[LR525 LR529]

The Committee on Health and Human Services and the Committee on Judiciary met at 9:00 a.m. on Friday, October 5, 2012, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LR525 and LR529. Senators present from Health and Human Services Committee: Kathy Campbell, Chairperson; Dave Bloomfield; Gwen Howard; and R. Paul Lambert. Senators present from Judiciary Committee: Colby Coash. Senators absent from Health and Human Services Committee: Mike Gloor, Vice Chairperson; Tanya Cook; Bob Krist. Senators absent from Judiciary Committee: Brad Ashford, Chairperson; Steve Lathrop, Vice Chairperson; Brenda Council; Burke Harr; Tyson Larson; Scott Lautenbaugh; and Amanda McGill.

SENATOR CAMPBELL: Good morning everyone. On behalf of Senator Coash and myself, we want to welcome you to the two hearings that we'll be hearing today, LR525 and LR529. We will be having some other senators join us, but in light of trying to start fairly close on time and the importance of your time, we're going to go ahead and start. I'm going to go through the introductions or the kind of the rules of the game here, first, and then hopefully we'll finish out with the introductions of the senators. This is the Health and Human Services Committee. I'm Senator Kathy Campbell. I serve at the 25th Legislative District. If you have brought a cell phone with you, I would ask that you turn it off or turn it on silent or whatever it takes. It's very distracting for people testifying if a phone starts ringing in the background. Although handouts are not required, if you're planning to stay for this afternoon for the public testimony and you have a handout, we would like 15 copies of that. You only need to fill out an orange sheet, a bright orange sheet, if you are planning to testify, and then you can give that sheet to the clerk as you come forward. We will ask each person who is testifying today, and most of our testimony is prearranged and we've invited people to speak, but we will ask them to state their full name for the record and spell it. And the reason for that is the orange sheet helps the clerk follow as we go along, but the spelling of your name into the

microphone helps the transcribers as they are listening to the tape. I don't think we have any other special instructions. We are very pleased about today's hearings because we have arranged a number of people to come speak for the record on the opening. And with that, we'll start with introductions and we'll start to my far right. [LR525 LR529]

SENATOR BLOOMFIELD: Senator Dave Bloomfield, District 17 in the northeast corner of the state. [LR525 LR529]

SENATOR COASH: Senator Colby Coash, District 27, right here in Lincoln. [LR525 LR529]

MICHELLE CHAFFEE: I'm Michelle Chaffee. I'm legal counsel to the committee. [LR525 LR529]

SENATOR HOWARD: Senator Gwen Howard, District 9 in Omaha. [LR525 LR529]

DIANE JOHNSON: And I'm Diane Johnson, the committee clerk. [LR525 LR529]

SENATOR CAMPBELL: And with us today as the pages are Lacey, and Lacey is from Tekamah and Paige is from Columbus, so we thank them for coming in to help us today. All right. I don't think...Diane, did I forget any instructions that you need? Okay. We will formally open the two interim studies, and Senator Coash is going to make a few remarks before we start on the testimony. [LR525 LR529]

SENATOR COASH: Thank you all for being here, and we do have a few people who have came from longer distances to be with us today, so we appreciate your engagement on this issue. The last couple of years we have taken a hard look at the child welfare system, how services are delivered, how children in our state are protected, and we spent a lot of time revising a system once the child becomes part of that system. And we...and it's been a focus of the Legislature, of the department, and

we're starting to make some...starting to turn a big monster in a different direction. My interest and the reason for LR525 was to refocus on how those children make it into the system at the beginning, because that is a critical moment for children. My experience in this system has been that, once a child makes it into the system, it is a challenge to get that child and that family back together; and there's lots of factors that go into that. And I was interested in finding a tool, a way to assist those frontline workers, those advocates, the department, in making good decisions about how best to keep families safe and how to reduce trauma to the children who need support. And that led us down the path of structured decision making and differential response, which is something that...it's not a new thing but it's fairly new to our state. And so I'm interested in the science of it. We are interested in the application of it. Looking forward to hearing from the department about their utilization and plans. And we've got some national...or we've got some folks that have come in here that have some experience with it and we're looking forward to hearing from that. So that kind of frames up the reason that I brought this interim study, and I'm looking forward to the testimony. [LR525 LR529]

SENATOR CAMPBELL: Thank you, Senator Coash. I think he has covered very adequately what we are trying to attempt. Both of us are working together on these two interim studies and so it's particularly helpful to have the national folks that are joining us today. As we go through the agenda today we have planned for as many different aspects of how children get involved in the child welfare system. And with that, we're going to open today's hearing and welcome Caren Kaplan. Caren, would you come forward please? Good morning. [LR525 LR529]

CAREN KAPLAN: Good morning. [LR525 LR529]

SENATOR CAMPBELL: And the pages will help you. I had the pleasure of meeting Caren last night, but hopefully you'll state your name for the record and spell it, and then tell us a little bit about yourself before you begin. [LR525 LR529]

CAREN KAPLAN: My name is Caren, C-a-r-e-n, Kaplan, K-a-p-l-a-n, and I actually talk a little bit about myself within my testimony. [LR525 LR529]

SENATOR CAMPBELL: Good. [LR525 LR529]

CAREN KAPLAN: So if you don't mind, I am going to start that way. [LR525 LR529]

SENATOR CAMPBELL: Absolutely. You go right ahead. [LR525 LR529]

CAREN KAPLAN: (Exhibits 1-5) So, first of all, obviously I'd like to wish all a good morning. Chairman Campbell, members of the Health and Human Services and Judiciary Committees, and esteemed colleagues, my name is Caren Kaplan and I'm founder of an organization entitled Innovations in Child Welfare. I am or recently have worked in the states of Delaware, Iowa, Ohio, Tennessee, and four tribal nations: Northern Cheyenne, Crow, Fort Belknap, and Fort Peck, in the states of Montana and Wyoming, on the subject of my testimony: differential response systems in child protective services. I have more than 30 years of experience in child welfare policy and practice during which I directed a national initiative at the American Humane Association on differential response, which included state-specific training and technical assistance. Over my career I've managed multiple efforts that address the issue of chronic child neglect and the assessment of child safety risk and comprehensive family functioning by child protection agencies. Before I begin my testimony, I want to acknowledge the committee members' interest in, knowledge of, and commitment to Nebraska's child welfare system. This body has diligently tracked the challenges of privatization and the high rate of placement of children outside their home in this state. I commend you for your study of various options and the actions you've taken to resolve those problems. A child protective service system that embraces a differential response system to families is a viable option in which child safety reigns supreme. I'm going to provide a little context for this. I know that many of you are familiar with the child welfare system, probably to an extent more than you anticipated when you first took your seats.

Since the initial passage of the Child Abuse Prevention and Treatment Act in 1974, federal and state laws have mandated that child protective services take some action on each report received. Investigative responses have been a core element of casework practice since the child protection system was created through that passage of CAPTA. Investigations are policelike in that the main purpose is to determine whether an allegation of child abuse and neglect made by the reporter is true or not true, and to identify who is a victim and the person who is the perpetrator. The focus is an incident base and the determination is whether or not it did or did not happen. Since the early 1970s, state CPS systems generally use this one forensic approach in responding to allegations of maltreatment. CPS practitioners, researchers, and advocates gradually became aware that the singular approach might be counterproductive in that only a small percentage of reports received and investigated concerned the very severe, egregious type of alleged maltreatment: broken bones, concussions, deliberate burning, starvation, abandonment, and other extreme insults. As child protective service systems developed over time, the proportion of reports of child neglect increased as the proportion of all reports. Child neglect frequently concerns poverty-related allegations such as the failure to provide adequate food, clothing, personal hygiene, safe and healthy homes, and proper supervision. For more than a decade, state reports to the National Child Abuse and Neglect Data System, NCANDS, which is a U.S. Children's Bureau initiative, have shown that the great majority of maltreatment reports in the U.S. involve neglect rather than physical or sexual abuse. The most recent child maltreatment report shows that children who experience neglect comprise approximately three-quarters of all child victims; and, in 2010, the state of Nebraska identified 96.5 percent of all victims as being victims of neglect. I will tell you that I have not seen such a high percentage in all of my work across the nation. Additionally, cases involving neglect are more likely to recur than cases involving other types of maltreatment and reoccur more frequently. So why are we talking about differential response? Families who come to the attention of the child welfare system are not identical to one another. Families, like individuals, have distinct histories, circumstances, and specific challenges. For decades, the child welfare system has

responded to reports of alleged maltreatment as if all reports were the same. Differential response offers child protection systems the ability to respond in diverse ways. The differential response approach recognizes that all families have unique strengths and needs, and addresses these in an individualized manner rather than a one-size-fits-all approach. What is most important is that safety is not compromised through this approach. The family assessment response of a differential response child protection system values the family's identification of its own needs and connects families with services in which they can build their capacity to keep their children safe. Family assessment responses or FAR, as I will call it subsequently just to shortchange the sentence, focused less on investigative fact-finding and more on assessing and ensuring child safety in cases that are of low or moderate risk. Again, we are not talking about the most egregious allegations. As previously mentioned, services are provided to families without a formal determination of whether abuse or neglect occurred. When effectively implemented, differential response can prevent the increase of risk of harm to a child, and thus, avoid the reoccurring report that will be more serious in nature and involve future involvement in the system. This commonsense approach is readily apparent by services and treatment of those outside the child welfare system as well; people like us. If I have a friend named Alice, and Alice and I both need an intervention to go to a dermatologist, and Alice has a wart and I have melanoma, do we want the same treatment plan? Do we want the same response? Do we want the same outcome? Are we looking to alleviate the same needs? Of course not. In our daily lives, we anticipate that responses we get and service we receive are commensurate with our needs. Why should this be different for children involved in the system? An initial investigatory response seldom sets the stage for family engagement. It's important to remember that the preponderance of services offered by the child welfare system nationally are voluntary. With the exception of 20 percent or less of the child welfare population that is involved in courts--20 percent or less, services referred and provided by the agency to families are in response to the family's willingness to voluntarily accept services. The manner and extent to which the family is dealt with and involved in the process of decision making will significantly impact whether or not they will opt for, be

interested in, and enroll in the services that are recommended. In a 2006 national study that was conducted by the American Humane Association and the Child Welfare League of America, the core elements of differential response systems were identified. Differential response started in 1993, but by 2006 there was a critical mass of states that were self-identifying as having a differential response system. Differential response...and you have a handout that identifies these core elements. That's one of your handouts. Differential response systems include at least two distinct pathways responding to screened-in reports; in other words, they meet the statutory requirement of alleged maltreatment to be accepted by the public child welfare agency. We are not talking about seeing families that we previously have not seen. We are not talking about increasing the load to the agency. The two distinct pathways are the investigation pathway or the traditional response. And I've been told by many practitioners here that you currently refer to this as an assessment response, and so the language has already changed, so I will call the other pathway a noninvestigation response or a family assessment response, to clarify. That assignment between these two pathways is determined by an array of factors. These are some of them: the presence of imminent danger; the level of risk; the number and the nature of previous reports; the source of reports; the type of alleged maltreatment; and the vulnerability of the alleged victim. Response assignments can be changed in the event that the life circumstances change in families. Families who receive the family assessment response are able to accept or refuse to participate in FAR; that is, they can opt to have a traditional response if they so choose. I am not suggesting the reverse. After assessment, services are voluntary for families who receive the family assessment response, as long as child safety is not compromised. So services are only voluntary to the extent that there are no compromising threats to safety; then they're not voluntary. That is the same as it currently is in the existing system or at least most systems. That this establishment of these discrete responses is codified, whether it be in legislation, procedures, protocols, all different ways, and the reason it's codified is it's not the flavor of the month in child welfare. It is a change in the system and the system's response to all families. So in addition to being a practice change, there is a structural change, there is a functional

change, there are roles and responsibility changes. It is indeed a systemwide reform. There is no substantiation of the alleged maltreatment from the family assessment response. And as I said, there's no finding, victim, or perpetrator. Services are offered from the first point of contact to a family. And so instead of waiting for a process to determine whether or not the family should receive certain services, I'm talking specifically about those related to poverty, so that we are talking about whether they be--I'm just going to use Target as an example, a Target card so that they can go buy diapers; transportation; issues related to housing; day care. Services that address the basic needs of our families can be provided at first contact. They are typically identified by the family. And lo and behold, what we find is that many of the families have very stressful situations; and once the basic needs stress is relieved, the other challenges are lessened. No surprise. Then the use of the central registry--and I don't know; I'm not familiar with the practice of the central registry in Nebraska--is dependent upon the type of response. So there are no names for that family assessment response that are entered into the central registry. Since we're not identifying a perpetrator, we are not entering anyone into the central registry. The investigation response remains viable. It's still an appropriate response to sex abuse, serious physical abuse, and any other circumstance of egregious or alleged egregious harm. Any situation that requires active involvement or law enforcement or court involvement is not suitable for a family assessment response. It changes the nature of the relationship when you have legal and court involvement. Once the family is assigned to receive an investigation response or a family assessment response, as I said, the decision can be changed. Reassignment can occur, and I will give just one example: if a known sex offender moves in a home of a family that's currently receiving a family assessment response and the children's mother is unable or unwilling to prevent her children from having access to this person. This case may need to be transferred to a formal, traditional response, because otherwise, what you have is children that will be unprotected and have access to someone who has a record of sexual offense. In 1993, Missouri and Florida became the first differential response states. Today, almost half of the nation's states are implementing some form of differential response. You have a map--it's your

