using this as an opportunity to look at what other skill levels and levels of leadership are needed to move us forward.

M. CAVANAUGH: Thank-- I appreciate that. Thank you. Again, I have other questions.

HANSEN: OK. Let's just-- I'll look around.

M. CAVANAUGH: Yeah.

HANSEN: Does anybody else have any questions so far? Yes, Senator Riepe.

RIEPE: I have some briefly. My recollection, my recollection is that staffing in-- for foster care has always been a challenge. I-- hopefully, it won't always be a challenge. So I commend you for that. The question probably that's more pertinent is where do we stand in terms of the information technology systems? I know-- I think they're older than dirt and I don't know. What-- you know, are we taking any action to try to bring those up for efficiency or--

DANNETTE SMITH: Well, here's what I would say to you, Senator Riepe. On our child welfare system at this time, we're not doing anything to bring that system up to par. Certainly, we're always doing updates to make sure that we stay as current as we possibly can. Where we're beginning to see the most change is going to be in public health, where we're really looking for a different type of platform. During the pandemic, sometimes we had difficulty getting data. We're looking at how we can modernize our public health data systems. One such example is vital records. Our vital records system is like on its last leg and we've been able to get some support to be able to kind of

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re-engineer and reimagine vital records. I can tell you, Senator Riepe, that being able to access data is going to be critical to the department. It is going to be critical in terms of how we drive change, how we drive innovation. And so where we are able to strengthen our IT systems, that's going to help us tremendously and I think we're on our way.

RIEPE: I'm pleased to hear that it's on your radar.

DANNETTE SMITH: It is very much so.

RIEPE: Thank you very much. Thank you, Mr. Chairman.

HANSEN: Yes, Senator Hardin.

HARDIN: We were in an event with you a week ago and you made some interesting comments about the future maybe ten years out, maybe more in relationship to AI and the upsides and the downsides and perhaps where you see all of that going. Would you mind sharing some of those thoughts?

DANNETTE SMITH: Sure. Senator Hardin, I know when we met last week for lunch, I talked a lot about how I felt data and technology was going to influence the work that we do. And that one of the things that we're really going to have to consider is how we balance the human part of this work along with the technology. I think at that luncheon I talked a lot about we will be getting to an age where you can just about provide or apply for benefits, which will happen here in Nebraska with our iServe Nebraska project. You will be able to apply for benefits online and never see a human being. But what we want to do here in Nebraska, appropriately, is to be able to balance that technology with being able to talk and really assess what people really need. I also think I talked a little bit about the department being effective in helping Nebraskans address determinants of health. And if you remember at the luncheon, I talked a lot about making sure that people had good jobs, good transportation, access to medical care, even behavioral health, how that's going to be important for the future. And we have got to be able to have good, robust programs that can not only support people in their communities, but also be able to support the state. And I had a-- I think the last thing I might have said was that I wanted to make sure, from a behavioral health perspective, that we were serving children to the best of our ability.

HARDIN: Thank you.

HANSEN: Yes, Senator Walz.

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WALZ: Were you, were you going to say something?

HANSEN: Nope.

WALZ: OK. I didn't want to interrupt. Thank you. Thanks for being here today. I will-- I want to switch gears a little bit to serving kids with developmental disabilities and severe behavior disorders. Can you talk a little bit about your plans for the future? A lot of the kids that have severe behaviors are not able to function in school or in the community. What, what kind of plans do you have to be able to serve families and kids with severe--

DANNETTE SMITH: So I can tell you, one of the things, Senator Walz, that we are simply exploring is, one, how to develop a robust behavioral health plan that really looks at prevention on the up front of our, of our system. Right now, a lot of our services are geared toward intervention. What we'd like to do is to provide a lot of preventive services. But with that, having strong components where families and children can actually go in the community and be able to receive those services. I know that we have some of those services throughout some of our regional authorities, but I don't always feel as though they are connected and that they create a continuum where a fam-- a child and a family can move through a system and get the appropriate services for what they need. We're going to be exploring that with some community providers, I hope, in the next couple of weeks to talk about what does that look like from a child welfare perspective, from a child who's having an event in the community and from a perspective of those kids who are involved in the justice system. It's just not as robust as I'd like to see it. The second thing I would add to that is I am a firm believer that some services, even behavioral health services, could be done in the home. And so that's that community prevention piece that I'm talking about. Can we bring services into the home or where that event is happening so that we can triage that child, triage that adult to be able to get the services sooner and quicker and keep them out of the hospital?

WALZ: One--

DANNETTE SMITH: So there's more to come with that.

WALZ: OK. And my second question is there's a lot of-- I mean, as I travel around the state and talk to parents, there are a lot of parents who don't even realize that there are services available for families. How will you better provide access to that communication,

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open communication up and let parents-- how will they know in the future what services are available?

DANNETTE SMITH: So, Senator Walz, I think one of the things that happened with us with the pandemic was it kept us from being as visible as we would like to be. I think one is being very visible in the community and making sure that people know the services and that we're out there talking about the services. Certainly using technology as a way of talking to families. But the third one is really getting families involved in conversations with us about what their needs are. And I think with the pandemic, sometimes that kind of slow us down or made us go to a pause state. I know that Tony Green, Director Green, is out and about in the community all the time. So is Director Bagley to talk about specifically what the families need as well as myself. But I think always we can do better in communication. I don't think that there's a silver bullet. I know that we try to keep our websites updated with good information, but I have found in Nebraska, the more personal the communication, the better people feel included and a part of the system. And we are able to get good information. And I'll tell you that we haven't been nearly as visible as we wanted to be due to the pandemic. But the pandemic is almost over April 1 and so that's going to allow us to get back out there.

WALZ: All right. That's all I have for now. Thank you.

HANSEN: OK. Seeing no more questions.

M. CAVANAUGH: Oh, no, no, no.

HANSEN: Oh,

M. CAVANAUGH: I got distracted by coffee.

HANSEN: Yeah, go ahead.

M. CAVANAUGH: OK. Thank you.

HANSEN: Yep.

M. CAVANAUGH: Sorry. I am all of the sudden suffering from insomnia so afternoon coffee--

RIEPE: Why?

M. CAVANAUGH: --is a new thing for me. I want it to have my full, perky attention for you this afternoon.

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DANNETTE SMITH: And I feel the same way.

M. CAVANAUGH: I-- some more questions around child welfare.

DANNETTE SMITH: Sure.

M. CAVANAUGH: It was brought to my attention that the state is no longer referring to day reporting services since the transition from Saint Francis Ministries in the Eastern Service Area. Is there a reason that the state is not doing that? Saint Francis Ministries was referring children to the day reporting services if they needed a place to be that they couldn't be during, obviously, the day?

DANNETTE SMITH: I'll be honest with you, Senator Cavanaugh. I'll have to get information for you on that. I'm not familiar with that.

M. CAVANAUGH: OK. I also-- I've, I've read over th, the attorney-- or not the attorney, sorry, the Office of Public Counsel Ombudsman's report. And there are a few things in here that are of concern to me that I'd like to give you an opportunity to address. I'm going to start with the YRTC, the youth rehabilitation treatment center. I know we know what the YRTC is, but I try to be good about reiterating the, the jargon. So in the report on page 24, for people's reference, at the bottom, it has issues identified and policies to deter elopement. And the Hastings staff observed that YRTC Hastings staff followed youth and staff on a Polaris vehicle, which I had to figure out what that was.

DANNETTE SMITH: Yeah, a vehicle on campus.

M. CAVANAUGH: Apparently it's kind of like a, kind of like a golf cart. Between buildings and staff in a van monitoring used near the housing units. While the concern about elopement is justified, OPC staff have concerns about the potential psychological impacts on female youth of having them personally escorting-- escorted by staff while being followed from building to building by another staff member on a Polaris and as was the case when staff visited and monitored by staff in the-- out from a dark van. Is there a reasoning behind this multi-tiered monitoring of youth at, at the Hastings?

DANNETTE SMITH: Well, we always monitor the girls out there.

M. CAVANAUGH: But having them escorted by an individual and a golf cart?

DANNETTE SMITH: We always have our monitor. They are in detention with us and so we do monitor them.

M. CAVANAUGH: Did you--

DANNETTE SMITH: Remember--

M. CAVANAUGH: Was at the practice prior to Hastings-- them being at Hastings--

DANNETTE SMITH: Yes.

M. CAVANAUGH: --at Geneva?

DANNETTE SMITH: Yes, it was.

M. CAVANAUGH: They were-- no, not monitoring them, but escorting them with an individual and a golf cart.

DANNETTE SMITH: Yes.

M. CAVANAUGH: They would mon-- they had both levels?

DANNETTE SMITH: Oh, yes.

M. CAVANAUGH: That's not-- I guess that's something that I was not ever--

DANNETTE SMITH: Yes.

M. CAVANAUGH: --made aware of previously. Did the Inspector General know that? Because they're flagging it now.

DANNETTE SMITH: I don't know.

M. CAVANAUGH: It appears--

DANNETTE SMITH: But I can tell you that at Hastings, when the girls walk in between buildings, they are escorted with staff and there may be the golf cart that-- and I don't know the right name for it-- that may follow them to the gymnasium, which is a small chapel, over to the administrative building for therapy or back to the dining hall or to their living quarters. That does occur. And remember, out at Hastings, we don't have a fence or anything. The girls are doing well with it.

