

**LB 1153 - Testimony
Judiciary Committee
February 23, 2012**

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Good afternoon, Senator Ashford and members of the Judiciary Committee. My name is Scot Adams (S-C-O-T A-D-A-M-S), and I am the Interim Director of the Division of Children and Family Services. I am here to provide testimony in opposition to LB 1153 because it creates duplication, adds expense and confusion, and reduces accountability and efficiency.

First let me acknowledge that our fiscal note arrived late because of recent changes to the child welfare system including some today; to the impact this bill would have and the impact those changes would have. Things are moving rapidly indeed.

LB 1153 would require DHHS to directly arrange for treatment or services for a juvenile or the juvenile's family if a lead contractor or subcontractor of DHHS is unable or fails to provide such court ordered treatment or services within a specified time. To meet the requirements and timelines in LB1153, the Department of Health and Human Services (DHHS) would need to establish an extensive monitoring system even though each court order may or may not result in additional work for DHHS to arrange for services in the event such services were not provided in a timely fashion. This duplicates work and would require DHHS to hire additional staff for these functions.

LB 1153 would require DHHS to enter into contracts with providers for treatment and services where a lead contractor exists, requiring in turn that DHHS would then be responsible for the payment. Among the confusion and reduced efficiencies are these:

- 1) LB 1153 would require additional staff and service funding for these activities or even in anticipation of the potential of these activities.
- 2) It may drive up prices for services in the marketplace.
- 3) Many orders from a juvenile court cannot be completed within such a short period of time. Examples include a chemical dependency evaluation and a consultation with a psychiatrist for prescription medication evaluation.
- 4) Given the global focus of LB 1153 on all court-ordered services, we could anticipate that a variety of providers may need to add staff to be able to provide a quicker turn-around and that cost certainly would be passed along to DHHS and, thus, to taxpayers.

I would also like to point out that LB 1153 does not address times when a lead contractor, subcontractor, or DHHS is unable to set up treatment or services within the designated timeframe because a specific service is not available for multiple reasons.

Sometimes providers are at capacity. It also not uncommon for providers to refuse to provide treatment to a child – the Department cannot force a provider to accept and treat a child.

Perhaps most significantly, it does not address those instances in which DHHS disagrees with the court order and the existing right of the Department to appeal the order. Nor does LB 1153 recognize those situations in which DHHS does not receive the court order in a timely manner.

While we understand and appreciate the emphasis of LB 1153 on securing services and treatment for children in a timely manner and in compliance with a court order, it is a bill that adds unnecessary functions and costs and does not address other important related issues.

I urge you to oppose LB 1153. Thank you. I would be happy to respond to any questions you may have.