only colored copy--that indicates the different status of states and our nation overall. My one comment, and Nina and I, who will speak--Nina, who will speak next--my one comment is you can go two weeks or three weeks and the map can change, so please know that it is not accurate as of this moment, but it is as accurate as we have. States understand that the family who needs assistance in providing supervision for young children is not the same as the family who is impacted by chemical dependency and is still not the same family who cannot adequately explain why their infant had a serious brain trauma. All vulnerable families with issues that threaten child safety warrant our attention. It makes good common sense to diversify our responses to reach our common preeminent goal, which is to protect children and keep them safe from harm. On December 20, 2010, with the enactment of the federal Child Abuse Prevention and Treatment Reauthorization Act of 2010, the federal government conditioned state eligibility of federal child welfare funding on the implementation of a differential response system. This is the first time that the federal government has taken such action to mandate this type of approach. The law reauthorizes and amends the Child Abuse Prevention and Treatment Act, including the addition of differential response requisites. And you can use Title I funds from CAPTA, which are the basic state grants for child abuse and neglect prevention and treatment programs, to develop such a system. Given that child neglect constitutes the majority of maltreatment--and as I said, 78.3 percent experience neglect, and that's a national number--the ability to implement a noninvestigative response is critical. It's essential. There's been a memorandum that's been promulgated by the federal government and a program instruction. Both of these documents identify assurances that must be provided by the governor of each state that has a child abuse and neglect plan that they submit to the federal government. References in CAPTA include state assurances of procedures that differentiate severity of appropriate referral, the use of the basic state grant funding to improve child protective services, requirements to identify policies and procedures around the use of a differential response system, and the provision of annual state data on the number of families that received such a response. So what does the research say? What do we know? Numerous research studies have been conducted, and I will make a comment

and say that from my field-based experience, which again I have a 30-year tenure in the field, some of the most rigorous evaluation has occurred with this particular system. And although we can't do clinical trials, we have done random assignment, which is the basis for many of the results that I will share. Differential response has been evaluated in two field experiments longitudinally, and that's been Minnesota and Ohio, that does use a random assignment of two comparable groups. In a 15-month evaluation of Ohio's pilot, information collected on the control and the experimental groups involve 4,529 families. These are some of the findings: there is no evidence that replacement of an investigative response with a differential response reduced the safety of children. The reason I reiterated this is the most common belief is if you don't have legal and court involvement and you don't remove children, you will make children unsafe. This is not always the case. I'm not going to suggest that it isn't true in some instances. We have cases where that is indeed the case, but it is not true for the preponderance of families experiencing neglect. Subsequent reporting of families for child maltreatment declined, particularly among minority families, the most impoverished in this Ohio study. Removals and out-of-home placements and foster care placement declined. The provision of poverty-related services--food, clothing, utility assistance, rental payments, car repair, transportation, financial help--all increased. In other words, families were effectively engaged, identified some of these basic needs, received these services, availed themselves of these services, and we had a much higher rate of participation in services. Families were more engaged by their own admission. These are surveys of families that actually participated in a family assessment response. An unintended positive consequence is that workers were more satisfied. Lo and behold, they're doing what they were trained to do and they're happy they're helping families. And families were more satisfied with service delivery. The Ohio results that I just provided are consistent with Minnesota's longitudinal evaluation. And so there is an institution called the Institute of Applied Research which has done the preponderance of work in the evaluative area. They have come out with some overarching national findings related to this that are no longer Ohio-specific. Again, the issue of safety, reiterating it. And children were safer sooner, and I'm going to describe what I mean by that. So if safety

services are provided to a family earlier on in the life of the case and a safety assessment is done prior to case closure, and there's no compromising of child safety and there is a comparable family, the amount of time that a family is involved in a system to achieve safety was less. It is a complicated construct because measuring safety is a complicated matter. Family engagement increased, as I said. The cooperation of our families improved. Lo and behold, you treat someone with respect and partnership and honor their voice, and they want to avail themselves of what you have to offer. If you don't do so accordingly, it's very difficult to walk through that barrier and encourage a family to know that they can get services that will help them parent their children. Families were more satisfied and felt more involved in decision making. Again--this is now national--CPS staff reacted more positively. The needed services were delivered more quickly. Basic necessities were delivered successfully over time. There was a greater utilization of community resources. Again, lower placement rates, lower rates of re-referral. And I know the number one question, as it is for most jurisdictions, is money: What about costs? So, like all, there is not a lot on costs, and I will talk a little bit about that in a minute; but what we do know is, like all new investments, initial costs were greater. You're retooling your system. You need to make investments, investments in training, investments in system restructure. However, over time, the savings that are gained from the lowered placement in foster care increases the cost savings; and there are cost savings over time because what you are doing is front-loading your system. So you're putting more resources at the front end instead of the back end. Of the differential response evaluations completed to date, only Minnesota and Ohio have done cost...had a cost evaluation. And data indicated that the services for families in this noninvestigation pathway were expensive initially, as I just said, and more cost-effective in the long run. The basic conclusion of the cost study: Savings were achieved by the experimental families during the follow-up period more than offset the investment costs that it incurred during the initial contact period. This doesn't mean that differential response systems can or should be either cost-neutral or produce savings. That's not a reason to do this. It does suggest that if the program is implemented in a manner consistent with a model--and the model basically constructs

are those core elements that I went over--it should be cost-effective and probably will be cost-beneficial. In the September 13, 2012, transcript of this committee, Linda Cox, the interim director of the Family Care Review Office, testified that in one of her national coalition conference calls a colleague of hers remarked to her, "It must cost your state a fortune to not provide the services up-front, especially when you consider the costs of foster care, court interventions, educational delays, and the loss of income potential for youth who never catch up to grade level or never fully resolve their issues." Ms. Cox then addressed the committee and stated, "There is a fiscal and human toll." Exactly. This singular observation speaks to the essence and efficacy of a differential response child protection system. The next question would be funding, because money speaks volumes as well on the funding side. Financing the child welfare system in a manner that optimizes best practice has never been easy. If it had been easy, we wouldn't go to the Legislature each and every session and ask for more resources. Funding a CPS differential response system and a family assessment response is no different. There are three primary funding sources. You are familiar with all of them: federal, state and local, and foundation. Federal sources relevant to DR include a Title IV-E waiver; Title IV-B, Subparts 1 and 2; CAPTA, Title I and Title II, Subparts 1 and 2; Social Services Block Grant; TANF; Medicaid--in particular, Targeted Case Management; and Children's Justice Act dollars. I know that these dollars are being used for an array of other purposes, but these are some of your resources to start. There is new opportunity in the recent expansion IV-E waivers that allow for greater flexibility of IV-E dollars at the front end--preventive services--for DR states to emphasize the value in also finding ways to reduce foster care expenditures and in finding ways to determine the most cost-effective way to invest in a good service array that will, in essence, reduce the number of families that come to our attention. State and municipal funding includes the gambit, depending upon the state culture and depending upon whether it's state-supervised, county-administered. There are many considerations. Some states have dedicated general revenue. Some have used tax levies. Some have used property taxes. States have developed a flexible funding pool for social services and pool their money with other community service agencies that will be all working together to meet the needs of

these families. Foundations that have provided funds and resources often are the starter, and I'm raising that because Nebraska, like all other states, is entitled to the assistance of Casey Family Programs' funds which has been known in many jurisdictions that I work in to fund the initial start of work like this. In addition to Casey Family funds, the Gates Foundation, the McKnight Foundation, and other foundations that are specific to your state that have an interest in child well-being. The financial goal is to front-load services and save money on the back end. Keep kids from care, keep kids from reentering care. Many states with mature differential response systems have repurposed their money from custodial to noncustodial services. After years of differential response experience, some states have saved considerable funds from the back end, reducing the entries to foster care and the time that children remain in care. And by their own testimonial, they attribute it to this change in the system. Obviously, differential response is one piece, but it is a significant piece. The act of repurposing dollars is both a sacrifice and a leap of faith, but the results have demonstrated this payoff. The first goal of any public child protection system is to keep their children safe from harm. Nebraska is no different. While the child welfare field will continue to benefit from ongoing research of differential response systems, the research findings to date are promising in terms of increasing family and worker satisfaction, usage of needed services, decreasing re-reports and removals, and providing no evidence of safety concerns. I want to thank the Health and Human Services Committee and the Judiciary Committee for the opportunity to testify. I'm happy to answer any questions, and I offer you my ongoing consultation should it be desired. Thank you. [LR525 LR529]

SENATOR CAMPBELL: Thank you, Ms. Kaplan. I do want to thank Voices for Children who served as your host for the visit here today. [LR525 LR529]

CAREN KAPLAN: Yes. [LR525 LR529]

SENATOR CAMPBELL: Questions from the senators? Senator Coash. [LR525 LR529]

SENATOR COASH: Thank you, Ms. Kaplan, for all of the materials as well. And I wanted to go back to about the middle of your testimony when you discussed the core elements. [LR525 LR529]

CAREN KAPLAN: Um-hum. [LR525 LR529]

SENATOR COASH: And this might tee it up for the department or Ms. Williams who will follow you. But you talked about the establishment of discrete responses that are codified in statute, policy, or protocol. Can you talk just a little bit more about what that looks like? And maybe we'll find out what other states are doing. [LR525 LR529]

CAREN KAPLAN: Yes. [LR525 LR529]

SENATOR COASH: She's nodding yes. But why that's important to do and what outcomes we should expect by doing that. [LR525 LR529]

CAREN KAPLAN: I will speak a little about it, but I do know that Nina will be speaking of it directly, so I don't want to steal her thunder at this point in time. One of the reasons that codifying is necessary is you're changing whether or not maltreatment reports are substantiated. And most child abuse and neglect prevention laws, as well as child abuse and neglect treatment laws, identify particular types of maltreatment and the manner in which they are dealt. And so you need to change that. The other statement to say, and this is my personal experience and it may be yours as well, some people call differential response a program. Some people call it a project. It is neither. It is a system change. It is not something that you do lightly and it is not something you overturn lightly. And so one of the reasons that it's important to codify it is to make certain that you have sustainability over time in terms of the nature of the work. And I think that is to me one of the fundamental reasons in addition to changing how maltreatment will be dealt with, the issue is you're talking about something that needs a longitudinal haul regardless of an administration, regardless of who is sitting in the seat, regardless of the

directors of the agency, regardless of the community providers. It's about the families and children. [LR525 LR529]

SENATOR COASH: That makes sense. Thank you. [LR525 LR529]

SENATOR CAMPBELL: Other questions? Ms. Kaplan, I'm assuming in all of the states on the map that you showed us that the state is covering the cost of the services that they offer families. Is that correct? [LR525 LR529]

CAREN KAPLAN: Um-hum. [LR525 LR529]

SENATOR CAMPBELL: And so on the voluntary families, which this is a voluntary, what we would call in the state a voluntary placement, the state is then covering the cost of all those services. It's not like the family has said, well, here's a litany, you go out and get them. The state actually covers them. We just want to make sure. [LR525 LR529]

CAREN KAPLAN: Yes. The formalization of the response is indeed to make certain that that is what happens, that the family is not left to their own devices to assure that they can avail themselves of the services they need. It's not an information and referral service. It's actually a formal service array that is provided to families based on their needs. [LR525 LR529]

SENATOR CAMPBELL: Do you think...could you give us some idea as you've worked with this about the visits, the number of visits that need and the regularly scheduled that needs to go with this response? [LR525 LR529]

CAREN KAPLAN: One of the things that I didn't talk about is this is really, first and foremost, thought of as a shorter-term involvement with the families. So you're talking about services up-front and you're probably talking about I'd say 70 percent or 80 percent of the families you would see through this response would be closed in 90 days.

So the idea is not for a long-term involvement of the department, and that changes the nature of how you intervene at the very first contact. I could talk a lot about the practice, but what I would say overall, and it's important to note that this is a generalization, that visits are more frequent and longer at the very beginning. And what I mean by that is, depending upon what your time responses are, the issue is the first point of contact can be a two- to three-hour visit with the family, because to the...if you have success contacting the family, you're beginning a relationship with that family. It isn't focused on the incident. It's what brought them to the incident, and unfortunately, what would bring them again if we don't serve their needs. [LR525 LR529]

SENATOR CAMPBELL: And that's one of the issues that we are watching through one of the reports that comes to the committee in terms of the response through the child advocacy centers who are watching many of these cases. And one of the questions that they respond to is the visits and as they're tracking that. [LR525 LR529]

CAREN KAPLAN: Um-hum. [LR525 LR529]

SENATOR CAMPBELL: So I appreciate that. [LR525 LR529]

CAREN KAPLAN: Sure. [LR525 LR529]

SENATOR CAMPBELL: I hope that you will be around for a while... [LR525 LR529]

CAREN KAPLAN: I will. [LR525 LR529]

SENATOR CAMPBELL: ...and we have another chance to talk to you. [LR525 LR529]

CAREN KAPLAN: Thank you. [LR525 LR529]

SENATOR CAMPBELL: Thank you very much. Our next testifier is Nina Williams, and

Nina comes to us from NCSL, the National Conference of State Legislatures, and is a return visit. Nina was with us about a year ago when--a year ago, maybe a little bit more than that--when we were holding hearings on LR37 or beginning. So welcome back. And for the record, Nina, we probably need to have you state your name and spell it. [LR525 LR529]