M. CAVANAUGH: Well, yes, I, I appreciate that they don't have a fence. But the, the utilization of both a staff member escorting the youth

and then also the Polaris driving behind them, that sounds unusual to me. And it seems like it's unusual-- I mean, in the report it sounds unusual, but you're saying this is the standard practice at our YRTCs is that we have this many layers.

DANNETTE SMITH: We do.

M. CAVANAUGH: How are we able to do that with our staffing shortages?

DANNETTE SMITH: Well, I have enough staff to be able to cover and haven't had much turnover at Hastings. We have security that are in the golf carts and we've been able to manage it thus far.

M. CAVANAUGH: OK. At other facilities-- maybe you could give us an update on where we're at. This-- the Legislature authorized funding for renovations to the Kearney campus.

DANNETTE SMITH: Yes.

M. CAVANAUGH: And there is in here concerns over, I think-- what is it called-- ligature concerns at Kearney. Could you just give us an update on where we're at with improvements to Kearney and updating the facility so that it is safer for those youth?

DANNETTE SMITH: So I'm not familiar and I don't have the report in front of me about the ligature concerns at Kearney. But as you may know, the Legislature did give us money to look at building a new building. And so we have had designs being done to be able to do that work and to try to bring that online within the next, I think, year and a half from now.

M. CAVANAUGH: And by a year and a half, is that timeline that you will be breaking ground--

DANNETTE SMITH: Yeah.

M. CAVANAUGH: --or is that timeline for completion?

DANNETTE SMITH: I believe that's completion.

M. CAVANAUGH: OK.

DANNETTE SMITH: Yes.

M. CAVANAUGH: OK. Thank you. That's helpful. I-- of course, I have more questions, but I always want to be conscious of my colleagues if they have questions.

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HANSEN: I'll look around. Anybody else have any questions?

RIEPE: I have one, Senator.

BALLARD: I have one too.

HANSEN: Senator Ballard. We'll go with him first.

BALLARD: OK. Thank you, Mr. Chairman. Thank you for being here, CEO Smith. You had a statement that caught-- in your testimony that caught me interested. So you said to support cross-divisional innovation. Can you discuss that a little bit, expand on especially the innovation piece, expand and maybe give an example of, of your thinking on that?

DANNETTE SMITH: So-- and I can. So here in Nebraska, with the five divisions, we have an opportunity to move from kind of a silo approach to an integrated approach. That means where Medicaid/Long-Term Care could do some work with the CFS Division around child welfare. And that's a specific example I will give you. Right now, Medicaid is able to do some funding of our treatment and it's called tiered foster care for our therapeutic foster care children that need the highest behavioral health needs who are in our foster care system. Medicaid is able to be able to support that effort. That's very different than the way it has been. Medicaid has done Medicaid work, child welfare under CFS has done their work, and Public Health has done their work. There are several instances, for example, with healthy visiting where healthy visiting may be funded by Public Health, but it's done in CFS for some of our most vulnerable families, particularly some of our young parents. So there's opportunities to have cross-pollination and cross integration. Now one of the goals ultimately will be to look at how we can cross-pollinate funding and break funding to bring more expansion without having more dollars. Does that make sense?

BALLARD: Yeah, that does. And then a follow-up, if I may, Mr. Chairman. And then so one of your missions is to empower. So how does, how does that innovation translate to empowering Nebraskans?

DANNETTE SMITH: So what that means is that families have an opportunity to have almost a smorgasbord or a quilt of services that we can provide and that it comes to them more integrated than having a siloed approach. For example, benefits. When I think about our SNAP benefits, our Medicaid benefits right now, both of those platforms are separate and the staffs are separate. One of the things that would be great would be to be able to have them integrated. So when you come to apply for SNAP, the same worker that's talking to you about SNAP,

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you-- could also talk to you about Medicaid. That's one piece. When you come into the child welfare system and we're getting ready to do a permanency goal with you, you have your Medicaid and eligibility folks right there at the discharge time. If we need to get you enrolled in one of those services, we can do it right there. What I'm speaking to is the ability of being efficient and using our staff and our time wisely, but most importantly, being able to be more holistic in how we serve people who come to our attention. Right now, they go to separate places to get services. We want to make sure that it's integrated so that they go one place and get everything they need.

BALLARD: Perfect. Thank you, Chairman.

HANSEN: Senator Riepe.

RIEPE: Several years ago, I had the opportunity of visiting the Hastings. This was prior to the Geneva concerns. And at that time, I think there were 15 young men that were at the Hastings facility at the time. What-- refresh, if you will, please.

DANNETTE SMITH: Absolutely.

RIEPE: Can you tell me a little bit of what Hastings looks like now? And how difficult is that to bring the men and the women together? Creates somewhat of a new problem.

DANNETTE SMITH: OK, Senator Riepe. Thank you for the question. I'm going to have to update you. So the new facility now houses the girls that used to be at Geneva. The young men who used to be at Hastings are now at our Whitehall campus here in Lincoln.

RIEPE: OK.

DANNETTE SMITH: The buildings that you might remember on the Hastings campus when it was a state hospital, they're all gone. The only thing that is left is the chapel and the administrative building. The other buildings that I've been talking to Senator Cavanaugh about are all brand new. They were initially designated for the young men, but I needed a place to place the girls because I had the girls and the boys on Kearney's campus. Wasn't crazy about that, but had to get them out of Geneva. And so they were temporarily housed in Kearney and then we placed them in the new facility at Hastings.

RIEPE: I'm trying to envision when the campus would look like, almost a park now.

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DANNETTE SMITH: It's, it's very different than what you probably remember.

RIEPE: Lots of trees, but no buildings now.

DANNETTE SMITH: Yeah, no buildings.

RIEPE: OK. Thank you so much.

DANNETTE SMITH: No buildings.

RIEPE: Thank you, Chairman.

HANSEN: Senator Cavanaugh.

M. CAVANAUGH: Thank you, Chairman Hansen. So, yeah, Hastings, it looks very different. You tore down the old building, correct? It was a little scary. And the new buildings, two buildings?

DANNETTE SMITH: Two.

M. CAVANAUGH: Yeah, they're very--

DANNETTE SMITH: Three, three.

M. CAVANAUGH: --three-- are, are, are quite nice. I, I remember going and looking at them. I want to ask about the Lincoln YRTC.

DANNETTE SMITH: OK.

M. CAVANAUGH: So the-- for those that are-- just background for everybody else. I know you know this, but it is the juvenile detention center for Lancaster County that we are renting part of it that was being unused as the Lancaster regional or the Lincoln-- is it Lincoln or Lancaster that we call it-- regional--

DANNETTE SMITH: Lancaster.

M. CAVANAUGH: --OK-- youth rehabilitation treatment center. So that happened in 2020, 2019 ish.

DANNETTE SMITH: Yes.

M. CAVANAUGH: But that building-- that facility was always intended to be a juvenile detention center and not a rehabilitation and treatment center. And so are there any ongoing conversations about if this is the best-- I, I-- and this is in no means a critique at all on the

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programming there. Very happy that we're doing this. But the facility itself, is, is it serving trauma-informed care the way that it is-- are, are there talks about if we should be looking at a different model or housing for these youth? I just wanted to give you a chance to speak to that because it, it was kind of a weird situation that--

DANNETTE SMITH: Right, right.

M. CAVANAUGH: --brought us to that point

DANNETTE SMITH: I, I have to be honest with you, Senator Cavanaugh. The programs seem to be going quite well. I usually have a census of girls, about three or four, and a census of boys between five and seven boys. As you know, that clinical program is very intense. I have a psychiatrist, Dr. Wittry, who acts as our psychiatrist there and I have a full clinical team. I also have teachers there as well to address any educational needs. I think what we're seeing is that the program is going well so, so far. Haven't felt a need to expand at all. Most of the kids that go there, two things either happen. One, they will either go back to Kearney and be part of the population, but for the majority of the time, we stabilize them there. And when it was time-- when it is time for discharge, they may be discharged from Lincoln. I have not heard from my staff that they feel the need to expand. Right now, the facilities that we're using seem to be very appropriate to the kids and the kids are responding well to the treatment there. And so I haven't heard any need to expand at this point.

M. CAVANAUGH: OK. Thank you. I appreciate that. What is the capacity for--

DANNETTE SMITH: OK. I think I have a ten and ten on both sides.

M. CAVANAUGH: OK.

DANNETTE SMITH: Ten for girls and ten for boys.

M. CAVANAUGH: OK.

DANNETTE SMITH: And there's separated quads.

M. CAVANAUGH: And can you, just for the committee's knowledge, tell us what the-- that facility's specific-- the treatment program-- what those--

DANNETTE SMITH: Yeah.

M. CAVANAUGH: --what that population looks like?

DANNETTE SMITH: At the Lincoln facility, it is for our higher intensive youth who have significant clinical issues that may have come into custody at Kearney. Our staff at Kearney are having a hard time managing some of the behaviors and sometimes that behavior is due to being significantly-- being exposed to trauma. And so we get them to more of a clinical program and that's what we housed at Lincoln. Early, when I got here in 2019-2020, we saw we had a mixture of all types of kids that were together and that didn't always work. And so we wanted to make sure that the kids that we were serving, that if they needed-- and needed more intensive clinical services, that we were able to provide them. At Kearney, we do provide family and individual therapy there, but the kids that go to Lincoln may need more. That may also include intensive medication management. That's why the psychiatrist really oversees that program. He oversees that one very intensely, but also Kearney and Hastings as well, because we noticed that some of the behaviors weren't just delinquency. Some of them had some behavioral health attributes to it and we wanted to make sure that we were addressing that.