NINA WILLIAMS-MBENGUE: (Exhibits 6-8) Okay. Thank you, thank you. For the record, my name is Nina Williams-Mbengue, N-i-n-a, Williams, W-i-l-l-i-a-m-s, and my last name, my husband's part of the last name, Mbengue, M-b-e-n-g-u-e. Good morning, Madam Chair, Senator Coash, and members of the committee, Health and Human Services and Judiciary Committee. On behalf of the Children and Families Program at the National Conference of State Legislatures, I'm very pleased to be here to present an overview of information that I hope will be helpful to you. And you asked that we talk a bit about ourselves. I manage the child welfare project within the National Conference of State Legislatures within the Children and Families Program. I have been on that project, I think last week it was 18 years, working on all kinds of issues related to child welfare and public child welfare systems that are of interest to state lawmakers. Today, because I'm an employee of NCSL, I will state to you that I do not and I'm not able to advocate for or against specific pieces of legislation, but I am here to serve you, bring you resources and information on other states' legislative experience and whatever other research and resources we can provide. As you mentioned earlier, we have been working with you for a while and were here last year and have been trying to track very closely the efforts that you've been engaged in. And we certainly will continue to offer our services to you for research and whatever else you might need. This morning I'll just talk very briefly about NCSL, provide an overview. I won't spend too much time on that because Caren Kaplan did a great job. I will go over some of the state legislative experience that we've learned about in studying the legislation, talk about some of the roles for legislatures, and briefly discuss some considerations and questions that lawmakers might have when they're considering this type of reform. Just really briefly, for those of you who may not be familiar with NCSL, we are a bipartisan

organization. We serve the legislators and legislative staff of the nation's 50 states, territories, and the commonwealths. All legislators and staff are members of NCSL, and we serve 7,000-plus legislators and even more legislative staff. We are headquartered in Denver, Colorado, and that is where I do work, and we provide state services out of Denver. We also have an office in Washington, D.C. And, of course, as you know, we provide research, technical assistance, and other opportunities for lawmakers to exchange ideas on some of the pressing state issues. We also advocate for the interests of state governments before the Congress and federal agencies. And as I said, I work on the child welfare project, and we've been tracking states. And I will call it differential response legislation, but as Caren said, some states it's known as alternative response, family assessment response, and similar. Here I'm just repeating the eight core elements from the QIC; that's the Quality Improvement Center at the federal level that Caren discussed, again, at least two pathways: investigative response, and the services or family assessment response. Also in the handouts...all of my slides are in the handouts with the little lines to take notes. I also...we did a legislative analysis for this Quality Improvement Center which goes into a lot more detail about the states...the legislative component of the states that meet these eight core elements--that's in your handouts as well; as well as a copy of our Web site where we're tracking all of the legislation, including those states that don't necessarily have all these core elements but identify themselves as doing differential response. And we keep pretty up to date on that, and I think there are links to the legislation so you can see language as necessary. And again, these are the same core elements that Caren just talked about: services are voluntary; pathway depends on specific factors; families are not placed on the central registry; family engagement is important; and the fact that the approach is in statute or policy. Caren already talked about Florida and Missouri were two of the first states to enact legislation to make their CPS systems more responsive in this way. Other states enacted legislation throughout the 1990s, and we've seen a number of states continue this. I'm counting 18 states now that meet those eight core elements. Some of the more recent states include Colorado; Connecticut; the state of Washington; I believe, Illinois. And we track some 30 states on our chart that have some component of differential or

alternative response that's in their statute. And again, that is in your handout. And at the end of my slides there is a link to our Web site where you can find all this information as well. As I said, we prepared a legislative analysis for the federal Quality Improvement Center, and we looked...at the time we looked at 14 states, but now this is covering 18 states, at least, at this point to try and identify some of the major legislative provisions and, you know, where legislators thought that they needed oversight over this type of approach or response. Of course, legislative intent was included, statements related to legislative intent, to provide a policy framework for the development of the differential response approach in states. Some states provide general language that expressed the overall purpose of implementing such an approach, with an emphasis on meeting families' needs for services and supports. And you'd asked about the reasons to codify something in statute. As Caren said, I think in addition to sort of expressing what the original intent and goal, what some of the conditions might be in the state at the time, so that as the legislative leadership and as committee assignments change there's an understanding of what this intent initially was, as well as through leadership changes within the child welfare agency. And apparently state legislators see it as a way to provide clear information again on the original goal and intent when they statutorily authorize these initiatives. An important strategy that legislators continue to authorize has been the development of pilot or demonstration projects in order to determine the feasibility, outcomes, and effectiveness of a differential response approach. Not every state has done this, but lawmakers in Illinois most recently; Minnesota; Missouri; North Carolina; Ohio; Tennessee; and Virginia have authorized pilot projects in statute. They may contain very specified time frames as well as location of the demonstration sites, and statewide expansions of the projects have been dependent upon the results from the demonstration. For example, a 2009 Illinois statute allows the Department of Children and Families to implement a five-year demonstration of a differential response program, and they've set up certain criteria, standards, and procedures prescribed by departmental rule. Evaluation of our assessment of the approach or demonstration: Illinois, North Carolina, Ohio, Tennessee, and Virginia legislators have required an evaluation or assessment of the approach or pilot in their enabling statute; again, in

order to determine whether or not the approach is effective and whether it should be implemented statewide. It should be noted that other states have conducted evaluations absent state legislative mandate. Nature and scope of the investigation or assessment: Many of the state legislative enactments that we reviewed explicitly defined the investigation itself; the scope of the investigation; what types of cases warrant a--when I say investigation I mean the traditional investigatory piece that is done; as well as the assessment or family assessment that is to be used in the approach. Other pieces: A few states have described the general types of services to be offered to families as part of their differential response approach. Central registry: While all of these states described with the eight core elements prohibits central registry placement for cases on the assessment pathway, several do outline these requirements or state that in statute that the family is not placed on the central registry as long as they are on the assessment pathway. Several states outline interaction with law enforcement for accepted allegations placed generally on the investigation pathway, and that can cover everything from the role of law enforcement to reporting, etcetera. Changing pathways is another major provision that lawmakers have incorporated into their statutes in order to provide flexibility to the child welfare agency so that, as conditions warrant during the investigation and/or assessment process, the pathway can change. It's also seen as critical to ensuring child safety by providing for an immediate response should children's safety come into question. And states also place in statute the fact that it can go the other way. We can go from an investigation to a family assessment should the risk be lowered. A few states require training around differential response in their statute. Vermont, Tennessee, and Virginia are examples of these states that require training for staff involved in differential response. Tennessee statute provides more...some...a lot of detail. Their training is to include information on staff roles in the approach; on cultural diversity; and their training also is to be offered to attorneys, providers, guardians ad litem, judges, prosecutors, and law enforcement, because I believe, as Caren said, this is a major shift in the way that the investigations are done, the interactions between the child welfare agency and the family. So it would seem important that all the key stakeholders throughout the system are invested in the system and are trained on what

differential response is and what the family assessment piece is and how this is different from the investigation that has been done in the past. Some of the statutes we reviewed also covered caseworker immunity provisions specific to differential response. Louisiana, Minnesota, and North Carolina statutes provide immunity from civil and criminal liability to workers who may be involved in the differential response system approach in their states. For example, Louisiana statute grants child welfare workers immunity from civil and criminal liability and any legal action arising from the department's decisions made relative to the setting of priorities for cases and the targeting of staff resources. Minnesota provides immunity from civil and criminal liability for workers acting in good faith. North Carolina lawmakers also granted immunity to an array of persons who might be involved in the differential response system, including reporters of child maltreatment, anyone cooperating with the county in an assessment, and persons who might testify in a judicial proceeding related to a report or an assessment. Again, these are all cases that rise to the definition of abuse and neglect in your state, so they remain under the purview of the state; so several states saw the need to codify that in statute. And I thought here I'd give a few brief examples of some of the different provisions in state legislation. And most of these states' legislation have been enacted since 2009, which was after I wrote that legislative analysis, but generally you see here...and I put the bill numbers or the public act numbers, and I can get you that legislation or you could link to it on our chart if you'd like to see some of the language. Illinois was enacted in August 2009--again, a five-year demonstration project. They also required an independent evaluation to make sure that the approach was meeting its stated goals. Maryland, most recently they enacted legislation in the 2012 session. They call theirs alternative response. They also established an advisory council, it's in statute, which are a council of some of the key stakeholders in the child welfare system--Tennessee did this as well--to participate in the development of an implementation plan. Their statute also talks about reassigning the alternative response cases to investigation should the child come at risk and vice versa. In their statute they prohibit certain reports from being assigned for the alternative response. Probably their sexual abuse or severe physical abuse cases would not be allowed to be on the

alternative response pathway. They also talked about data collection and confidentiality of the information. Connecticut enacted a differential response program in 2011, and they describe it as low-risk reports being referred for family assessment and services. Those reports can again be referred to child protective services, their regular investigation, if there are any safety concerns. And their statute requires an initial safety assessment and criminal background check on all the adults that are involved in the original report. Colorado enacted legislation--I didn't put the year; I believe this is 2011--and they have a differential response, a pilot program in which five counties are participating. Their statute requires a report to the House and Senate on a regular basis; I believe that's an annual report. They also require an evaluation of child safety and permanency, family and caseworker satisfaction, and cost-effectiveness. So hopefully we'll have some more cost-effectiveness information from another state. Before I go on to the same map that Caren has, I do want to point out that Caren Kaplan had talked about the new...the federal child welfare Title IV-E waiver demonstration programs that I believe I think nine states were recently approved by the federal government. A couple of those states actually proposed to use their differential response program or their pilot program as a component of their application for a Title IV-E waiver. Let's see, specifically Colorado, their differential response is in a pilot phase. And they actually proposed to use the Title IV-E monies to add a mental health assessment at referral and also to help increase the ability of the differential response practitioners to address child well-being. And they also believe that the flexible waiver funds that they could...that they are going to receive--I think they were confirmed to receive it--could help them apply the different components of differential response to all the counties to better promote the growth of differential response within the state. Washington, their proposal for the Title IV-E waiver is focused on what they're calling a family assessment response or FAR. So they are seeing that as a way to, you know, provide better front-end services and better assess what happens to families and funding it through the support...the money that they will get from their IV-E demonstration program. You see...and this is the same map that Caren showed you. It's a little bit hard to see; we don't have the state names in there. And this is not...this is current as of April 2002

(sic--2012). It is not reflecting Maryland, Washington, I don't think it reflects Connecticut. [LR525 LR529]

SENATOR CAMPBELL: 2012. [LR525 LR529]

NINA WILLIAMS-MBENGUE: 2012. That's right. I'm going a little bit too far back in time. (Laugh) [LR525 LR529]

SENATOR CAMPBELL: I wanted to make sure that your ten-year lapse wasn't in there. [LR525 LR529]

NINA WILLIAMS-MBENGUE: (Laugh) Yes. And as we've seen in looking at this legislation over a number of years, of course, the involvement and the role of state legislators has been a major, major component of the work. As you know, state legislators play a key role in child welfare policy and can certainly have an enormous impact on improving outcomes for children and families. You know, some of the areas of responsibility for legislators that you're, you know, very familiar with, of course, is defining child abuse and neglect; funding child protective services; outlining agency roles and functions; and specifically, related to differential response, authorizing pilot programs and the implementation of differential response; requiring evaluations and studies; requiring the periodic reporting on the implementation and outcomes of this approach; authorizing things like advisory councils to oversee implementation and ongoing oversight of the approach; and working with your child welfare agency to carefully examine your existing statutory framework, as you're doing; as well as looking at the service array that's out there for the families that may be referred to a family assessment. Some of the considerations for lawmakers that we think are important for you to think about: Service array is certainly a key concern for states that are hit by the current economic crisis or for states that might have inconsistencies in the availability of services across the state, states that have issues with a large population of children in rural areas that traditionally don't have access to services. And it appears that's exactly

what you're doing through the LR525. An examination of existing services, both formal and informal, appear to be a critical component of implementing a differential response approach. An identification of service gaps can certainly result in service development or creative responses to fulfill the needs of families and communities. Safety issues: Lawmakers will want to be confident that children and families diverted to an assessment pathway are safe and that they've been properly assessed for current harm and future risk of harm. As we've seen from the studies that are out there that are very strong, data does support that children whose families are assigned to the differential response pathway are no less safe than other children. Family participation in services: Lawmakers may be concerned about what happens to those families that refuse services. A number of states, in statute, require an immediate switch to the investigation pathway within the statute if that family turns the services down. And other states, you know, simply allow the case to be closed if services are finished or refused, as long as the child's safety is not compromised. Recurrence of risk: We're really talking about sort of reinvolvement of the family with the system. Legislators may have questions around families returning to the system. For example, you know, are these families returning to the child protective services system that have been provided services on the assessment pathway? How are you going to track that? Will you track that? How will you look at that and consider that? Definitions of abuse and neglect, and determinations of the levels of risk: Lawmakers may want to consider your current statutory definitions of abuse and neglect and the determinations of the levels of risk or criteria for how child protective services' agencies assign families to each of the pathways in a differential response system. You might want to have a good handle on exactly what would be considered low risk, what are the types of cases that would be referred for family assessment. And certainly, community resources: You know, considering the development of community resources, again, especially for those states that might have significant gaps in services. This is my last slide. I will not spend much time here. Caren has already gone over...this is merely a synopsis of the general findings that we have. At the bottom of the slide there is an address, a URL where you can go on the Institute of Applied Research's Web site and see all of these studies for yourself. They all have

executive summaries, as well, that will get you the information and the findings that we have, again related to child safety, costs, family engagement, and issues related to services. And here's my contact information, my phone number and e-mail; NCSL's child welfare Web site and this particular report that I was telling you about; as well as a link to our chart of legislation that we're trying to monitor really, really closely. And again I offer our services. If there's anything more that we can provide for you, any information you want from a particular state, we'll be happy to do that. [LR525 LR529]

SENATOR CAMPBELL: Questions from the senators on Nina's presentation? Nina, I just wanted to ask: As you are tracking all of the states, which state or states do you think are doing the best job of the fidelity to the data? [LR525 LR529]

NINA WILLIAMS-MBENGUE: Umm. That I'd probably defer to Caren Kaplan or some other experts. You know, I would say certainly those states that have had these formal evaluations by the Institute of Applied Research: Minnesota and Ohio. Minnesota's system has been in place much longer. They've expanded. They're able to even offer a differential response approach to families before they even come to the attention of the child welfare system. They've been doing it a number of years. They've had funding from a private foundation to do the evaluation, and they've been able to retool their system based on the evaluation results. That's as close as I can answer as far as fidelity, again, with all these states that are self-identifying themselves as differential response and they don't have these other core pieces which seem to cover concerns about child safety, you know, being able to go on to another track, you know, looking at services and that kind of thing. [LR525 LR529]

SENATOR CAMPBELL: Because that's just a key issue in terms of making good policy. [LR525 LR529]

NINA WILLIAMS-MBENGUE: Right. [LR525 LR529]

SENATOR CAMPBELL: The second question is: Do you have any idea what the rationale was for those states, West Virginia and New Mexico and Alaska who discontinued it, on the map that we looked at; do you have any idea why they discontinued? [LR525 LR529]

NINA WILLIAMS-MBENGUE: Sure. Some of the states, I'm not sure--and I know, Caren, you might know the answer to this better than myself. I know some of them, there have simply been things like changes in administration. Some of them, there may have been cost issues. I know some of the...my understanding is, is that some of the increase in costs at the beginning has to do with the fact that the family assessment is lengthier and takes more time, in addition to requiring additional training for caseworkers who are used to doing an investigation response, and some states may have...a couple of pilot projects I know were discontinued on that basis. The others...the other reasons I would defer. Sort of change and sort of the whole reform within a state, or it may have been done differently. [LR525 LR529]

SENATOR CAMPBELL: We can certainly check back on that. [LR525 LR529]

NINA WILLIAMS-MBENGUE: And we can get back to you with... [LR525 LR529]

SENATOR CAMPBELL: Yes. I really do want to thank you for all the help that you've given us and for the opportunity this summer to meet ahead of the conference... [LR525 LR529]

NINA WILLIAMS-MBENGUE: Oh, great. [LR525 LR529]

SENATOR CAMPBELL: ...in a small group on child welfare. I know I learned far more than I gave in that session. I was particularly impressed with the state of Washington in terms of their IV-E demonstration; and for my colleagues. The person that was there was my counterpart in the state of Washington but also the chairman of the

Appropriations Committee, who was probably a greater advocate for child welfare than any of us sitting in the room. I was really impressed with that. So thank you so much for your help, It's always great to work with NCSL. [LR525 LR529]

NINA WILLIAMS-MBENGUE: Great. We're glad to help. Thank you. [LR525 LR529]

SENATOR CAMPBELL: Senators, are you okay? Do you want a break, or...forge on? Diane, how are you doing? Okay. We will forge on then. The next part of our agenda we have invited the Department of Health and Human Services to give us a number...they have been given a number of assignments on child welfare screening and entry information. And we're really going to cover...for the audience who doesn't have the agenda in front of them, we're going to cover really four topics here. We've asked the department to give us information on the child welfare and juvenile justice tutorial--a fancy word there--regarding the roles and processes that are currently operating from the department. We've asked them to cover the child welfare hotline priority determination; their work on structured decision making; and also the department's work on a differential response. So a lot of information that we've asked them to cover but trying to give the senators a good overview of where the department is right now in terms of the entry to the system which, as Senator Coash indicated, is certainly one of our primary interests through these two interim studies. So, Thomas, would you introduce yourself formally and spell your name, please. [LR525 LR529]

THOMAS PRISTOW: (Exhibit 9) Yes. Good morning, Senator Campbell and members of the Health and Human Services Committee. My name is Thomas Pristow, T-h-o-m-a-s P-r-i-s-t-o-w, and I am the director of Children and Family Services from the Department of Health and Human Services. It seems that my staff and I have developed almost a War and Peace document today. It's quite lengthy. But I have three points before I start my testimony, I mean before I start reading my testimony, that I'd like you to come away with from my presentation. (1) We have redefined how our children enter our system and have a timetable for further front-door changes within the next ten

months. And front-door changes, I mean how children enter the system. (2) We have adopted SDM, which is a nationally vetted and recognized best-practice method of assessing our children and youth who are unsafe and at risk, and I'll be talking lengthily about that in a few minutes. And (3), my staff and I are absolutely committed to working collaboratively first and foremost with our children and families, our provider network across the state, the advocacy organizations, our contractors who deliver service for us, children and foster parent association, the Legislature, the courts, all who work with us to provide the best possible service and support to our children and families. So that's the takeaway I hope you get today. I'll be addressing three topics, as the senator said: our child abuse and neglect hotline, structured decision making, and differential response. But first, I have only five PowerPoint slides that I would like to take you through that shows our system flow. We have many folks across the state of Nebraska who work with children and families once they come into the system. They come in the system by law enforcement and the court, and then we have all sorts of folks surrounding that child to make sure they get the best possible services. We also then have the attorneys who help us along that way. So, as you can see, we have a lot of folks that are very vested and interested in the health and safety of children. Talking about protection and safety for a minute about how children come into our system: First, we get a call to our hotline. And we...when we get a call to the hotline, SDM is utilized to determine whether or not a child is...whether a report is accepted or not, and if...what priority level that we then determine for investigation. If it's not accepted for investigation, we close or refer to community services. If it is accepted for investigation, we then use structured decision making and it is assigned to an investigator. If the child is safe after that SDM assessment, the case is closed or it is referred to community services. If the child is unsafe, we go to ongoing child management services, and we work with the family initially to see if they will voluntarily work with us. If that is the case and the family does work with us, we do an assessment and case plan. We continue to assess the case through case management, and we can close the case. If the court finds that child must be removed from the home, law enforcement, and the family will not accept voluntary services and the court finds abuse and neglect, we go through a

case planning protocol. The court reviews in six months. DHHS continues the case supervision and management of that case, and then we can either...at six months, we go through that process again or we go through case closure. [LR525 LR529]

SENATOR CAMPBELL: Do you want to take questions as we go or at the end of the five? [LR525 LR529]

THOMAS PRISTOW: At your pleasure, Senator. [LR525 LR529]

SENATOR CAMPBELL: Anybody have any questions so far? [LR525 LR529]

SENATOR COASH: I do, if you want to back up. [LR525 LR529]

THOMAS PRISTOW: I don't know if I can do that, Senator, but I'll try. (Laughter) Oh, there we go. [LR525 LR529]

SENATOR CAMPBELL: Got to remember. (Laugh) [LR525 LR529]

SENATOR COASH: Okay. We know that your department finds children through the hotline. And if you're going to go over this later in your slides, then I'll wait until then. But you know, a lot of times, don't you get involved through law enforcement? [LR525 LR529]

THOMAS PRISTOW: Yes. [LR525 LR529]

SENATOR COASH: Does this model change if the initial call or the initial involvement came through law enforcement coming and checking on a child? I mean, you started with a call to the hotline,... [LR525 LR529]

THOMAS PRISTOW: Right. [LR525 LR529]

SENATOR COASH: ...so I'm wondering what changes, if anything, if the initial intake was... [LR525 LR529]

THOMAS PRISTOW: Well, if we don't...if the police officer goes out to a home and they remove the child immediately, we skip right to the court piece... [LR525 LR529]

SENATOR COASH: Okay. [LR525 LR529]

THOMAS PRISTOW: ..because they have the authority to take custody of a child and we do not. So we would...and that's why we work...when we've talked about this before, we're working with Omaha and Lincoln and other police organizations across the state to have our social workers go out...we're available 24/7 to go out with the police in order to help them make those alternative decisions when it's not necessary to take a child into care. [LR525 LR529]

SENATOR COASH: Okay. [LR525 LR529]

SENATOR CAMPBELL: The question on that far left, "Not accepted for investigation" and you refer them. But the cost of those services, community services, would be borne by the family and not by the state. [LR525 LR529]

THOMAS PRISTOW: That's correct. [LR525 LR529]

SENATOR CAMPBELL: Correct. But when we get to the box where it's "Non-court or Voluntary Family," are those services...do we pay for those services? [LR525 LR529]

THOMAS PRISTOW: Yes. [LR525 LR529]

SENATOR CAMPBELL: Okay. [LR525 LR529]

THOMAS PRISTOW: Yes. [LR525 LR529]

SENATOR CAMPBELL: So when we talked about that question earlier with Ms. Kaplan, that's where we would begin paying for the services. [LR525 LR529]

THOMAS PRISTOW: Right. And that's where we're trying to use our IV-E demonstration grant when we apply to...we want to move everything to the front end, as the other presenters talked about, prevention, differential response. We want to get that money to the front end to also help support that process. [LR525 LR529]

SENATOR CAMPBELL: Do we track very often if we say "not accepted"? And if that family ever comes back in the system, do we...? [LR525 LR529]

THOMAS PRISTOW: Yes, we do have that, because once the call gets into the hotline, it is documented. [LR525 LR529]

SENATOR CAMPBELL: Okay. But probably not any documentation as to whether they actually did go to the community service or not. Probably we wouldn't know that unless they came back in... [LR525 LR529]

THOMAS PRISTOW: That's correct. [LR525 LR529]

SENATOR CAMPBELL: ...and we reinterviewed them. [LR525 LR529]

THOMAS PRISTOW: That's correct. [LR525 LR529]

SENATOR CAMPBELL: Would that be accurate, you think? [LR525 LR529]

THOMAS PRISTOW: That's correct. That's accurate. [LR525 LR529]

SENATOR CAMPBELL: Okay. Thank you. [LR525 LR529]

THOMAS PRISTOW: You're welcome. We'll go into the OJS piece, "Truancies, Runaways, and Uncontrollable Youth," which are (3B). There's an adjudication that happens at the court. Also at this point I also want to point out that we do have a probation pilot in judicial districts 11, 12, and 3, which these type of youth that come in are going to probation now instead of coming to the department. Assessment and planning occurs. Structured decision making is used. Disposition occurs with the court, and at that point the court may commit the youth to the Department of Health and Human Services. And if they do, it's ongoing case management. The safety of the youth is monitored. Court reviews in six months, by statute; but some courts are doing it at three months, which is appropriate. We support the accelerated reviews as necessary. At that point, the court can dismiss the case and we go to case closure, or the court can continue the case and we continue case supervision, and then we go through the review process again and we could close the case. Juvenile offender and delinquent youth, again there's an adjudication. The probation pilot does impact these youth also in judicial districts 11, 12, and 3, and these youth are now going to probation at this time. We do an OJS evaluation. There's a disposition to the court about the family and services. And the court can make a decision two ways at this point, they can either refer the child to YRTC or they could go for community services. If it's community services--I'll get to YRTC in a moment--if it's community services, there's a case plan developed; ongoing case management; court reviews in six or three months; and then at that time the court can either dismiss the case which then we close, or we can continue the case. OJS continues case supervision; further progress is made; going to the court review. We can then close the case. Or the court, if there's not progress made or if there's issues, we can go to the YRTC as a placement. [LR525 LR529]

SENATOR CAMPBELL: How are we...so how does the youth...how do we follow the youth who may be what we call a crossover youth who has got one foot in the child

welfare system and one foot in the juvenile? Is that...are we covering those? [LR525 LR529]

THOMAS PRISTOW: Right. We're working closely with probation with that. Our social workers and our case managers are working. It's making sure that the systems talk to each other and that they jointly look at the case plans together and work on the case plans together. [LR525 LR529]

SENATOR CAMPBELL: And we're actually seeing a demonstration project, national demonstration in Omaha and Douglas County on crossover, are we not? [LR525 LR529]

THOMAS PRISTOW: Yes, that's correct. Yes. [LR525 LR529]

SENATOR CAMPBELL: I just wanted to make sure we got that in the record, because we are following that... [LR525 LR529]

THOMAS PRISTOW: Yes. [LR525 LR529]

SENATOR CAMPBELL: ...from both a department as... [LR525 LR529]

THOMAS PRISTOW: And it seems to be successful at this juncture. [LR525 LR529]

SENATOR CAMPBELL: Okay. Thank you. [LR525 LR529]

THOMAS PRISTOW: YRTC placements: If the court orders the child into YRTC, a case plan is developed in conjunction with the social worker in the field and with the YRTC case manager. And at that point, as they work with the case plan, YRTC can discharge that youth, and then we close the case. Or we can put the child on parole through our department; successfully completes parole; we can discharge and we can close the

case at the point. If parole supervision is not successful, we can revoke the parole and return to YRTC. That's the end of my slides, Senator. [LR525 LR529]

SENATOR CAMPBELL: Would it be...could we get a copy of those? [LR525 LR529]

THOMAS PRISTOW: It's in your handouts. I believe they're in there, right? Everybody? [LR525 LR529]

SENATOR CAMPBELL: I didn't get a copy of that. It's buried. Thank you; I got it. [LR525 LR529]

THOMAS PRISTOW: It's that War and Peace thing, Senator; I'm sorry. It's a lot of paperwork there. [LR525 LR529]

SENATOR CAMPBELL: No, that's all right. I was so busy watching the slides. Any questions before we go on to the next segment? Thank you. All right, we're ready for the next one. [LR525 LR529]

THOMAS PRISTOW: Okay. I'm going to talk first about the child abuse and neglect hotline. It is the front door to our child abuse and neglect system and is vital to ensure that the department is working with the families who need support to provide a safe environment for the children. Everyone in Nebraska is a mandated reporter. Every person in Nebraska who has a reasonable cause to believe a child is being abused or neglected has the responsibility to report their concerns to our hotline or law enforcement. Child Advocacy Center staff provide mandated reported training to community and professional groups on and how to make the report across the state. In January 2010, our hotline was centralized and located in Omaha. Centralizing the hotline was necessary in order to provide 24-hour coverage across the state and to ensure consistency in determining which reports of abuse and neglect are accepted for assessment. Hotline staff are available to receive reports of abuse and neglect every

day of the year, 24 hours a day. They are also trained to gather specific information from the reporter on every call. They're instructed to ask specifically about mental health concerns, substance abuse, domestic violence, etcetera. Each intake specialist is provided extensive training on the various types of abuse and neglect. In March 2012, the intake screening process was modified to use SDM or structured decision making. It is a screening tool developed by Nebraska Children and Family Services specialists, supervisors, program specialists, administrators, and with the assistance of the Children's Research Center. SDM is a nationally recognized assessment tool used in many states throughout the country. There's about 20 or 25 I believe. Hotline intake specialists and supervisors are trained on SDM, and the fidelity for using the tool is being monitored by protection and safety supervisors, program specialists, and administrators. The hotline receives a report of abuse or neglect from a caller and will conduct a review of any history the department has on the family and make any collateral calls that are necessary to gather as much information as possible to determine if a report requires CPS intervention and should be accepted for assessment investigation. After gathering all the information, the specialist will decide if the report meets the screening criteria to be accepted for assessing using the SDM screening tool. There are very specific and detailed definitions for each type of abuse and neglect to guide the intake specialist in making the decision to accept or not accept the report. Reports of abuse and neglect are classified based on the decision made by the specialist. There are three classifications: accepted for assessment--this means we will investigate; does not meet the definition--that means the report is screened out; information and referral--and that's where we get questions and resources and service available to families where we talk about what's available out in the community when they just have a question about what's out there. After making the determination to accept a report, the specialist will determine the priority. There's a priority 1, a priority 2, and a priority 3 investigative response that we have. A priority 1 is an immediate face-to-face contact with the alleged victim, and it's immediate or no more than 24 hours. Priority 2 is a face-to-face contact with our investigators within five calendar days. And priority 3 we have is within ten...face-to-face contact within ten calendar days.