M. CAVANAUGH: I swear I'm almost done.

HANSEN: All right, keep going.

M. CAVANAUGH: Thank you. I'm sorry. This is just a very thorough report and I, I want to make sure that I'm covering all the questions. This one is about the Lincoln Regional Center. In the report, staffing remains a challenge, which, of course, is not uncommon in everything in the state right now. We-- what are your thoughts on how to address the staffing challenges? And does that include-- and I apologize, I have not reviewed the Governor's budget proposal yet. Haven't had the time yet even with my insomnia. But so I don't know if it includes anything for wage increases, but is that something that we, as a Legislature, should actively be pursuing, increasing wages so that we can work on staffing retention? Or are there other avenues that you see we should be exploring for the staffing retention?

DANNETTE SMITH: Well, I think in Governor Ricketts' budget, I think there were some increases to salary. And please don't get me if I, if I get this wrong. I think we have done everything we can to root-- recruit the right staff and psychiatrists there. Senator Cavanaugh, I'll just be honest with you. It is just a difficult time that we're in. I was able to recruit a young lady to oversee the Lincoln Regional Center. I was able to recruit her from Colorado. Very fortunate and

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she reports directly up to Larry. But it is difficult. And I don't always think that it's wages. You know, it's, it's the work environment which we're working on, trying to create a good working environment where our staff feel as though they're able to contribute to helping people get better. And I just think we have a lot going on. We've had ligature problems out there. We're rectifying that and that will bring 20 additional beds online. So it's just a lot. I think it's more than just wages.

M. CAVANAUGH: So when you are doing these recruitment efforts, when people turn down the jobs, is there any opportunity to collect data on perhaps what are some of the reasons that--

DANNETTE SMITH: Yes--

M. CAVANAUGH: OK.

DANNETTE SMITH: There are opportunities.

M. CAVANAUGH: So, so we are collecting that information and--

DANNETTE SMITH: We are.

M. CAVANAUGH: --you're-- I'm sure you're using it to--

DANNETTE SMITH: Yes, we are.

M. CAVANAUGH: --try and innovate in how to be more, I don't know, appealing, I guess. I was going to say appetizing--

DANNETTE SMITH: Yeah.

M. CAVANAUGH: --appealing to candidates. I have two other questions. One is, I feel like I would be remiss if I didn't ask about this because it's been in the media that there was a court case between DHHS and the employees union around attire. And it-- correct me if I'm getting this incorrectly, but the employees union wanted to wear jeans on Fridays and it went to arbitration and the arbitrator sided with the employees union. Why was it not left at that point? Why was it carried forward further?

DANNETTE SMITH: I have no idea.

M. CAVANAUGH: You--

DANNETTE SMITH: I have no idea.

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M. CAVANAUGH: Oh, you don't know why DHHS took it all the way to the State Supreme Court?

DANNETTE SMITH: Well, I mean, you know, we always think that professional attire is always the best, OK?

M. CAVANAUGH: Right.

DANNETTE SMITH: We want to create a professional work environment.

M. CAVANAUGH: I mean, I appreciate that, but it went through arbitration and then the department took it to the state's-- all the way to the State Supreme Court, which is a significant amount of resources. And, and so being the CEO, I, I wanted you to perhaps tell us if-- what the reasoning behind using those resources were.

DANNETTE SMITH: I can't do that at this time, but would love to give you the information you need.

M. CAVANAUGH: OK, thank you. And the final question, I promise everyone, the final question. It's, like, what is the million-dollar question? And I know you're probably hearing about this from one of our colleagues that is not on this committee, but the property in Geneva and the online sale. I'm not going to lie. I was frustrated by that when Senator Brandt brought it to my attention. And so the Geneva campus, again, just for others to know, was the campus that the female youth were in YRTC. We moved them away and we renovated the LaFlesche building. I think it was a \$400,000 renovation. There were lots of different discussions around what could be done with that building. And then ultimately, I saw-- well, Senator Brandt flagged it to me, I think-- that it was being sold online on govdeals.com or something like that and for significantly less. We-- it wasn't even for the cost of the renovation of that one building. And so I wanted to give you an opportunity to speak to why those choices were made. And also, I guess just ask-- in the future, I personally-- I'm not going to speak for the whole committee, but I personally think it would be beneficial for when something like that is being made that this committee has paid so much attention to, that we are informed proactively and not having to find out about it. So I-- but I will let you answer.

DANNETTE SMITH: So let me start first by saying that I hear your feedback and thank you so much for that. At this point, Senator Cavanaugh, DAS is really handling the sale of the property. I've been made aware of the process that they're following, but they're really taking the lead on how that property got posted to I think it's

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gov.com and the, the actual appraisal and all of that. DAS has taken the lead on that for us.

M. CAVANAUGH: So this brings us back to that sort of--

DANNETTE SMITH: And, you know, let me just say this. We're working with DAS so I don't want it to sound as though DAS is here and DHHS is there. That's not it. We've been working collectively. But on those kind of real estate deals, they have the expertise and they're leading that project.

M. CAVANAUGH: But could you speak to why it was decided to do that instead of working with the community? Or I know there were conversations with CEDARS. I mean, it's a-- the renovated facility, we toured it. It's a wonderful facility. It could be a great PRTF. We obviously have the need in the state so it just-- could you tell us a little bit more about why the decision was made to even move forward with offloading it?

DANNETTE SMITH: So I'm going to try to recollect the CEDARS conversation and, and moving forward. I know that there was a conversation with CEDARS. CEDARS approached us. There were some tours that were done and I don't remember that we heard anything more about it. I know that there was some conversations with-- from my office as well as from DAS and probably some calls collectively with the community of Geneva about the property. And there was a time in 2021 where the city of Geneva decided not to move forward. I think it was at that time that it was decided that it would be surplus and then put up for sale. Let me go back and talk a little bit about the LaFlesche building. You are absolutely correct about that building. And I don't-- I thought that I had informed the committee. Maybe I had not. The LaFlesche building that was out in Geneva had been used as a reentry program building and it was going quite well. But when we had to move-- when we decided to move all the girls to Hastings, we-- that build-- that building became vacant. It was a very nice building. There were a couple of conversations with the city of Geneva as well as the county of Fillmore as to whether or not they wanted to use it. What we heard is that they decided not to and so that's when it came up for surplus. But the building-- after it was no longer housing girls, it was used as reentry. So if the girls left Kearney at the time, we were trying to reengage them back into the community, we would use the LaFlesche building, which was one of the newer buildings on the campus to do reentry. They stayed there, sometimes had visits in Omaha or wherever their home county or city was. And we were trying

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to get services in place for them before they were officially discharged. And I hope to try to see if I can reenact that program.

M. CAVANAUGH: Thank you. That was helpful clarification. I'm done.

HANSEN: OK. Any other questions from the committee? Seeing none, thank you very much.

DANNETTE SMITH: Thank you for having me.

HANSEN: So as you know, the committee, with all these gubernatorial appointments, will meet separately and discuss amongst ourselves, vote on it and it'll be put to the floor for the full debate and vote for the full Legislature later. So with that, do we have anybody testifying who would wish to testify in support of the appointment? Anybody wishing to testify against the appointment? Is there anybody in a neutral capacity? All right, good. That's typically how these go. So, all right, good. All right. So then we will move on to the next appointment and that will be Mr. Tony Green, the director of DHHS, the Division of Developmental Disabilities. Well, welcome, Mr. Green. You can start whenever you're ready.

TONY GREEN: All right. Thank you. Good afternoon, Chairman Hansen and members of the Health and Human Services Committee. My name is Tony Green. T-o-n-y G-r-e-e-n. I have been appointed by Governor Pillen to continue serving as the director of the Division of Developmental Disabilities within the Department of Health and Human Services today. And I'm here to begin the confirmation process. I'm honored to be before this committee again as I continue in my role as director with DHHS leadership team. I've had the privilege of working with some of you on this committee for many years through my various roles within DHHS and the provider network. In fact, as we enter 2023, I am now celebrating 33 years of serving Nebraskan families. My career began during my days at Wayne State College, where I worked as a direct support professional in the developmental disability field. Upon graduation, I immediately went into my lifelong professional career, which has included various roles with supervisory administrative deputy and director level responsibilities in human services. At DHHS, this has included work in the divisions of Children and Family Services, Behavioral Health and Developmental Disabilities. I am honored to be an advocate to some of the most vulnerable citizens in Nebraska. The Division of Developmental Disabilities currently supports approximately 12,000 Nebraska residents across four Medicaid home and community-based waiver programs. During the past few years, the division has been challenged in ways I could have never imagined.