I've talked with some of you about our priority 3 protocols already. Our system is under review by my office at this time, and I'm reviewing response time and definitions to determine if any changes are necessary, and I'll get into that when I start talking about differential response. The hotline also takes calls regarding adult abuse and neglect, and this process is very similar to the process outlined for child abuse and neglect. I talked a little bit about staffing of our hotline. There are 31 full-time, 4 part-time, and 2 temp hotline intake specialists who work on our neglect intake center. In the last calendar year 2011, we had 33,000 calls; of those, 30,000 were specifically on child abuse and neglect. [LR525 LR529]

SENATOR CAMPBELL: Questions about the hotline from the senators? Any questions? Have you had any...it seems to me that we've probably had less comments lately about the fact that it's all been centralized. There were some concerns I think initially about that they were used to having the local person that they could call. [LR525 LR529]

THOMAS PRISTOW: Right. [LR525 LR529]

SENATOR CAMPBELL: And so I didn't know whether you had picked up, you know, any other comments of that from law enforcement or county attorneys out in the state? [LR525 LR529]

THOMAS PRISTOW: No. And, in fact, in other states that I've worked, we went from a noncentralized to a centralized, and that was the issue that we had to overcome. And I believe in Nebraska we've done a really good job because there still are relationships built across the state with the investigators who go out with the police. And the intake workers, the hotline intake workers do a really good job at connecting with the...whether it's police or school or families, whoever is calling. [LR525 LR529]

SENATOR CAMPBELL: So at this point, if the report comes through, like, the sheriff in Custer County, that...and the sheriff removes the child, then that doesn't...does that

eventually get into the records through the hotline? [LR525 LR529]

THOMAS PRISTOW: Well, if that call comes in, it is in the record automatically. [LR525 LR529]

SENATOR CAMPBELL: Okay. So all the law enforcement people are reporting... [LR525 LR529]

THOMAS PRISTOW: Yes. [LR525 LR529]

SENATOR CAMPBELL: ...through the hotline of what action they're taking. [LR525 LR529]

THOMAS PRISTOW: Yes. [LR525 LR529]

SENATOR CAMPBELL: Okay. Any other questions? Seeing none, we'll... [LR525 LR529]

THOMAS PRISTOW: No, and I've visited the hotline a number of times and they are very impressive. And if you have an opportunity to go up to Omaha and check out our hotline service, I would encourage it. [LR525 LR529]

SENATOR CAMPBELL: I take it that a number of the staff that are there have a longevity with the department? [LR525 LR529]

THOMAS PRISTOW: Yes, Senator, they do. We have very skilled folks on the front door of our...of how we view and handle child abuse and neglect calls. [LR525 LR529]

SENATOR CAMPBELL: Senator Coash. [LR525 LR529]

SENATOR COASH: You talked about the structured...the SDM which has been in place since March, is that what you said? [LR525 LR529]

THOMAS PRISTOW: It was implemented statewide in March. Previously it was only in Omaha and Lincoln since January. [LR525 LR529]

SENATOR COASH: Okay. [LR525 LR529]

THOMAS PRISTOW: It was implemented in Omaha and Lincoln in January; statewide in March. [LR525 LR529]

SENATOR COASH: What was... [LR525 LR529]

THOMAS PRISTOW: I mean statewide in July. I'm sorry. [LR525 LR529]

SENATOR COASH Right. Okay. What was in place before that? [LR525 LR529]

THOMAS PRISTOW: You know, Senator, I'm not sure, but I have staff here who can speak to that. [LR525 LR529]

SENATOR COASH: Okay. Well, I... [LR525 LR529]

SENATOR CAMPBELL: Let's keep that question and we'll come back to it. [LR525 LR529]

THOMAS PRISTOW: Okay. [LR525 LR529]

SENATOR COASH: And the reason I ask is...I mean, there had to...I mean, there was a judgment call made by somebody on the other end, and I just...we've got a system now which I'm happy to see. I'm just curious... [LR525 LR529]

THOMAS PRISTOW: The rationale behind it? [LR525 LR529]

SENATOR COASH: Yes. [LR525 LR529]

THOMAS PRISTOW: And the protocol and how it worked? I don't have that information. [LR525 LR529]

SENATOR COASH: I'm just curious what we used to do. [LR525 LR529]

THOMAS PRISTOW: We will get that in a few moments for you. I have to get...let me get through the structured decision making model now. SDM, as I said earlier, is a tool the department uses for protection and safety specialists to make decisions regarding children and families we work with. As I just mentioned, SDM was fully implemented July, this past July. We were doing a pilot in Omaha and Lincoln from January to July. The goals associated with using SDM are to reduce subsequent harm to children and expedite permanency. As part of the SDM process, staff gather information about the child and family regarding the abuse and neglect allegation; the circumstances surrounding what happened that may have caused the abuse and neglect; information about the child such as school, physical health, mental health, mood, etcetera; parenting practices including discipline; and the adults' functioning level. Determining a child's safety is the first step in the initial SDM assessment process. We use a safety assessment for that. This process begins upon the first contact with the family. It determines if the child is currently safe and likely to be safe over the next few weeks. Through this assessment, the caseworker will determine if there are any safety threats in the household. Safety threats include behaviors or conditions that may place a child in immediate danger or serious harm. In your packet I've listed a sampling of 12 behaviors and conditions that indicate immediate danger or serious harm; I'm not going to read through those right now. [LR525 LR529]

SENATOR CAMPBELL: Could we just stop there? I just want for the record, because you and I had a conversation. One of the senators had picked up a concern from the western part of...in the western part of the state that where there were drugs in the home and whether we were, you know, immediately removing the child or not. Do you want to talk a little bit about that? Just based on our conversation I thought you might want to cover that. [LR525 LR529]

THOMAS PRISTOW: Well, it depends...when we get a call and there's drugs in the home, the investigator goes through a series of assessments that's absolutely tied with safety. We look at the type of drugs. For example, if there's a 4-month-old and we have meth in the house, well, I mean, that's a no-brainer. If we have a 16-year-old and there is pot residue found in the home, we may work with that family, and we wouldn't necessarily remove that child because we weren't...you know, we're not necessarily sure that there's a safety issue there. We would see about how amiable the family is to working with services to look at substance abuse issues. So it's situation-dependent. We don't want to have a cookie-cutter approach. We want to be able to have a thorough assessment and make some commonsense decisions about removal and safety. [LR525 LR529]

SENATOR CAMPBELL: And I think that's good, but I guess do you feel that perhaps we might need to do some more education with law enforcement and some of the people... [LR525 LR529]

THOMAS PRISTOW: Oh, absolutely. Yes. [LR525 LR529]

SENATOR CAMPBELL: ...because it seemed to me that there was a disconnect there between what...they were reading it as an overall policy: any drugs, the child was not removed. [LR525 LR529]

THOMAS PRISTOW: All right. Yes. I'm sorry, I remember our conversation now. The

police officers were working on a false belief that the sight of any type of drug in the home, there's an immediate removal, no questions asked. And we have a lot of education to do about how to go through that process, and we're in the process of doing that, ma'am. And the service area administrators are working with their local law enforcement officials to help with that. [LR525 LR529]

SENATOR CAMPBELL: I thought that was a really interesting point that Ms. Kaplan brought out in terms of how many of the groups of stakeholders need to be trained in a system so that everybody understands what you're trying to accomplish here and not just certainly from the department's training. [LR525 LR529]

THOMAS PRISTOW: Well, and it's not only just training but it's also retraining, because something may have happened 15 years ago and there may have been an anecdotal type of reaction, and then that gets kind of repeated and repeated. And if we don't come in and do the retraining and talk about what best practice is and what common sense is, that kind of anecdotal policy protocol gets made into concrete, and then we're off to the races with, kind of like, not commonsense stuff. So it's our obligation and our responsibility to make sure that we go out and connect with those police officers and other mandated reporters about what the protocols are and how we work with that. [LR525 LR529]

SENATOR CAMPBELL: Thank you. That covers that. [LR525 LR529]

THOMAS PRISTOW: You're welcome. (Clears throat) Excuse me, I'm still working on these allergies, Senator, from... [LR525 LR529]

SENATOR CAMPBELL: We all can identify. Senator Coash and I are talking about that all the time. We even brought our own package of Kleenex today. So we understand. [LR525 LR529]

THOMAS PRISTOW: If a child is deemed unsafe and there is no intervention that can keep the child safe at home, a petition for removal is filed. When there are immediate services and interventions that can be implemented in the home to maintain safety, the child is considered conditionally safe and a safety plan--important here--a safety plan is developed to keep the child in the home safely. The safety plan is developed with the family and may include family members or friends as people participating in the plan. The plan is continually updated as the situation changes to ensure continued child safety. If the child will not be safe in the home with services, the child will need to be removed from the home and placed in foster care. Once safety has been determined, the second step in the initial assessment process is to determine the risk level present within the family that establishes the probability of further (sic--future) abuse and neglect. The initial assessment worker has 30 days from the date of the hotline call and intake to complete the full risk assessment. The assessment is completed with all families regardless of the determination of child safety. The risk assessment determines if the family should be offered ongoing services. It contains questions about family history; caregiver functioning, including mental health concerns; substance abuse issues; and domestic violence. Risk levels: They include low risk, moderate, high risk, and very high risk. Families in the low or moderate risk levels may be encouraged to access community resources if issues were identified for additional help. A child could be determined to be safe right now, but the risk assessment would indicate a high or very high possibility of future maltreatment. Families with high or very high risk levels or families with an unsafe child are offered ongoing services. They may include treatment for substance abuse, mental health, parenting training, in-home family support, etcetera. The SDM tool also requires more frequent contact by the department or service providers with the family in the high or very high risk levels in order to reduce the possibility of future harm. In situations where the circumstances are very serious or the family declines to work with the department on a noncourt basis, the family will be referred to the county attorney for consideration for a petition to be filed. For families with a status offender, which is a child found to be guilty of a crime that would not be a crime if the person was an adult; or a dependency situation, which are circumstances

that are not the fault of a parent such as emergency hospitalization of a parent or no one else is able to care for the child, a prevention assessment is conducted rather than a risk assessment. The prevention assessment works just like the risk assessment but is adjusted because there is no current allegation of abuse or neglect. The prevention assessment identifies families who have a very high, high, moderate, or low probability of abusing or neglecting their children in the future. After the case is transferred for ongoing case management, the caseworker completes a family strengths assessment with the family. This is designed to help the family with issues that are contributing to the safety and risk concerns. These concerns are discussed with the family and a case plan is designed with the family to resolve the issues that brought the family to the attention of the department. The family is asked to prioritize which issues they want to work on immediately, and we work collaboratively with them to determine the priority. The caseworker, the case manager, is responsible to let that family know which issues are critical toward achieving child safety and reducing risk. Family strengths are identified so that they can be used in addressing the family issues. I want to be clear about that. We want to include very clearly the family strengths when we work with these families and not just what they're doing wrong. For children who are removed from their home by law enforcement for their safety, the reunification assessment is completed every 90 days to determine if the child can be returned home as soon as it is safe to do so. The reunification assessment identifies new parenting behaviors the family is demonstrating, and assessing their participation in structured parenting time or visitation opportunities, and evaluations. For children who were able to remain safely in their home, the caseworker completes the risk assessment every 90 days to determine if the case can be closed. This assessment also evaluates the progress parents are making in learning new behaviors or addressing other identified safety-related issues. Protection and safety is working closely with the Division of Behavioral Health to identify services parents can access once that child is not a ward of the state. I just wanted to say here also that working with Dr. Adams in behavioral health with the other regions is something that the deputy director and I are working very closely with to provide additional services to these families working cross-divisional within the department, and

that has been a very...a big success for us over the past couple months. SDM also has an assessment for reports of abuse and neglect and other concerns occurring in foster homes. The assessment of placement safety and stability (sic--suitability) looks at safety and other care concerns similar to those safety threats discussed previously. This assessment helps determine if there are services and supports necessary to maintain a child safely in the foster home or if a change in placement is needed. We want to make sure that our foster homes are safe. It's essentially what we were looking at here. All SDM tools are supported by policy and procedure manuals containing clear definitions and examples of each tool. These manuals are located on our CFS Web page, and case managers do reference these manuals to get clear and updated information or to see examples of each assessment. We work closely with our supervisors to make sure they completely understand how to work this process and protocol. Quality assurance reviews are conducted to assure the fidelity of the model. This is something we recently started. Staff have been very receptive to this SDM process, and it will assist us in ensuring that children and families receive the support they need. We anticipate that permanency can be achieved more quickly by safely returning the children home or by finding appropriate adoptive or guardianship placement. [LR525 LR529]

SENATOR CAMPBELL: Before we go into the last topic: So as we work with the family, and I'm assuming on the noncourt voluntary cases, how...we heard from Ms. Kaplan, and I'm sure you're going to talk about this when you get to differential response. But I'm assuming that also, I mean the noncourt voluntary cases, how often are we with those families and what kind of tracking are we doing over what period of time? [LR525 LR529]

THOMAS PRISTOW: We work with them to develop a case plan, and we are with them more in the beginning and less as time goes on, as they develop new skills and new sets of behaviors, to make sure that their children are safe. It is a new concept that our social workers across the state are getting trained in, this process of working more closely with families and making sure that we look at family strengths and we do an

appropriate assessment. There is a lot of time being spent in training our staff and to this protocol and working with these children that are in-home and safe and making sure that they stay safe. [LR525 LR529]

SENATOR CAMPBELL: Questions? Any questions? I'm going to take a five-minute break for everybody and we'll give Thomas a five-minute break to his voice. So we'll be in recess for about five minutes and then we'll come back for our last segment. [LR525 LR529]

THOMAS PRISTOW: Thank you, Senator. [LR525 LR529]

BREAK

SENATOR CAMPBELL: Find your chair and we will restart. All right, we will reconvene and Mr. Pristow is in the middle...well, almost to the end. [LR525 LR529]

THOMAS PRISTOW: Not in the middle, Senator. [LR525 LR529]

SENATOR CAMPBELL: Oh, I'm sorry. Well, we have plenty of time so we don't feel like we need to rush. But I wanted for sure to take a break. Senator Howard, did you want to ask a question before we continued? [LR525 LR529]

SENATOR HOWARD: I do. I have a couple. Thank you. There was some question that came up about how were things handled in the past with the intake. And pretty much it was the--and there's probably some more reflections on this--but the call would come in and then it would be screened either in or out, and a lot of that responsibility fell on the supervisor. So it was the decision making based on their own experiences, and there really wasn't a particular factor other than the severity of the case or whether it was a neighborhood dispute or maybe a divorce, domestic issues, and who the caller was, if they identified themselves. But the question I had, since so many of the foster care

homes now are under privatization, when a call comes in to the hotline regarding a foster home and possible abuse or neglect, is that screening in or screening out handled by the agency, the private agency... [LR525 LR529]

THOMAS PRISTOW: No. [LR525 LR529]

SENATOR HOWARD: ...or is it handled by the department? [LR525 LR529]

THOMAS PRISTOW: It's by us. [LR525 LR529]

SENATOR HOWARD: The department does the investigation of the private agency home. [LR525 LR529]

THOMAS PRISTOW: Yes. Yes. [LR525 LR529]

SENATOR HOWARD: Probably with the agency itself. [LR525 LR529]

THOMAS PRISTOW: You mean if it's a foster home we are investigating? [LR525 LR529]

SENATOR HOWARD: The foster home. [LR525 LR529]

THOMAS PRISTOW: Yes. We do it. Yes, Senator. [LR525 LR529]

SENATOR HOWARD: So you're...the case manager from the department goes out with the agency case manager? [LR525 LR529]

THOMAS PRISTOW: If we're doing an investigation, we go out with the police officer, if the police officer is coming with us, or we go out alone. We don't take the agency with us. [LR525 LR529]

SENATOR HOWARD: Okay. Thank you. [LR525 LR529]

SENATOR CAMPBELL: Senator Bloomfield. [LR525 LR529]

SENATOR BLOOMFIELD: Thank you, Senator Campbell. Mr. Pristow, just a curiosity question: What percentage, if you happen to know, are screened out and we don't follow up at all? [LR525 LR529]

THOMAS PRISTOW: In 2011, it was almost half. About 49 percent were screened out and about 51 percent were screened in. That's too high and that's all for calendar year '11. And we only implemented SDM fully in calendar year '12 and beginning fiscal year '13, which was July 1. So we're looking at different numbers. We expect much different numbers this coming year on that. [LR525 LR529]

SENATOR BLOOMFIELD: Okay. I just anticipate there's got to be some people who call in and just try to get somebody they don't like in trouble. [LR525 LR529]

THOMAS PRISTOW: Right. Yeah, that happens, Senator, and we deal with that. [LR525 LR529]

SENATOR BLOOMFIELD: And I was wondering what that number might be. [LR525 LR529]

THOMAS PRISTOW: Sometimes we get that in divorce cases too. [LR525 LR529]

SENATOR BLOOMFIELD: Yeah, I can imagine. Thank you. [LR525 LR529]

THOMAS PRISTOW: You're welcome. [LR525 LR529]

SENATOR CAMPBELL: Senator Coash, did you have a question? Before we start in on the DR portion, I thought you might want to talk a little bit about the press release that you put out the other day with regard to the 309...is it 309... [LR525 LR529]

THOMAS PRISTOW: Three hundred nine safely returned home. [LR525 LR529]

SENATOR CAMPBELL: ...cases that you closed. And I thought you might want to talk about that a little bit and see if there's any questions that the senators might have. [LR525 LR529]

THOMAS PRISTOW: The staff across the state under the direction of Deputy Director Maca has worked very hard over the past number of months to focus in on those children that have been in-home for more than 60 days, that have safely been in-home for more than 60 days. We have about...at the point where we started to shine the light on this, we had about 1,800 children that were in home with their parents as wards of the state for more than 60 days. In some cases, they were hundreds of days and in some cases they were thousands of days that they continued to be in-home with their parents, safely, and maintained my responsibility as a ward of the state. So Deputy Director Maca and her folks shined a light, with their social workers and with attorneys and judges, and revisited those cases and were able to safely vacate custody in a large number of children and youth. We're not done with that yet. We are going to continue to focus on that, but probably sometime in early spring we'll do another major focus on in-home kids and see what our numbers look like. But our staff has been doing a great job. We've...educating and training and looking at our social work staff to work with the judges and not accept...if a child is safely at home and they've been in-home for, you know, five or six or seven months and they're doing well, my social workers have been instructed to petition the court with the attorney to ask the court to vacate wardship. There is no reason for us to maintain that type of long-term relationship if there is no safety issue. And this is a new thing. We have traditionally across the state of Nebraska have kept kids in care for a long period of time once they return home. And in some

cases you may need to do that for good reason, but in other cases not so much. [LR525 LR529]

SENATOR CAMPBELL: Questions? Senator Coash. [LR525 LR529]

SENATOR COASH: Thank you. I appreciate you talking about this. And you said a couple times, you know, you used "the department shined a light on those cases," those families. So I presume you had some kind of report that said here's how long these kids have been in and how long they've gone without a safety need. [LR525 LR529]

THOMAS PRISTOW: Correct. [LR525 LR529]

SENATOR COASH: Then that's where you pushed it down and said let's get these kids in front of the judge and... [LR525 LR529]

THOMAS PRISTOW: Correct. Yes, Senator. [LR525 LR529]

SENATOR COASH: ...and get them, you know, terminated. [LR525 LR529]

THOMAS PRISTOW: Yes, Senator. [LR525 LR529]

SENATOR COASH: So that was kind of a catch-up, you know. I mean, you kind of...a look back. [LR525 LR529]

THOMAS PRISTOW: Right. [LR525 LR529]

SENATOR COASH: What are you doing moving forward to make sure that that doesn't...that you don't have to come...every six months you have to do that or every year? [LR525 LR529]

THOMAS PRISTOW: Right. Well, the issue is based on relationships with the county attorneys and the courts and making sure that our social workers and supervisors have good working two-way relationships with them. We are the content experts in child welfare. And our social workers and supervisors, when we are in court and we believe that a child is safe and we have enough...we have evidence, we have evidence-based practice, we have a good track record, that child has been home for a period of time safely, we need to re-petition that court and not...and work with those judges and educate those judges so that we can return safely those children, you know, keep them home and get us out. We don't need to be involved with those families that are safely at home. We need to get the state out of their lives. We also aren't...you know, on balance, we want to make sure that they are safe. And there are some cases where we need to be involved over a period of time, but like I said earlier, not so much all the time. If we got, you know, 60-90 days going and they are safe, you know, there's a lot of community services out there that can support that family. There's a lot of ways for that family to maintain a consistency so that we can step back and get out of their lives. [LR525 LR529]

SENATOR COASH: Is providing that ongoing support or connection with those community resources part of that discharge? [LR525 LR529]

THOMAS PRISTOW: Yes. It's...we have to work with our behavioral health regions and our provider network out there to make sure that there is a system of care across each community to help these children that when they get out of our wardship and they are back at home that there is a protocol and a process for them to turn to if there's a slip or a slide or a problem. We are...one of the things I talked about earlier on in my tenure is moving dollars to the front end to those communities, moving flexible dollars so that the communities have resources to help those type of families so that they don't wind up back in our custody. Or if families are at a place where they are just beginning to experience issues, community resources with our help can provide support to them. You know, it is about dollars in some cases, and it's about resource depth and it's about

the system of care in the community and what are we doing as a state to provide the best system of care possible across each community so that they have the resources and depth to handle these children that aren't at the level of abuse and neglect that they need to come in care, but like are on the margins. That's a very big priority of mine. And as we go forward with the IV-E waiver process, the demonstration grant, and we're working with the subcommittee of the Children's Commission on that, we are heavily going to be looking at trying to get more money to those communities. And that's the key and that's the relationship piece that we need to have. It's not, you know, that first chart that I showed, that's all of us together working; it's not just us. We have a large constituency of folks that have a lot of passion about children and families in this state, and we'll work together with everyone to make sure that kids are safe. And we need to do better with our resources. We spend most of our money on the back end in foster care. As you can see with the numbers, they are starting to go down and we're starting to move out of home, kids that are in the out-of-home foster care to in-home, and then from in-home to out. We want to see our out-of-home foster care numbers drop. They're way too high. But this is...you know, we did a nice job in six months or so. This is going to take another, you know, 12, 18, 24 months to keep this trend going. We're going to stay right on it. [LR525 LR529]

SENATOR CAMPBELL: So the first group was mainly the children that were at home with parents. [LR525 LR529]

THOMAS PRISTOW: Right. And we still haven't gone through all of them yet; I mean the deputy director and her staff are still doing that. But I had just a start date and an end date for a really hard focus. But they're still working on that and we'll see the numbers continue to decline. [LR525 LR529]

SENATOR CAMPBELL: And I'm sure, and you may say, well, let me get through that and then we'll come back to it. But I'm sure from Ms. Kaplan's testimony today, in talking about the importance of that array of services, if we're really going to be able to deal

with a treatment, assessment, and, you know, that whole philosophy and turn in the system, that becomes then a critical point for us in terms of do we have the kind of inventory across the state that we need to have or do we need to do something about that to know exactly where's our gaps in the services. And that becomes so important as we get into the rural part of Nebraska. [LR525 LR529]

THOMAS PRISTOW: Right. Yes, as we operationalize this, as we go forward the service area administrators are tasked to work with their community partners and to make that type of assessment and to work about filling that capacity so that we do have that. You know, it took a while for us to get to this point and I think we're making some pretty good progress. It's going to take a little bit longer to turn the curve, but we are trending the right way, I do believe that. The relationships we're building with the courts and the county attorneys and with our provider network, you know, they are now involved in helping us do rate setting, training, support with our foster parents. So it's not just the state making those type of mandates; we are working collaboratively. And that all makes a difference. [LR525 LR529]

SENATOR CAMPBELL: Right. Before you came to this state, I know that Mr. Winterer had done a preliminary inventory across service units that were shared with some of the judges across the state. And I guess what I'd like to see is that as you update that inventory, that maybe as the Legislature comes back into session we do a briefing for all senators and say these are the inventories of services that we are seeing in each of the service areas, so that the senators are well aware of what's happening in their districts and what gaps there may be. I think senators sometimes get references of people who have interests or they know, and maybe bringing them into that picture and sharing that information might help us. [LR525 LR529]

THOMAS PRISTOW: Yes, Senator. [LR525 LR529]

SENATOR CAMPBELL: So we'll work with you on that. But I think it would be important

that we look at that inventory again. [LR525 LR529]

THOMAS PRISTOW: I agree. [LR525 LR529]

SENATOR CAMPBELL: Thanks. Okay, we'll start in on the last segment for you. [LR525 LR529]

THOMAS PRISTOW: The last segment I have is differential response. In Nebraska, our child and protective services system currently has only one way to respond to accepted hotline reports of abuse and neglect, and that response is to conduct a forensically focused investigation to determine if abuse and neglect occurred. We are developing and implementing a differential response model as an alternative response to be used in addition to our traditional method of responding to accepted reports. As others have said here this morning, differential response is a protection and safety system response designed to be focused on developing a positive working relationship with a family in order to assess their strengths and needs. Differential response encompasses a best-practice model enabling families to see our role as a support that connects them to the community resources they need in order to resolve issues that are putting their children at risk and to strengthen what is already working. A DR will always assess safety and risk but in an approach that is different from traditional forensic investigations. A differential response is a way to support families in a caring and helpful way. I want to be clear that a differential response should only be used with a targeted and clearly defined population of families where there is no indication that an urgent, priority investigation response is needed. I'm going to say that one more time because that's a very important point: It should be used only with a targeted and clearly defined population of families where there is no indication that an urgent, priority investigation response is needed. Those families where we need that type of response would continue to receive our traditionally forensic-focused investigation. The differential response model that we envision would serve those families who have a nonurgent, nonpriority report made to the hotline. If during a differential response it is assessed that

urgent safety issues exist, the worker, the investigative worker, can and will immediately shift to conducting a traditional forensic investigation. All differential response staff would be trained and competent to conduct a traditional investigation. Early this summer, the division expanded our collaboration with Casey Family Programs and requested their assistance with learning more about a DR model and how that could benefit Nebraska's children and families. With Casey's assistance, we invited key stakeholders along with protection and safety staff to come together as a team to both learn more about DR and to advise the division about how DR could best be implemented in Nebraska. The team includes representatives from the Court Improvement Project, Voices for Children, Appleseed, Nebraska Foster and Adoptive Parent Association, OMNI Behavioral Health, the Foster Care Review Office, the Family Federation, the Lancaster County Attorney's Office, members of the legislative committees, and others. We will be meeting bimonthly. We have also organized an internal work team of statewide protection and safety administrators as well as front-line staff to collect and organize data, research information from other states, and to share this information with the statewide differential response team that I just mentioned. So far, we've had one statewide meeting with another scheduled in a few weeks, and we've had two internal DR meetings, one which included Casey Family Programs with the lessons they learned directly from the state of Illinois. We are committed to working with key system stakeholders and our investigative staff to learn all we can from other states and from national DR experts to design a different and alternative response to better serve Nebraska families. I am expecting, if all things go as planned, to implement differential response sometime this summer in 2013. But there may be some...we need to do some back work to make that happen legislatively. [LR525 LR529]

SENATOR CAMPBELL: Questions? [LR525 LR529]

THOMAS PRISTOW: Thank you for your time and...that's okay, Senator; I'm sorry. I'd be happy to answer any questions. [LR525 LR529]

SENATOR CAMPBELL: Questions? Senator Coash. [LR525 LR529]

SENATOR COASH: Sure. Just to follow up on your last statement, Director, can you talk a little bit about the legislative changes that you see that you've identified? Well, we heard...we had some great testimony prior to you about what other states have put in place to meet those outcomes. What have you looked at as far as, from the department's perspective, will need to happen to fully implement this by 2013 as you indicated? [LR525 LR529]