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I'm proud of our teammates and the work they have accomplished and will continue to accomplish. We've worked tirelessly, tirelessly during the pandemic and since to make sure our aging and disabled populations, both in the community and at the Beatrice State Developmental Center, receive the best advocacy, support and services. I'm happy to report that despite the many challenges we've faced, the division has had many accomplishments. One of those would be during the early days of COVID-19 vaccinations. Persons with developmental disabilities were identified as having elevated risk due to their multiple underlying health conditions. Our division immediately entered into a public-private partnership with Munroe-Meyer Institute at UNMC and Hy-Vee to hold four vaccination clinics across the state. We geared these specifically for individuals with developmental disabilities, but we also included their families, siblings and their caregivers. And in those four days we were able to vaccinate 1,176 folks. The Division of Developmental Disabilities has also streamlined all of our 1915(c) home and community-based waivers into a single administrative unit for oversight and administration. This has also created a single statewide eligibility and enrollment unit for all four waivers. Previously, the waivers were split between the Medicaid long-term care and the Developmental Disability Division. And in combining the waivers under one administrative oversight, the division grew from supporting 4,800 participants to now over 12,000 combined. This allows Nebraskans who are needing long-term services and supports to begin having that "no wrong door" approach to accessing services. With the aforementioned streamlining, the division chose to continue its efficiencies by consolidating the electronic case management systems. The division chose to eliminate an old legacy home grown system for a case, a case management system to begin migrating into a single web-based platform for all four waivers, creating efficiencies and ease for both our participants, families, providers and staff. We've also began implementing our quality management strategy that has initially focused on critical incident management and mortality reviews. Another area of success, despite the challenges we faced, has been our continued access to services for people on the registry. In 2020, we had 2,959 persons on the registry and today have worked at reducing that to 2,239, despite 500 being determined newly eligible each year. Looking forward, our division has opportunities to continue ensuring that our aging and disability populations receive the best possible support to achieve their life dreams. A couple of those opportunities I plan to address are strengthening our existing partnership with Liberty Health Care Incorporated, who is our quality improvement organization, to increase provider accountability and ultimately improve participant satisfaction. I also would like to

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explore value-based contracting to tie outcomes with the quality of care, continue exploring and creating a more efficient and streamlined approach within DHS-- DHHS to all long-term services and supports available for Nebraskans in our aging and disability populations and create transparency in publishing and using our data such as national core indicators to inform decision making and drive excellence. As I said before, I am proud of the teammates and our network of providers and community stakeholders who have risen to the challenge. For my colleagues in our aging and disability community partners, I look forward to our continued partnerships. Again, I'm honored to be appointed by Governor Pillen and look forward to continuing my role as part of CEO Dannette Smith's team as the director of the Division of Developmental Disabilities. I appreciate the opportunity to be before the committee today. Thank you and I'd be happy to answer any questions you have.

HANSEN: All right. Thank you. Are there questions from the committee? We'll start with you, Senator Cavanaugh.

M. CAVANAUGH: Sorry. Well, you know, it's my job. Director Green, thank you for being here. And also, thank you for your willingness to continue to serve. I think I asked this question last week when we all met, but I-- again, I apologize. I have not reviewed the Governor's budget request yet. And so, I'm sure there's-- I could get this information myself, but I'm going to ask you. Is there money in the request to help address the DD waiver waitlist?

TONY GREEN: So--

M. CAVANAUGH: Increased, increased funding from what we're currently funding it at?

TONY GREEN: So the budget that has been put forward does have appropriation in it to continue making offers off of the registry.

M. CAVANAUGH: OK.

TONY GREEN: So we are, we are going to be able to continue making offers during this next fiscal year with the existing appropriation.

M. CAVANAUGH: OK. If we were-- with the existing appropriation request, I guess it's a request--

TONY GREEN: It's my fan club [LAUGHTER].

M. CAVANAUGH: With the existing appropriation request, do you anticipate-- are we ever going to be able to get this waitlist down to-- I don't know what a reasonable size even is, but that everyone that's over the age of 19 is off the waitlist? Because the waitlist is-- I mean, this number is some people who are minors, correct?

TONY GREEN: Right. And as you know, and I-- I've done, I think, hourlong briefings before with this committee and happy to do that again specific to the registry, because it is a complex issue. The number that I gave you that are, that are on the registry.

M. CAVANAUGH: Yes, registry. I apologize. Registry.

TONY GREEN: That's OK. It's-- waitlist, registry. The registry of, of folks eligible for specialized services is really what's in statute and that's really what it is, is a registry. Many of the folks who are on that registry are actually already receiving waiver services in some capacity, because remember, we have four 1915(c) home and community-based waivers. And so each of the-- some of the folks on that list are getting the waiver. So I'll give you an example. One of the waivers in developmental disabilities is called the date waiver. It's the waiver that students receive when they're exiting the education system at age 21. And that's, that's been an automatic, often referred to as an entitlement right now, but it, it is an automatic that everyone leaving the school system at 21 is offered the day services waiver, but they remain on the waiting list or the registry for the larger, comprehensive waiver. And really, the primary difference in those two waivers is the comprehensive waiver has the out-of-home 24-hour care, the group home or the shared living residential service. The day waiver really is a package of benefits that's intended to cover just the replacement of the educational services at 21, so it doesn't have an out-of-home residential component. It has some in-home support in the residential side, but the, the registry folks continue to wait then for the larger, comprehensive waiver. So to go back to your question, will we ever decrease it? We've done a significant job at, at decreasing that. I think just a few years back, we had that at 2,900 down to 22. I can certainly go through all the details of the offers we've made every year and what that looks like. I think there is opportunity in the near future to continue tackling that and we'll see that continue to come down.

M. CAVANAUGH: If there are opportunities that we, as a committee, or as a Legislature can partner with you, I think-- I am going to speak for our committee that we would like to have, have that brought

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forward to our attention. At least for myself and I know for many members, this is a very important issue.

TONY GREEN: Appreciate that.

M. CAVANAUGH: I-- I'm, I'm not going to put you on the spot about this, but I'm going to just say it publicly for others, that I-- because I have had a lot of questions and you have as well, about doing my interim studies around guardians being paid as caretakers, and that I did not introduce legislation around that. And I wanted, for transparency sake, and that I'm grateful to you, is that you and I have had open communication about that and that the department is currently working on troubleshooting the many, many complications with that issue. So thank you so much for that.

TONY GREEN: Thank you.

HANSEN: Any other questions? Yes, Senator Walz.

WALZ: Thank you. Good afternoon.

TONY GREEN: Good afternoon, Senator.

WALZ: First of all, I'll just say that Tony Green and I have worked pretty extensively together in the past on-- as serving individuals of developmental disabilities in an agency. So the waiting list registry is very complex. And one of the reasons it's complex is because-- I wanted to say that over the past few weeks, I've been talking to a lot of parents, schools and hospitals about the number of people who, who need a very high level of care when it comes to their behavior, behavior. So I guess my question is, do you have a vision on how we can provide more supports to parents and kids who, who need that high level of care? It's pretty apparent that our community does not have, in some cases, they don't have the capacity or the resources to be able to provide services for some of the individuals that we're talking about. So just wondering what-- is there a vision? Do you have a vision of what a service for those individuals would look like, those individuals and families? Or where are we at with providing services for people who are really in crisis situations?

TONY GREEN: Yeah, it's, it's a good question. And I will-- I'll reiterate what CEO Smith said because she's right on the money with, with some of this. That the kiddos that you're talking about that have developmental disabilities, the primary issue that many folks are having with behavioral challenge or just the significant needs is, is generally being driven by some type of mental health or behavioral

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health issue. And we do need to get services into the home. I think we have opportunities in behavioral health to work with our regional partners to begin looking at what that looks like for children all across the state and not just in, perhaps, a metro area, but we really have to look at those kids all across the state in getting mental health treatment to them in the homes. I think the other thing that, that is promising and that we're beginning to work on would be instituting services earlier in, in the system. So, you know, I think you're all aware that today, people fill out applications. There is the registry process. And really, between the time you fill out the application, which might be at two or three years old, you wait until that offer at 21 when you leave the school system. And so we have some opportunities ahead of us with a new waiver submission that perhaps will bring some services into the home earlier for those folks and perhaps begin to alleviate some of that stress and burden. And we have yet to define all of those services. We're working with the Governor's DD Advisory Committee that's been charged with overseeing that new waiver submission and so I'm hopeful that that will have some impact as well.

WALZ: OK. One more quick question?

HANSEN: Yes.

WALZ: Thanks, Tony. You talked about oversight of the provider network, Liberty Health, the partnership that you have with them. Can you, can you tell me in what ways would you like to see better oversight? Can you give some-- maybe not specific, but like--

TONY GREEN: Yeah.

WALZ: --we all, we all could see-- we all could use better oversight--

TONY GREEN: Right.

WALZ: --in some areas, not every area. I shouldn't say that. But like, what specific things would you like to see-- stronger oversight?

TONY GREEN: Yeah. So I'll talk to you about one that we've, we've already decided we're going to venture into this, this upcoming year. So we require right now all of the agency providers in developmental disabilities to have what's called a human and legal rights committee.

WALZ: OK.