THOMAS PRISTOW: When you look at the statute right now, every call that comes in that gets accepted as an intake and we go out and investigate, we have to do a central registry. We have to put it in the central registry, everyone, so...and the findings of our investigation. That's not the appropriate way to handle differential response. We...any type...the type of legislation we're talking about is to tweak that statute so that differential response is not part of the central registry protocol. As far as talking with my staff on this, that's the one...that's about the only change that I see that we need right now; but that's a clear change that if we don't do that, it would really hamper us. [LR525 LR529]

SENATOR COASH: Thank you. You mentioned and said it twice so I know it was important to you that you recommend the differential response only be used with the targeted and clearly defined population and we outline that. So I'm trying to put that together with how this might fit. Are we keeping...are you talking about keeping the current system for those other families and then over here implementing differential response? Because I...and I'm going to follow up with your previous testifiers. It sounds to me like they're talking about you can have one system, which is differential response, but you described differential response is something you want to do but we also want to keep the forensic-based investigation. [LR525 LR529]

THOMAS PRISTOW: We need to keep our forensic investigations but I think it can be

part of the same system; we just kind of need to tweak a little bit of the legislation. There's actually three pieces to this. We have our traditional investigations, which there's no argument about that we need to keep and we will continue to do a great job on. Then we have a DR protocol that we're trying to figure out how to make that work across the state of Nebraska, differential response. But there's also a third piece that has nothing to do with the state or calls coming into the hotline, and that's our prevention and intervention protocol that the state, my division, want to support across the state of Nebraska with community providers and other behavioral health organizations so that we can get to families prior to those type of calls coming in to our hotline. That's...those are...so there's two things. One is the DR, which is extraordinarily important for us, but also systematically we want to do a system of care across the state where we can have more capacity in each community to handle those type of issues that are not a 9 or a 10 on the abuse scale, but are at a 1 or a 2 and just forming. So there's kind of three things along the lines. Does that make sense, Senator? [LR525 LR529]

SENATOR COASH: Yes, it does. Did...was differential response part of the system in the states that you worked in previously? [LR525 LR529]

THOMAS PRISTOW: Vermont was just doing it when I left and Virginia had it while I was there. [LR525 LR529]

SENATOR COASH: Any comments on how the...I mean, obviously you're going to use that experience as we try to implement this here. [LR525 LR529]

THOMAS PRISTOW: Well, as other folks have testified, it is a different relationship with our families and it's an appropriate relationship with our families. We can support them. We can be...look at their family strengths and we can figure out a way to get them to where they need to be so that everyone is safe without bringing them into care or custody and make a ward of the state. It's doing social work. It's what my staff want to

do in addition to their, you know, other jobs of monitoring and data entry and everything else. It's getting back to what we do best and making sure we have the capacity and the training so they have the best training available and that our citizens get the best service possible. But I concur exactly with what the other folks have said this morning. [LR525 LR529]

SENATOR COASH: A final question: What do you anticipate the effect on the courts if we can fully implement differential response in our state? [LR525 LR529]

THOMAS PRISTOW: I think that they will see less come through their court system. I think what I'm doing with...what I'm doing and what I'm working with my deputy director and the SAAs is to work with the judges so they understand as we go through this process what it's all about so there's no surprises, so that everyone knows as we go through and start looking at some of the impacts of this, that everyone is on board. I don't want to...I don't do anything without having folks that are interested in this thing giving me their opinion and having some say in it. We're not just going to roll something out and say, well, here it is. [LR525 LR529]

SENATOR COASH: Thank you. [LR525 LR529]

SENATOR CAMPBELL: Senator Howard. [LR525 LR529]

SENATOR HOWARD: Thank you, Senator Campbell. I would just like a little clarity on the initial piece that you were talking about, the piece that's separate from the, say, the 800 call would be prior to... [LR525 LR529]

THOMAS PRISTOW: The prevention piece, Senator? [LR525 LR529]

SENATOR HOWARD: Yes. What that sounds like to me is LB1024, the bill that I passed regarding early intervention and those services prior to the necessity of a hotline

call, when there's obviously going to be need with a family, say, a mom with no support systems in place and has an infant and the program that I wanted the VNA to handle, basically, in Omaha, and here in Lincoln there's...the health department is administering theirs. But it sounds like that's what you kind of have in mind, and is that what you're thinking? [LR525 LR529]

THOMAS PRISTOW: Yes, Senator. The key for that is freeing up flexible dollars for the service area administrators to help support the community for those services that we don't want to have come through our hotline and come in as a ward of the state. Again, getting...just like you said, getting to the family earlier on, but using the community and the system of care in that community with the service area administrator or the administrator in that, you know, Central, Northern, Eastern, Western, Southeast, so that they work with their communities to provide some dollar support, some flexible dollar support; and using that IV-E demonstration grant is one area that I want to use that for. We have other areas in our budget that we're freeing up dollars so that service area administrators have a little bit more flexibility in spending so that they can go to their communities and offer that out. That's exactly what we're talking about. [LR525 LR529]

SENATOR HOWARD: Well, I think that's the way to go. I mean, we didn't have this prior to 2005. We didn't have the same legislation. And my selling point for the program was it's better to keep kids from getting into the system, from being hurt... [LR525 LR529]

THOMAS PRISTOW: Yes. [LR525 LR529]

SENATOR HOWARD: ...and having them come in. And I think we're beginning to have some really quality systems in place to address that. And I appreciate your support on that and your continuing support on that. [LR525 LR529]

THOMAS PRISTOW: Thank you, Senator. [LR525 LR529]

SENATOR CAMPBELL: Senator Lambert. [LR525 LR529]

SENATOR LAMBERT: Sir, I appreciate and I commend your department for the work they're doing when you were talking about this spotlighting these groups to get the state out of a successful family situation. What percentage have we looked at and what can we expect from that? And I know it's conjecture on your part, but what do you expect as far as numbers or...? [LR525 LR529]

THOMAS PRISTOW: When we started this, we had about 1,800 families...or 1,800 youth, or children and youth, that were in-home over 60 days. I'm not sure what the national average is, but I'm sure it's way less than 1,800 per capita. I'm working with my deputy director and her staff to, you know, look at each one of those individual cases. I mean, I would see somewhere...you know, we should be maybe around 400-500 kids, I would think. [LR525 LR529]

SENATOR LAMBERT: Okay. [LR525 LR529]

THOMAS PRISTOW: I mean, again, that's just speculation but based on my experience. [LR525 LR529]

SENATOR LAMBERT: Yeah. And that's...I understand. [LR525 LR529]

THOMAS PRISTOW: But we're way over the top in some of this protocols. And again, I don't think there was any mean spirit or bad intention at all on anybody's part for those children to be in that long. But I think as we reevaluate and reassess our protocols and our processes, we can meet everybody's needs. I think the judges can feel satisfied, the county attorneys, and the families. I think that's a really important piece that we can do. [LR525 LR529]

SENATOR LAMBERT: I agree. I mean, we need to be there when there's a need. But

when the problem has been solved or things are running successfully, that's when it's time for us to back away. [LR525 LR529]

THOMAS PRISTOW: Yes, sir. [LR525 LR529]

SENATOR LAMBERT: I appreciate that. Thank you. [LR525 LR529]

THOMAS PRISTOW: Thank you. [LR525 LR529]

SENATOR CAMPBELL: Other questions? A couple of points. I think that both the testifiers prior to you talked about, and certainly Nina gave us a list of statutory provisions that as legislators we would want to take a look at. And I think one of their driving focus was to ensure that if we really are going to change the system and move to the DR, you'll want that to be somewhat protected from the whims of a new administration that comes in or a new director or whatever. And when you start looking at 2013 to start all of this, we will be looking at a new administration in a relatively short amount of time after that. So it would seem to me that we would want to sit down with you and some folks from the department and just take a look at all of the evidence and the materials that we've been given today, and particularly from what we can learn from other states, and say how can we best protect the system. Because based on their testimony, you're talking about a system reform here... [LR525 LR529]

THOMAS PRISTOW: Right. [LR525 LR529]

SENATOR CAMPBELL: ...that's pretty large and pretty significant and probably pretty needed in the state of Nebraska. So it would seem to me that good conversation would go back and forth to look at the points that we've looked at there. [LR525 LR529]

THOMAS PRISTOW: I agree, Senator. I would be willing to sit down with you and any of your staff at your convenience to discuss this. [LR525 LR529]

SENATOR CAMPBELL: Have you given any thought to...and I know you just started with the statewide group and the internal group. But it would seem to me that each of them talked about the importance of pilots to see how this works and how we make this work. We don't have the best track record in the state of Nebraska about doing a pilot before we jump into something that we go statewide. So I think they're wise to talk to us about that. And the second point would be, how do we, from the start, begin a third-party evaluation and look at this? [LR525 LR529]

THOMAS PRISTOW: Is there...? [LR525 LR529]

SENATOR CAMPBELL: I mean, just your comments on either one of those or as you are starting to think about it, because you spent time trying to put this, the starting point together. [LR525 LR529]

THOMAS PRISTOW: I think that as we go through the process with our team that we have together, one of the things that I do want to look at is what are the pros and cons of doing a pilot in Omaha and Lincoln versus just rolling out across the state. One of the things that's really great about Nebraska is that it's big enough...I mean, it's not tiny but it's not huge either. So I think there are some capacities where we can do a full state rollout; and what I want to do is talk and have a recommendation come out of my provider and state team on what the pros and cons are of that, and we can make a decision on that. You can go either way. And I could be...I don't have a position one way or the other. I just know that we need to do...have that type of option open to us right now. So I'd be open to either construct. As far as an evaluation goes, I think two things. We will be evaluating it internally regardless of what an outside evaluation comes in. But if we look at an outside evaluation, I think that, you know, some sort of appropriation would need to be--A bill--would need to happen to help us with that. [LR525 LR529]

SENATOR CAMPBELL: You know, one of the things that we might have that would give

us a step ahead on the pilot is that we do have the project with probation out in those two more rural judicial districts. And so it may give us an opening there to be able to do some things to try it along with Lincoln and Omaha, because we're already...will be working with the providers and the courts out there. So that may lead us in a good direction and a step ahead type of... [LR525 LR529]

THOMAS PRISTOW: Yes, ma'am. [LR525 LR529]

SENATOR CAMPBELL: But I am excited about this. We have a great amount of information to read and we'll be glad to share the handouts with the department so that you have copies of everything. [LR525 LR529]

THOMAS PRISTOW: That would be great, Senator. Thank you. [LR525 LR529]

SENATOR CAMPBELL: The clerk usually keeps all those extra copies, so we will see that a set is provided to you. Senator Bloomfield. [LR525 LR529]

SENATOR BLOOMFIELD: Whenever you're done. [LR525 LR529]

SENATOR CAMPBELL: No, that's fine. [LR525 LR529]

SENATOR BLOOMFIELD: It's more of a comment than a question. There's an ancient old saying that says when you're up to your armpits in alligators, it's tough to remember the reason you were there was to drain the swamp originally. [LR525 LR529]

THOMAS PRISTOW: I'm familiar with that concept, Senator. [LR525 LR529]

SENATOR BLOOMFIELD: I begin to feel like we've maybe got a couple buckets of water out of the swamp, and I want to thank you. [LR525 LR529]

THOMAS PRISTOW: Right. Thank you, Senator. I have a great staff and great community partners to help me. [LR525 LR529]

SENATOR CAMPBELL: I...you know, I'm very encouraged about you talking about talking to the providers across the state, because one of the things that we've really seen that we've struggled with, I think, in behavioral health is that we're trying not to put kids in institutions and that. But on the other hand, in order to have them safely in the community with good, we need good community services. And it's like the chicken and the egg. It's really a tough situation, but we can't be successful unless we really do get that inventory out there and encourage more people to fill the gaps for us. [LR525 LR529]

THOMAS PRISTOW: Senator, I see no downside in anything we're doing right now. I'm very optimistic about our approach, our vision, the path we're on. We have the Children's Commission. There's a lot of really good stuff happening. [LR525 LR529]

SENATOR CAMPBELL: Exactly. Any other questions or comments? Thank you. [LR525 LR529]

THOMAS PRISTOW: Thank you, Senators. Thank you. [LR525 LR529]

SENATOR CAMPBELL: Are there any follow-up questions that the senators have for our two national folks that came? Because otherwise, I'm sure they have plane commitments. I have one question. Ms. Kaplan, if you wouldn't mind returning to the table, Caren. Because if I don't have you return, then the clerk gets mad at me, so. You and I were discussing in the hall, and there was an earlier question about when you go into the whole area of the assessment, I mean you really move into a system change, whether there was a particular assessment tool that ought to be used. And I thought that your response there we ought to have on the record. [LR525 LR529]

CAREN KAPLAN: Okay. So one of the things that I said to the Senator is that in general my experience has been that jurisdictions keep most of the tools they are currently using, with one major exception, and that is service planning tools have been changed, amended, so that they are family friendly and can be...are very simple to use and straightforward, so that it could be completed by the family. It is completed with the family no matter what. There is no need to have the safety tool change whatsoever. Safety is safety is safety. The safety doesn't change. What changes is less about the tool and what you do with the information in terms of having the discussion. So there are family functioning or comprehensive family assessment tools that are available, and those are the types of tools, other than a safety and risk assessment, that allow for the broad and deep conversation that you want with families as to why they are here now. [LR525 LR529]

SENATOR CAMPBELL: And one of the things we talked about is you said you had some examples and would gladly share them, and I think that would be helpful that we could see them. Senator Coash, you had a follow-up, I know. [LR525 LR529]

SENATOR COASH: Yes. Thank you. Caren, I was wondering if you could comment on one of the questions I asked Director Pristow with regard to kind of that separate forensic investigation process for a particular group of families and how that fits into the larger differential response approach. [LR525 LR529]

CAREN KAPLAN: So, perhaps we are talking semantics, and it's been a learning curve for all of us in the field, but I suggest that we call the change to the system, the entire system, a differential response system, which means that it encompasses the investigative response; and then there is another pathway that, as Nina said and I have said, it's called multiple things: multiple response system, dual track, family assessment response. And so they are both part of the process. When the director was talking, he talked about a hotline decision in terms of accepted or not accepted. So that would be in a differential response system, the first decision. A case would be or a family's incident

would be accepted or not. And immediately following that decision would be a second decision, and that is which pathway does the family get assigned to? So the investigative track is not from my perspective separate. It is all part of a quality child protection system. [LR525 LR529]