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TONY GREEN: So these are committees that are established to ensure that any time you are restricting the rights of somebody, that there's due process, that the guardians have consented. These are multidisciplinary committees that are required and they've been in place for many, many years. And the providers do exactly as we say. They have the committees and they have the meetings. And I think what we have seen as a system over the years is sometimes folks who maybe are on psychotropic medications, which is a restriction, or who have restricted access to their community or to various civil liberties that you and I would have, they just become an annual review and kind of a rubber stamp almost, sometimes, of yes, they're going to continue this medication, yes, they're going to continue not having access because it's a safety issue. We're going to really begin challenging the system. And, and one of our, our new endeavors with Liberty is the state is going to create their own human and legal rights committee, which is really going to be a support for all of the local human and legal committees that providers have themselves. It will be a Q/A component as well, obviously, that will be pulling items that they've reviewed to make sure that they're being done correctly and that they are looking at lesser restrictive opportunities before they implement restrictions. But it'll also be partnering with those teams that are maybe struggling and trying to figure out, well, what else can we do besides this restriction? And so we see it both as a quality to kind of improve and perhaps a goal to reduce restrictions and reduce medications for folks. But it's also a, a support function to the providers as well.

WALZ: Right. All right. Thank you.

HANSEN: Thank you. Any other questions for the committee?

M. CAVANAUGH: No, I'm kidding.

HANSEN: Seems like the majority-- I'm starting to learn now where the majority of questions on this committee come from. It's usually on my left [LAUGHTER]. So I know to look right first and then left. I'm getting there. All right. Well, seeing no other questions, thank you--

TONY GREEN: Thank you.

HANSEN: --for your testimony. All right. Is there anybody wishing to come testify in support of the appointment?

EDISON McDONALD: Hello.

HANSEN: Welcome.

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EDISON McDONALD: My name is Edison McDonald. E-d-i-s-o-n M-cD-o-n-a-l-d, representing the ARC of Nebraska. We are the state's largest membership organization advocating for people with intellectual and developmental disabilities. We are here today in support of Director Green. Last time at his appointment, we came in neutral. We, we wanted to see that he actually fulfilled promises and he has acted on a number of those. Last time we asked that he fulfill three conditions: one, significant, proactive funding requests to help eliminate the waiting list. There is a funding request. I don't know if it's the most significant, but it's, it's moving there. The second one is a commitment to reform our waiver system, both through our current 1915(c) waiver-based system and an expansion to cover other unmet needs. I think one of the things that we also need to keep in mind when we talk about the waiting list, it's not just those folks who are eligible in our thin scope, but overall, 17 percent of people with IDD are all that we serve, and that's a nationwide average. So there are 3 percent who are on the waiting list and there are 80 percent of people with intellectual and developmental disabilities who don't have any access to service, either because they don't know what's out there or because they don't realize-- or because they don't fit into those narrow eligibility criteria, which Nebraska, in the last couple of decades, tried to condense our waiver system. It's a good thought, good experiment, didn't pan out well. And so now, we're looking at opportunities to expand it. And then the third part was looking at quality services that are truly person-centered. And the department has taken excellent leadership with that liberty contract in really looking into how to better ensure we provide quality services and also taking efforts on more person centered initiatives. So, we're excited about that. That said, I think that there are a number of concerns that Director Green is going to have to deal with, especially how do we address the waiting list? And as we talked about earlier, how do we address that critical crossover between behavioral health and intellectual and developmental disabilities? The department has merged all of our waivers into his division, which is an excellent idea, and so far has really helped from our perspective in terms of eligibility decisions. We'll see when the Medicaid unwind plan begins and we start to really see a whole bunch of those redeterminations come in, but we're optimistic about some possibilities and how we can grow. And we're optimistic about the results of the study that was included in Senator Cavanaugh's LB376 to really look at larger system reforms and especially, how do we help really address those individuals with high dual diagnosis needs. With that, any questions?

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HANSEN: Thank you. Are there any questions from the committee? Yes, Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thank you for being here. More of an observation that I-- it's reassuring to have an advocacy organization such as ARC come in support of the director of Developmental Disabilities, because that means that it's a pretty big deal. And I just wanted to acknowledge that. Sometimes it's hard from where we're sitting to know, necessarily, how good of a job we're doing in progressing forward. So thank you for coming in, testifying and sharing with us that relationship.

EDISON McDONALD: Yeah. Thank you.

HANSEN: Any other questions? All right. Seeing none, thank you.

EDISON McDONALD: Thanks.

HANSEN: Anyone else wishing to testify in support of the appointment? Anybody wishing to testify opposed to the appointment? Welcome.

BRENDA MAE STINSON: Hi.

HANSEN: And you can begin whenever you like.

BRENDA MAE STINSON: OK. My-- good afternoon, senators. My name is Brenda Mae Stinson, B-r-e-n-d-a M-a-e, last name is S-t-i-n-s-o-n. I come before you today to voice my concerns as a resident of the State of Nebraska and constituent of our community here in the city of Lincoln, Lancaster County. And I wanted to apologize about my notes. They're kind of copied and paste, but if you just follow along, it'll be all right. My concerns come to you with a very heavy heart, full of sorrow and imagine unimaginable pain. I am here to share you our family's nightmare inside of a rabbit hole when the Director of Developmental Disability Services and Interim Director of Behavioral health of the state of Nebraska is led by Anthony Green. I believe I speak for many families in the state of Nebraska and in our community, such as the Schaefer [PHONETIC] family. The two items I hope to accomplish today by telling our story are-- but first, let me begin. I, Brenda Mae Stinson, am always Austin Bauer Lightfeather's [PHONETIC] biological mother, relevant during these times, which-- was his legal guardian. Austin has several developmental disabilities, autism specifically, with manifested mental health diagnosis, which makes it a dual diagnosis. On May 24, when Austin was found eligible for developmental disability services by the department, over a year, Austin was required direct staff, significantly, and other

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interventions. Between May 19 and-- or 2019 and November 2019, Austin's safety, well-being and permanency and stabilization ebbed and flowed while with DD services. On November 19, Austin entered BSDC. After a lengthy treatment team meeting with Jesse, Jesse Bjerrum, clinical services administrator at Nebraska Department Health and Human Services, he promised Austin and me that if he agreed to go to BSDC, Austin would not have to deal with the police because they would handle everything there. Austin's safety, well-being and permanency and stabilization ebbed and flowed while building a team compatible-- with compatible staff, which then would work to EFH on the outside, within the community. On December 19, Justin Bullard, Dr. Justin Bullard, diagnosed Austin with autism general-- generalized anxiety disorder, PTSD and paranoid personality disorder, which were significant, which were signed off by his immediate supervisor. I'm going to kind of skip down a little bit through this. And we had several meetings and the ombudsman, Sus-- Susan Adam [SIC], had joined us, along with Dr. Anne Tapley. And for two of the meetings after his behaviors ebbed and flowed, he was really starting to de-escalate and his volatile behaviors and agitation became decreased with the DD services caregivers, professionals and informal supports. Something changed in his environment on February 21, and he wound up in custody at the Gage County Sheriff Office and-- which again, felt like betrayal because we were told that the police would never be involved while he was there. During March 2020, I attempted, as his legal guardian, to find agencies, providers like DSN, Developmental Services of Nebraska, and Integrated Life Choices, who would work with high-risk DDN behavioral health individuals in the community. They both accepted. However, I-- then shortly after, would receive an email telling me that they had to back off that and-- because they had been told by Courtney Miller, at the time, at the department, and by Tony Green, that Austin's funding was not guaranteed and made this prior to an annual review that was never done. On March 31, Austin was EPCed, which is emergency protective custody. During this time, Tony-- Mr. Green had Dr. Sorrell complete a placement assessment, not a diagnostic, but a placement assessment. And when we met with Dr. Sorrell, which was like 20 minutes, he diagnosed Austin with paranoid schizophrenia. And in his report, he had mentioned that I, as his legal guardian, was thwarting his treatment and that the previous doctors before Dr. Sorrell had all the wrong diagnosis and were incorrect because the information came from me. However, all the information those four doctors had received prior to were-- was the same information that Dr. Sorrell had access to through the Department of Health and Human Services during a case review, before he saw Austin for 20 minutes. And those four other doctors did the Vineland,

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they did an autism scale assessment and met with him for several hours and Dr. Sorrell did not. And--

HANSEN: Ms. Stinson, if I can, your red light went off.

BRENDA MAE STINSON: Yes, I'm sorry.

HANSEN: If you can-- I'll give you a little bit more time, just wrap your thoughts.

BRENDA MAE STINSON: Yes.

HANSEN: Like 30 more seconds, if you can.

BRENDA MAE STINSON: Yes. Yes.

HANSEN: Thank you.

BRENDA MAE STINSON: So long and short, because of that, he was placed on a psychotropic medication for schizophrenia, which then caused him to go into a psychosis, which then he broke into my home and brutally beat me and I almost died on July 2, 2020. I have a traumatic brain injury from it. My shoulder was broken, three cracked ribs and I lost wages, all because of Mr. Green's decision-making. On-- and now, Austin, on December 30, 2022, he was sentenced to prison for 16 years. And I want to-- you guys to picture this rabbit hole. Here, Mr. Green sits and says that there's all of these services and they're doing everything that they can do. Really? Because they can blame it on the pandemic, but when that happened, the pandemic came before July 2, 2020. I reached out to Dannette Smith, I reached out to Courtney Miller, I reached out to Tony Green. They were all on the same email. Did I ever receive an email from Ann-- Annette [SIC]? No. I've received one from Mr. Green. And you know what he told me? And Courtney Miller [SIC]? He told me that I was no longer to contact the case manager on his case because he and Ms., and Ms. Miller became his case manager.

HANSEN: Ms. Stinson, I'm going to have to cut you off. I hate to do it.

BRENDA MAE STINSON: That's fine.

HANSEN: I hate to do it, but just to provide everyone else the same courtesy.

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BRENDA MAE STINSON: That's fine. I'm just very-- I'm, I'm a mother speaking with passion for my son--

HANSEN: That's--

BRENDA MAE STINSON: --and for other families like Mr. Schaefer's [PHONETIC].

HANSEN: That's tough. I appreciate your coming up here and actually telling us about it, though. It's tough to do, so.

BRENDA MAE STINSON: Do you have any questions?

HANSEN: Does anybody else have any questions? Seeing none, thank you for coming here.

BRENDA MAE STINSON: Thank you.

HANSEN: Is there any of those wishing to testify in opposition? Is there anybody else wishing to testify in a neutral capacity? All right. Seeing none, that we'll close that hearing on the gubernatorial appointment for Tony Green. And then we will next open it up for the appointment for Kevin Bagley, director of Nebraska DHHS Division of Medicaid and Long Term Care. Welcome.

KEVIN BAGLEY: Welcome. Thank you. It's my pleasure to be here. You want me to start?

HANSEN: Whenever you're ready.

KEVIN BAGLEY: All right. Good afternoon, Chairman Hansen, members of the Health and Human Services Committee. My name is Dr. Kevin Bagley, K-e-v-i-n B-a-g-l-e-y, and I've been appointed by Governor Pillen to continue serving as the director for the Division of Medicaid and Long Term Care within the Department of Health and Human Services. I want to start off by saying how much I appreciate how the people of Nebraska welcomed me and my family over the past couple of years. I'm grateful for the continued support of my wonderful wife, Blaire, and our children. I'd also like to recognize and thank my teammates in Medicaid and DHHS. Without their hard work, we cannot be successful in helping people live better lives. I had the privilege to grow up in a home that values service. I was taught by my parents' example to give my time and talents to serve others in my community. I earned a Bachelor's in Economics from Brigham Young University, a Masters of Business Administration from Utah State University and I'm happy to report that last fall, I graduated with a doctorate in Health Care

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Administration from Central Michigan University. I have worked in Medicaid for the past 12 years in Utah, as well as here in Nebraska. And I am particularly passionate about evaluating the effectiveness and outcomes of our programs to ensure that we are able to meet our mission of helping people live better lives. Since starting in this role two years ago, I've worked consistently to approve-- to improve accountability and transparency by building relationships of trust with our stakeholders and delivering on the feedback that we receive from them. Last year, the program procured new managed care contracts. These agreements will simplify credentialing for providers, improve access to dental care services and facilitate more robust care in case management. We're closely tracking each of these initiatives and objectives and we've established measures to see how these changes affect our members and providers. Throughout my tenure, the division is focused on improving outreach and engagement with Medicaid members and providers. We strive for transparency and hold ourselves to it by showing up in communities across the state. I've had the opportunity to travel this great state and meet with providers, community advocates and Medicaid members. They've told me about the importance of open and transparent communication and the need to provide a pathway for them to share that feedback with us as a division. As part of our effort to facilitate feedback from, from stakeholders, we've revitalized the state's Medical Care Advisory Committee, bringing together a diverse group of community stakeholders to provide input and feedback on the Medicaid program. In addition, we've held regular sessions throughout, throughout Nebraska, where we can hear stories from the people of this great state. Their stories are crucial to informing our policy decisions and improving the services we provide. We've come a long way, but there's more to do as we continue to build relationships with our stakeholders. Over the past several years, we've seen an increased need for behavioral health and substance use disorder services. During that time, Nebraska Medicaid began the Substance Use Disorder Program, which covers residential recovery services, as well as additional community-based treatment services. This is improved access to recovery services for thousands of vulnerable Nebraskans. Looking toward the future, our agency will be faced with significant challenges as well as opportunities. In order to navigate these challenges and make the most of these opportunities, we've drafted a new strategic plan. This plan emphasizes our core values of whole person health, excellent customer service, deliberate and delivered innovation. We are engaging in a multitude of initiatives across our agency that further our goals. I want to share those goals with you. They are improving health outcomes, enhancing patient access to care, fostering increased transparency and

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accountability, and optimizing our workforce and operations. I believe that Nebraska Medicaid is uniquely positioned to be a national leader in innovation. The Medicaid program invests billions of dollars into the health of our communities every year. I will be working to ensure that we maximize the value of those investments. I'm grateful to Governor Pillen and to DHHS CEO Dannette Smith for their confidence and support. I'm excited to continue to serve Nebraska as part of this new administration. I appreciate the opportunity to come before all of you today and I'm happy to answer any questions that you have.

HANSEN: Thank you. Are there any questions from the committee? Senator Walz.

WALZ: OK. I have a nice question.

KEVIN BAGLEY: Well, I'll take that. Thank you.

WALZ: I'm just curious, like, what's the most exciting thing for you, as you look forward to the, the coming year or the coming years or what kinds of things are, are you looking forward to accomplishing?

KEVIN BAGLEY: So I, I will say one of the most rewarding things to this point has been really meeting with people, sitting down with, with people across the state, hearing their stories. Some of those stories have been difficult to hear, to know that we have not met the needs of people in some cases, but then to be able to sit down with those folks and understand how we can do a better job and then to see the changes come to fruition has been incredibly-- it's just been incredibly helpful for me to be able to to see that and experience that. What I'm really looking forward to, I think, is the opportunity to start designing that quilting model that CEO Smith talked about. As we look at Medicaid, Medicaid invests, like I said, billions of dollars into the health of our communities every year. Our, our budget here in Nebraska between state and federal dollars is roughly \$3 billion annually. If we can find ways to leverage those investments in ways that, that link with all of these other programs and services that are available throughout the state with our SNAP program, with our, our children in foster care, with our behavioral health, our developmental disabilities program, we can, we can make the whole greater than the sum of its parts. And that's really what is exciting for me. And there's a lot of things we're doing on that front. I could talk for a long time about it, but that's really what I'm most excited about.

WALZ: Great. Thank you.

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KEVIN BAGLEY: Thank you.

HANSEN: All right. Anyone else? Yes, Senator Riepe.

RIEPE: Thank you. Thank you, Mr. Chairman. I have three specific questions. Did you say that we have expanded Medicaid into behavioral health? And if so, what was the authorization for that and what was the funding source for that Medicaid expansion?

KEVIN BAGLEY: Yeah. So a couple of things happened at, kind of, roughly the same time as we actually expanded Medicaid through that ACA expansion. Based on that-- the ballot initiative that passed, we saw a lot of adults with substance use disorder needs coming into the system. As we looked at what services were needed for that group and what resources were available, we were able to add some community-based services and begin to pay for some residential services that were otherwise only really being paid for through, maybe, state general funds in our department of-- or our division of Behavioral Health. Overall, we believe that the changes we've made to add those services for substance use disorder will be budget-neutral. These are adding services, but they're creating additional benefit and preventative care that, that allows us to not have to fund some of the services that would have otherwise had to have been paid with all state dollars by bringing in those federal funds to do it. So we ultimately think that we're not going to really see a dramatic increase in the budget associated with these. We haven't seen one to this point, but those added services have made a difference for a lot of folks.

RIEPE: I always get concerned with an ex-- an opinion that it's not going to quote unquote significantly change it, because that doesn't mean anything to me. Significant-- I don't know what your definition of significant is. What I see here is a program that the executive branch elected to unilaterally expand benefits from Medicaid without any support or any vote from the legislative branch. And I think that that was inappropriate. Two, the state of Nebraska is reported to have very generous Medicaid benefits and with that comes fewer people that are able to be taken care of than if you have more basic programs. Second-- or third, I have constituents that I run into all of the time that are more concerned that the Medicaid health benefit package is a richer program with dental and they hear everything. It's a better program than they, as a taxpayer, or able to get in the market, in a commercial market. And they're very resentful of the fact that they pay for it and the 20 percent that are under Medicaid have a better

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deal. And I find that inappropriate. So thank you, Mr. Chairman, for my little rant.

HANSEN: You kept it short, so that's good. Yes, Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thank you, Dr. Bagley.

KEVIN BAGLEY: Just for you, Senator.

M. CAVANAUGH: Thank you, Dr. Bagley, for being here and for your willingness to continue to serve in this role.

KEVIN BAGLEY: Thank you.

M. CAVANAUGH: I have something that I want to address specifically, but I also want to speak to some of the things that Senator Riepe said. Senator Riepe and I actually sat next to each other during, I don't know if you recall, the League of Women Voters Forum. And I said I was the yin to his yang. So I feel a little bit differently about this because I know that we have in statute that the state agencies should draw down all federal funds that are available to us. And I believe that, in putting that in statute, we actually gave you the authority to do-- expand Medicaid programs, because that's what-- essentially what you're doing is drawing down federal funds that are available to us. And a probably little known fact, my first year, I did an interim study on unrealized offsets. And so I very much appreciate this concept of if we invest here, how much we're going to save here. So thank you for that. My question that is a concern that I want you to address for us and probably will be addressing over the next several months is the reauthorization that we are now doing, now that that state of emergency is over. I'm sure you can appreciate the concern over having people who have been on these benefits. And I know we don't want to have people taking advantage of the benefits if they don't qualify, but just giving people that runway to make those plans. And if you want to just maybe speak to what the plan is for your department.

KEVIN BAGLEY: Certainly. So just by way of a little bit of additional background for folks on the committee who may not be familiar, during the course of the public health emergency related to COVID-19, we as a Medicaid program were not able to disenroll anyone who, who no longer met that eligibility criteria. So over the course of the past roughly three years, there have been folks who have been enrolled in Medicaid, they've met the eligibility criteria initially, but if they, if they failed to meet that criteria at some point during the last three

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years, they've been continuing as eligible individuals. So we've seen our, our population increase substantially during that time. Starting in April with the Consolidated Appropriations Act that passed at the federal level back in December, in April, we will start doing our redeterminations on those folks. Now, what I want to point out, is that we aren't going to redetermine all 383, roughly, thousand individuals that are currently enrolled in Medicaid on April 1. That, that's not practical. My staff would not be able to do that. What we are going to do is do that over the course of 12 months. That is a routine thing for us to do, to do these reviews on a 12-month rolling calendar. This is something that we have done in Medicaid since 1965, when the Medicaid program was created. This, this has been something that is routine. What is not routine is having a three-year backlog of work. Now, we've continued to try and keep up to date on that over the course of the last three years, but we estimate that somewhere between 40 all the way up to 80,000 individuals may lose coverage during the course of the 12-month period from April 1 through the end of March of next year.

M. CAVANAUGH: Thank you. If I may, a follow-up question on this. The 12-reauthorization period, there were so many iterations of the expansion that I know at one point there was a six month. Did we eliminate that?

KEVIN BAGLEY: So there are a number of different eligibility categories for which the rules around that, that recertification period are a little bit different. Generally speaking, it's a 12-month period.

M. CAVANAUGH: OK.

KEVIN BAGLEY: There are some others. I'd be happy to, to kind of share what some of those numbers look like. Given, kind of, how nuanced it is, I don't want to try and describe it because I'm going to get it wrong.

M. CAVANAUGH: That's, that's great, because I actually have to leave to go to a birthday party for a-nine year old. So I'll, I'll take you up on that [INAUDIBLE] later.

KEVIN BAGLEY: Well, happy birthday and-- yes.

M. CAVANAUGH: And I apologize to the next confirmation because I won't be here for that, but she's probably grateful for the lack of questions. Thank you.

KEVIN BAGLEY: Thank you.

HANSEN: Any of the questions from the committee? Senator Ballard.

BALLARD: Thank you, Mr. Chairman. At the end of your testimony, you spoke again about the innovation, which seems to be a common theme within your department, which I appreciate. Can you talk about how you both maximize and leverage Medicaid to fit that innovation?

KEVIN BAGLEY: Yes. So, you know, one of the things we look at in DHHS, more broadly, is that each of our programs have a number of policy levers at our disposal. One of the things that Medicaid brings to the table, fairly effectively, is the ability to draw down federal funds to supplement state dollars that are being spent. And, and one of the really best examples where we see that is in education, actually. We have a number of children in the education system who have disabilities. And so under the Individuals with Disabilities Education Act, IDEA, they have IEPs or IFSPs there at school that help kind of define the services that are available to Medicaid for children who are enrolled in Medicaid. Medicaid can draw down federal funds to supplement state dollars that the education system spends on those services. And so that's one of those areas where our policy lever, our policy mechanism of being able to braid funding into other areas of healthcare for individuals who are eligible for Medicaid, that's a really effective tool we have. But one of the ways that we, we leverage that is by really figuring out how we can ensure that our coverage extends to some of those services. And that's where we have to strike that balance of ensuring that we're not creating a drain on, on the budget, but also allowing our authorization to provide benefits to individuals to actually extend to areas that might otherwise only be funded through state funds.

BALLARD: Now, a follow-up, if I may, Chairman. So-- and can you talk about the, the challenges working within the federal requirements? I know we don't have much to do with that from a state level and we have a limited time, but can you talk about how working-- trying to achieve innovation and working within those federal guidelines?

KEVIN BAGLEY: Certainly. So, you know, it can certainly be a challenge. We, we joke sometimes in the Medicaid program that you have a lot of bosses. We have our partners in the Legislature. We have our stakeholders in the community. We have the Governor's Office and we have our federal partners, just to name a few. And there are times where the requirements and messaging we get from some of those groups conflicts and navigating that can be difficult. But one of the ways

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that, that I think we really come to the table is, is to be able to liaison between all those groups. If we can bring everyone together and convene a forum where we can hear their stories and understand their needs, then all of us together can create something more powerful. I see my role frequently as a medicaid director of being able to help navigate all of the constraints and weird regulatory frameworks that get propped up at the federal level and sometimes at the state level to, kind of, ensure that we are not putting barriers in place to allowing people to be empowered to live better lives, but also ensuring that we're making the most of the resources allocated to us.

BALLARD: Perfect. Thanks, Dr. Bagley.

KEVIN BAGLEY: Thanks.

HANSEN: Any other questions? All right. Seeing none, thank you.

KEVIN BAGLEY: Thank you.

HANSEN: All right. Is there anybody wishing to testify in support?

EDISON McDONALD: Hello again.

HANSEN: Welcome back.

EDISON McDONALD: My name's Edison McDonald. E-d-i-s-o-n M-c-D-o-n-a-l-d, representing the ARC of Nebraska. We advocate for people with intellectual and developmental disabilities. We're here today in support of Director Bagley's confirmation. His last confirmation hearing, we were in opposition, similarly, for the same reasons that we had questions regarding Director Green. And we really wanted to make sure, in terms of his ability to look towards access, innovate and work on quality and Director Bagley has really followed through with that. I want to echo his testimony. I think that he has probably been the most engaged and thoughtful Medicaid director that I've interacted with in this role and that is deeply appreciated and especially his ability to really bring in some outside thoughts. He has technical expertise that Nebraska DHHS has not clearly had in the past and I think that that's a huge benefit. I think a lot of times we end up with folks who've worked in DHHS and they continue their way up. Well, bringing in somebody outside with different perspective, different ideas has been huge. I think, especially, one thing that I frequently hear from senators is that they don't just want to toss more money in a hole. They want to say, how can we innovate our system in a thoughtful way? And Senator Riepe, I know your comment regarding

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that waiver innovation is, is actually a great example of a cost saving measure that helped to provide more and better services without a significant increase in financial impact, at least from what I've seen and heard. So yeah, we're very appreciative-- and especially of Director Bagley's national reputation. He really does have a quality reputation as an innovator and a thinker at a national level. So I hope that we will support his confirmation and I hope that Director Bagley will continue in Nebraska for a long time. Any questions?

HANSEN: All right. Thank you for your testimony. Are there any questions from the committee? Senator Riepe.

RIEPE: Because you mentioned my name, I will respond.

EDISON McDONALD: Sounds good.

RIEPE: Keynes and his economic principles always said, in the long run we're all dead. So when I served in the Legislature before, we were not allowed to do dynamic forecasting that said, you know, \$1 spent today will save \$2 in 50 years from now. We just-- so I know-- you know, I live in the here and now and so this idea that as Wimpy said in the cartoons with Popeye, I would gladly pay you Tuesday for a hamburger today, I don't subscribe to that.

EDISON McDONALD: Yeah.

RIEPE: So--

EDISON McDONALD: It's a--

RIEPE: --I just wanted to respond in my own defense. Thank you.

HANSEN: Thank you, Senator Riepe. Are there any other questions? All right. Seeing none, thank you. Is there anybody else wishing to testify in support? Is there anybody wishing to testify in opposition? Is there anybody wishing to testify in a neutral capacity? All right. Seeing none, that will close the hearing for Director Bagley. And then before I continue on to the next appointment, I forgot to mention that when CEO Dannette Smith was up here, she did have one letter in support of her appointment that I didn't read. So just for the record, I want to mention that. So. All right. So with that, we'll move on to the next one and that will be Charity Menefee for director in Nebraska Department of Health and Human Services, Division of Public Health. And welcome.

CHARITY MENELEE: Thank you. I feel really short here.

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HANSEN: And you can begin whenever you like.

CHARITY MENELEE: Thank you. Good afternoon, Chairman Hanson and members of the Health and Human Services Committee. My name is Charity Menefee, C-h-a-r-i-t-y M-e-n-e-f-e-e, and I've been appointed by Governor Pillen as the director of the Division of Public Health within the Department of Health and Human Services, or DHHS. I'm here today to begin the confirmation process. I was honored to join CEO Smith at DHHS in July of 2021 as the Public Health Director of Operations. I've been welcomed by a team of dedicated and talented public health professionals. The Division of Public Health impacts the lives of every Nebraskan: disease monitoring and prevention, quality healthcare facilities and natural disaster and public health emergency response. While DHHS offers diverse and broad supports to help people live better lives, the Division of Public Health provides the opportunity to help entire communities. I have an extensive and diverse public health background and a heart for helping people. I am honored to be selected to lead the Division of Public Health. I'll start today by sharing a little bit about my background. I grew up in Florida and Alabama until I moved to Tennessee for college. I come from a working-class family and I'm the first person in my family to graduate from college. My parents taught me to believe in myself, take chances, work hard, follow my-- and follow my instincts. I know that this foundation is why I'm here today. In 2000, I decided to join public health and the military because I fundamentally wanted to help others through public service. Serving others gives me energy and a sense of purpose. I learned over time that serving in leadership roles has provided even more fulfillment. I am passionate about servant leadership, helping my teams be the best, most innovative and most supported they can be while they work in service to others. I started my career at the Knox County Health Department in Knoxville, Tennessee, working in roles ranging from disease investigator, health educator and regional hospital coordinator. My early experience honed my leadership abilities and paved the way for me to ultimately lead the Communicable and Environmental Disease and Emergency Preparedness Division, where I had the honor and challenge of leading Knox County's pandemic response. In the military, I was originally trained as a public health technician and learned about many additional public health functions. Prior to becoming a public health officer, I was commissioned as a health services administrator, which provided invaluable training in finance and medical administration. In 2017, I was honored to be selected for the Naval Postgraduate School's Center for Homeland Defense and Securities master's degree program. My cohort was filled with local, state and tribal and federal leaders from

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across the country and a variety of homeland security-related disciplines. This program reinforced how differing perspectives and backgrounds influence our viewpoints and our actions, as well as the value of collaborative decision making and cross-functional teams. In 2021, when the opportunity of a lifetime presented itself to join DHHS, my family and I jumped at the chance to come to Nebraska. My role of director of operations was intended to partner with the director to support the division's day-to-day operations while providing structure and consistency. In that time, I've focused on ensuring team collaboration and strategies that create a strong foundation of support and innovation in order to better support the needs of the division, DHHS and Nebraska. I've also concentrated on building standardization and efficiencies in our processes, as well as on solidifying our relationships with our local health departments, state and federal public health partners and other stakeholders. It's clear that my colleagues are committed experts who dedicated to our vision of helping people live better lives. Over the past year, we've been accepted into the Public Health National Center for Innovation's 21st Century Learning Committee--or Community, a group of states focused on intentional statewide public health system advancement. I oversaw a budget of \$305 million plus an additional \$105 million in ARPA funding, plus the implement-- implementation of eight new ARPA programs and initiated numerous workforce development act-- initiatives, all while striving to ensure a culture of innovation, efficiency and excellence. Looking forward: because public health is fundamentally at the center of every program within DHHS, I will work closely with CEO Smith to prioritize collaboration with all the divisions within the Division of Public Health. The team and I will strive to ensure that we are a high-performing public health department. We will ensure open communications, transparency and continue to build trust with partners across the state, formalize processes and improve quality of services by gathering performance measures for all of our programs focus on ensuring a strong infrastructure and improving access to care, especially in rural areas. I am confident that my background in, in local and state perspective will position me to be successful in meeting these goals and I'm thrilled to be able to lead the Division of Public Health. I greatly appreciate the opportunity to be before the committee today and I'm happy to answer any questions.

HANSEN: All right. Thank you.

CHARITY MENELEE: Thank you.

HANSEN: Are there any questions from the committee? Yes, Senator Walz.

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WALZ: Thanks for being here. Senator Cavanaugh left me a list of questions.

CHARITY MENEFE: I have no doubt.

WALZ: I couldn't help it. I'm sorry. Just wanted to say thank you for being here.

CHARITY MENEFE: Thank you.

WALZ: Did I scare you, Ben [LAUGHTER]?

HANSEN: Yeah.

CHARITY MENEFE: Broke the ice, though. That's good.

HANSEN: Tell my wife I'll be late for supper. Are there any other questions? I have a few questions, maybe.

CHARITY MENEFE: Yeah.

HANSEN: I think, especially with the recent pandemic, that role of public health director has become more important.

CHARITY MENEFE: Yes.

HANSEN: And I've always had a general concern among maybe some other people about the role of public health and local public health facilities and their authority to make certain decisions during an emergency. What are-- I just want you to share with me some of your views, like during COVID, especially the state of Nebraska or where you were at in Knox County--

CHARITY MENEFE: Yes. Yes.

HANSEN: --about the role of public health and local public health and what kind of authority they should have.

CHARITY MENEFE: Um-hum.

HANSEN: If you thought it was adequate, if you think they should have more, if you think you should have less--

CHARITY MENEFE: OK.

HANSEN: --just kind of curious, if you could share your opinion on that.

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CHARITY MENELEE: Yeah, it's a great question. And I know it's been discussed in a lot of different places and avenues over the past three years and so a lot of time has been spent thinking about that for me, as well. I think that I'll start off with a little bit of, kind of, history before the pandemic response, because I, I think that we do sometimes lose sight of all that public health has been doing over the years and all of the diseases that we investigate and outbreaks we respond to that kind of happen without anybody even knowing it. And I want to say that in those circumstances and in the pandemic, that balance of liberty and public health and public safety is always-- in my career, at least, has always been-- and I think when-- all my colleagues here as well, at the forefront of the mind. So it's not ever a decision that has been taken lightly from my experience, whether that was back in Tennessee or here as well. So I just kind of want to set that foundation to begin with. I think that the Nebraska approach, it was, it was made very clear to me that the plan at the offset was to try to have uniform and collaborative decision making that happened from the Governor's Office and the state and with our local health jurisdictions across-- in most aspects, that that was the approach that was going to be best for Nebraska, because our role for public health is to bring a public health lens to whatever the emergency is. Right. So I'm going to bring data and information on the disease, what that impact can look like to people's health and their well-being in that respect. But there's other perspectives that need to be considered. You know, the economy and how education can be impacted and, and all kinds of different perspectives. And so that was the route that Nebraska took in leading those efforts and I think was very, very successful. I think that there's always going to be challenges and struggles as we're navigating that, but I do think at the center of that, leading with balancing liberty and public health and safety has to be at the forefront. And I think that Nebraska was-- I mean, our number one ranking in Politico, I think, says that. You look at our rates compared to other states, I think it shows that. I think it was a successful approach. I'm glad that I got to be here and witness it because I think it will inform how we move forward in other emergencies, hopefully not while I'm here having to do this, but I do, I do think it informs future actions.

HANSEN: OK. And can I ask you another kind of awkward question?

CHARITY MENELEE: Yeah.

HANSEN: Just because I'd be remiss if I didn't ask for some constituents that asked me--

CHARITY MENEFE: OK.

HANSEN: --as who were concerned as well. I know it's typically much more of a local decision, but as a state director, do you ever believe in the mandatory-- mandatorily regulating masks or vaccines during a pandemic such as COVID-19? Would you ever mandate something like that?

CHARITY MENEFE: So I'll say-- I'll go on the record and say that in Tennessee, we did do that. So in Knox County, my public health director had the authority-- was the way the policy and the laws were set up at that time. This was at a time when we did not have treatment vaccines in place. And we're really trying from the perspective and the decision making at that time to concentrate on what could we do to help protect people, but while keeping-- trying to get the economy back open and schools operating and people safe in those environments as well. So looking at all the evidence that was before us, that was the decision that was made at that time. So I don't want to hide behind that. That was there. I think that we're in a very different place now. I think that when I came to Nebraska, again, it was made very clear to me at the onset that Nebraska was not a mandate state and that that wasn't the way-- the-- is it-- the Nebraskan way. That's what I hear. And I, I took that to heart. And again, I, I saw that that path was successful here as well. So I don't foresee that being a path that we would make in the future.

HANSEN: OK. And I think one of the reasons I asked, which you touched on earlier, is I think that was one of the, one of the reasons Nebraska, I think, was very successful, if you want to use that word, going through COVID is because I think we-- it seemed like it was the notion of the administration and even us to value people's liberty first versus what we-- what our role is as a government and what we should mandate them to do. And I think we took the right step there and so people were able to work, people were able to live, you know, freer lives than, maybe, other people had. And so I think economically speaking, especially, that we did really good through the pandemic for that-- for-- that was one of the reasons though, right?

CHARITY MENEFE: Yeah.

HANSEN: And so-- which is why I asked those line of questionings--

CHARITY MENEFE: No, I--

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HANSEN: --I guess. If something like this ever happens again, I would appreciate we would take the same kind of direction in allowing people to make decisions for themselves or at least have that at heart first.

CHARITY MENEFE: Yes.

HANSEN: Even though I know everyone, every-- hopefully not another pandemic, but if something like that ever does happen, everything would kind of be different, right?

CHARITY MENEFE: Yes.

HANSEN: And so that's why I asked those questions. And, you know, it's just more for the record so.

CHARITY MENEFE: That makes perfect sense. I'm glad I got the chance to respond to it.

HANSEN: All right.

CHARITY MENEFE: I know that's-- people think about that.

HANSEN: Yeah. Thank you. Are there any other questions? Seeing none, thank you very much.

CHARITY MENEFE: Thank you.

HANSEN: All right. We will take our-- a testifier in support. All right. Is there anybody wishing to testify in opposition? Is there anybody wishing to testify in a neutral capacity? All right. Well, that was easy. Good. All right. So with that, that'll close our hearing for the director of Nebraska HHS, Division of Public Health. And that will actually close our gubernatorial appointment hearing for today. All right. Thank you.