SENATOR COASH: All right. I just needed to hear it maybe three times and then I'll get it. [LR525 LR529]

SENATOR CAMPBELL: We have a lot of learning to do, that's for sure. [LR525 LR529]

SENATOR COASH: Thank you. [LR525 LR529]

CAREN KAPLAN: You're welcome. [LR525 LR529]

SENATOR CAMPBELL: Any other questions? Thank you very much. There are no other questions, so we will recess this hearing until 1:30 this afternoon, in which we will continue looking at the entrance to the system. [LR525 LR529]

RECESS

SENATOR CAMPBELL: All right. I think we will reconvene this afternoon for the two hearings on LR525 and LR529. We had a great start this morning to the testimony, a continuing series. Senator Coash and I have been working together on this, and we've had two really good days of hearing and we're looking forward to this afternoon. Just so that...I'm going to quickly...most of you, I think. How many people were not here this morning? Oh, okay. Well, then I have to go through a few things. I'll just introduce the senators real quickly. Senator Lambert is from the Health and Human Services Committee; Senator Coash from Judiciary; I'm Kathy Campbell, Chair of the Health and Human Services Committee; and Michelle Chaffee is our legal counsel to the committee; and Senator Howard is on the Health and Human Services Committee. And

to my...oh, I have a note for the page. And to my far left is Diane Johnson, who serves as the clerk for the Health and Human Services Committee. And Amara from...Brule? Am I saying that...? [LR525 LR529]

AMARA MEYER: Brule. [LR525 LR529]

SENATOR CAMPBELL: Brule. [LR525 LR529]

AMARA MEYER: Yeah. [LR525 LR529]

SENATOR CAMPBELL: I'll get that right...is our page this afternoon. Thanks to you for being with us. Since we have a few new people, I'll just hit real quickly some of the procedures. I always remind people if you have a cell phone, please turn it off or put it on silent. It's very hard to be up here testifying and listening to a phone ringing. If you are planning to testify in the public testimony part...how many people are planning, under the public testimony, to provide testimony today? [LR525 LR529]

_____: (Inaudible) [LR525 LR529]

SENATOR CAMPBELL: Yeah. If we've already prearranged for you... [LR525 LR529]

_____: Oh. [LR525 LR529]

SENATOR CAMPBELL: If you are already on the agenda for us so that one or two people... [LR525 LR529]

SENATOR COASH: Here's who we have for the... [LR525 LR529]

SENATOR CAMPBELL: ...afternoon. [LR525 LR529]

SENATOR COASH: ...planned testimony: We have Marty (phonetic) Klein, Gene Klein, Debora Brownyard, and Vicky Weisz. So... [LR525 LR529]

SENATOR CAMPBELL: So we have a couple of people in addition to that. [LR525 LR529]

SENATOR COASH: Yeah. [LR525 LR529]

SENATOR CAMPBELL: Okay. If you are testifying this afternoon, we need you to fill out one of the bright orange sheets, which you give to the clerk. And if you have written testimony that you are giving us, we'd like 15 copies. If you need help with that, the page can help you. What am I forgetting? Oh. When you come forward, we need you to state your name for the record and spell it. The orange sheets help the clerk; your spelling your name and saying it helps the transcribers. So that's why we do both of those. All right. We'll continue. Thank you very much, Senator Coash, for reading that list for us. Our first testifier this afternoon is Martin Klein. And, Mr. Klein, you can just come forward. And Mr. Klein is giving us this afternoon the perspective from the county attorney. And welcome. [LR525 LR529]

MARTIN KLEIN: Thank you. [LR525 LR529]

SENATOR CAMPBELL: And state your name and spell it for us. [LR525 LR529]

MARTIN KLEIN: My name is Martin Klein, M-a-r-t-i-n; last name Klein, K-l-e-i-n. [LR525 LR529]

SENATOR CAMPBELL: And you are the county attorney from...? [LR525 LR529]

MARTIN KLEIN: I'm a deputy county attorney from Hall County, Nebraska, which includes the major city, so to speak: Grand Island. [LR525 LR529]

SENATOR CAMPBELL: Go right ahead. [LR525 LR529]

MARTIN KLEIN: I am one of 13 attorneys in my office in Grand Island for Hall County, Nebraska. We, of course, deal with the intake--that's not the right word necessarily--but the...we are one of the gateways of children coming into the system, so to speak. My role is primarily as a county attorney who deals with juvenile-criminal side of things. So when juveniles create what would otherwise be a law offense in the state of Nebraska, they're subject to the juvenile court. And they come into the system, so to speak, and that could ultimately result in their placement in the Department of Health and Human Services' custody. It's under a section that's called OJS, or Office of Juvenile Services, if it gets that far. But that's one of the gateways that a juvenile could come into the system. I do some work with my colleague, Robert Cashoili, with regard to 3A juvenile cases, and those would be the neglect cases. They are also handled oftentimes by the Hall...by the county attorney's office here in Nebraska. Ultimately, if a juvenile needs help in some way, shape, or form, whether that's because they've committed a law violation or whether they are a juvenile that is subject to abuse and neglect, a report is made. A referral is then made, based on that report, to the county attorney's office, and the county attorney has to decide whether he is going to file a juvenile court petition. Once that petition is filed with the juvenile court, the child could potentially, at the end of everything, be subject to being in the care and custody of the Department of Health and Human Services. One of the things that I would like to talk about, and I welcome...you know, you're welcome to question, is I believe that there are...we are...we have a need in our state to do some...to offer some services to these families before they get all the way to the point where they come into the system, a juvenile court petition is filed, they have what's called an initial hearing, where the parents are given the rights, the juvenile is given his rights, and then that is set for...in the criminal case, it's set for an adjudication, which is a criminal version of a trial. After that trial, it would potentially be set for the juvenile version of a sentencing. And, as you can see, my hands are going clear from left to right. And I'm trying to do that on purpose because there is a huge gap

in what we can offer juveniles, from the point where they commit an offense to the point where we potentially place them in the care and custody of the Department of Health and Human Services so they can get this help. There is a huge gap, and oftentimes it's a gap in time that could be significant. So a kid commits an offense on July 2 and he has a petition filed on July 2. His initial hearing may happen two, maybe three weeks down the road, then his trial, so to speak, could happen another three to six weeks down the road. And then a disposition, if an evaluation is ordered, the disposition could be another month down the road. So we are two to three months down the road at best, assuming there are no continuances by any of the parties, of getting this child services. I have two concerns. One is that amount of time where we are going with this family that clearly is not supervising the child in the appropriate manner, at least with regard to the criminal side. And two, they're not supervising the child in the appropriate manner and we're not giving them services during this entire amount of time. And the second part of this is while they're not being supervised, we don't have a mechanism to offer families assistance during that entire time. So we have a similar track that comes in with regard to the juveniles who are for abuse and neglect. Again, that starts out with the report that's made for a child who has been abused. And if they are not taken out of their home on an emergency basis, which does sometimes happen, it's kind of an all-or-nothing sort of situation. They're either taken out of their home or a case is not filed, and I think that there is some middle ground that we should or could be doing in these situations. Again, they have the...the incident happens, an initial hearing happens, although these typically are faster, and then you set it out for an adjudication and then potential disposition. So there's a time gap that I'm concerned about with regard to children getting services. The second part is there is also a time gap and a lack-of-recognition gap that these kids and these families aren't getting services that they need. An example that I say with that is: You take a child who has committed a juvenile offense; he's hanging around bad kids because his parents don't know how to parent properly. And you take him out and you work on the kid, and you place him back in the home without having served the family at all. You haven't helped the parents establish ground rules; you haven't helped the parents establish the fact that they need to know who their

child is running with. You've done nothing with the parent, at least in the juvenile-criminal side, and you placed a child back in that same setting, he's likely to become involved in the system again. So our system right now doesn't offer the family and offer/require the family to receive services. It focuses on the juvenile, on the juvenile-criminal side of things, and it doesn't do it quickly enough. Now I've thought...I've talked with Senator Coash a little bit about some potential legislation. I think there's really a quick, small little fix that may help. And I've talked with my judges locally and one of your Lancaster County judges, Judge Porter, about this. And what may help is at least authorizing a judge who recognizes what's going on from the point where they have the juvenile petition filing, before that adjudication, before that initial hearing or adjudication or disposition, allowing the judge to order services to be given to that...but that juvenile or the family or both. So we're allowing...we're opening...I suggest we open the gates or at least allow the Department of Health and Human Services the ability, if court ordered, to provide services for these families. And we do it from the point where a juvenile petition is filed, potentially. And we can do so in a small manner. There's been...Senator Coash and I have talked about it. But it can be as simple as following the filing of a juvenile petition, okay, so the very first part that comes into the court's attention where it's in front of a judge. And prior to the adjudication or the disposition, okay, so that whole chunk of time that they haven't been able to get services necessarily before, the judge...the court/a judge may--and that's a may; it's discretionary based on the judge it's in front of--may order the Office of Juvenile Services or the Department of Health and Human Services to provide services for the juvenile, the juvenile's family, or both. So now we can...we've removed that barrier for the department to offer these services, to become involved, and we do so, I think, in such a way that we're not providing a stigma. Nothing says that the Office of Juvenile Services has to take care and custody of that child. What this is allowing and potentially requiring, because the court may order, it's getting services to this family without necessarily making them a ward of the state early on. And I think early intervention is key here. I think we could save a lot of time, taxpayer dollars in all of this if we can hit the problem head-on and early on and try to resolve these problems, try to get this

family help, try to help the parents understand what they can and should be doing early on. And potentially we could dismiss some of these cases without having them getting attorneys, if they're willing to work with us, without having to involve the court two or three or four hearings down the road. An Office of Juvenile Services evaluation costs $2,000 to $4,000, depending on who you talk (inaudible). That's the number that's been tossed around. I don't know that for a fact. But the number the judges tell me is between $2,000 and $3,000 for them to perform an evaluation once it gets to this position. But if we can get services in place and get to the point where the family and the department and the county attorney feel comfortable that things are properly addressed, maybe we don't have to get clear to that point. And I think that something along those lines would be helpful in preventing or...well, preventing a lot of the time and expense that happens, and delay that happens, with a juvenile court filing, both in the criminal sense but also in the abuse and neglect sense. Do you have any questions? [LR525 LR529]

SENATOR CAMPBELL: Senator Howard. [LR525 LR529]

SENATOR HOWARD: Thank you, Senator Campbell. Did...if I understood what you said, the youth would not yet be a state ward. [LR525 LR529]

MARTIN KLEIN: That's correct. [LR525 LR529]

SENATOR HOWARD: Who would make the decision regarding the services? [LR525 LR529]

MARTIN KLEIN: The services would be ordered by the court to be performed by the Office of Juvenile Services. So that would...in my world that would be the court would order that they need services to be offered to them, and maybe guidance by the court, if the court is aware of what services that may be needed to be performed by the Office of Juvenile Services or department. [LR525 LR529]

SENATOR HOWARD: But the child is not a ward. So who is going to pay? [LR525 LR529]

MARTIN KLEIN: I would think that...this is me. I'm just a deputy county attorney, so I don't know the whole role. [LR525 LR529]

SENATOR HOWARD: But if you suggest this, you've got to have some plan. [LR525 LR529]

MARTIN KLEIN: I do have a plan, and it would be...if the child is in a family that needs assistance and they're receiving assistance for health or for food stamps or otherwise, I would think that there would be a need based on whether they had to reimburse the department for the services they are receiving or they had to pay up-front. The family would have to pay up-front for these services that they would be receiving by court order. I would think it should be based on a need level. [LR525 LR529]

SENATOR HOWARD: But if the child wasn't a ward, how could the judge order the family to become involved in services? [LR525 LR529]

MARTIN KLEIN: Because you created a statute to allow the judge to order the family to be involved in services. [LR525 LR529]

SENATOR HOWARD: But we wouldn't have a case manager involved, per se, that's going to make the decisions about the services. You're suggesting the court make the decision. [LR525 LR529]

MARTIN KLEIN: I'm not suggesting that the court make the decisions on exactly what is provided. I'm suggesting that the court make an order that the department needs to offer this family services, so maybe the case manager would be involved. [LR525 LR529]

SENATOR HOWARD: Why couldn't...well, we don't have one. You don't have one if there's not a...if the child is not a ward. [LR525 LR529]

MARTIN KLEIN: But do we have to determine that the child is a ward before we offer the services? Currently we do. [LR525 LR529]

SENATOR HOWARD: That's how the child--the ward, if the child was a ward--would access having a case manager. I mean, not any child has a case manager that comes before the judge. [LR525 LR529]

SENATOR CAMPBELL: Can I just intervene here for just a minute? [LR525 LR529]

MARTIN KLEIN: Sure. [LR525 LR529]

SENATOR CAMPBELL: I think you're talking about this is a case where they have created a criminal offense. [LR525 LR529]

MARTIN KLEIN: This could potentially be either. I would suggest to you this could be for either a criminal offense, or it could also be for an abuse/neglect situation. I could give you an example if you want. [LR525 LR529]

SENATOR CAMPBELL: Well, but this morning we've spent quite a bit of time talking about a new way of looking at the system and differential response. And now, at the point right now, the department, when they work with that family, if the family says, I accept services--this is on abuse and neglect--... [LR525 LR529]

MARTIN KLEIN: Sure. [LR525 LR529]

SENATOR CAMPBELL: ...I would like services, right now the department can consider them a voluntary case, non-court-involved. A case manager is assigned to that, and

they do get services, and the state pays for it. So I don't know in Hall County whether they're using non-court-involved voluntary cases. I'm seeing a nod from the department person. But on a...so I just want to separate those situations, because right now on abuse and neglect we can do that without making the child a ward of the state,... [LR525 LR529]

MARTIN KLEIN: I... [LR525 LR529]

SENATOR CAMPBELL: ...what Senator Howard was talking about. I think Senator Howard's question had more to do with once...if there is a criminal offense and it goes before the courts, then you're saying before that, through that whole time waiting, then the judge intervenes. [LR525 LR529]

MARTIN KLEIN: I would...let me answer those. I think those are two parts. [LR525 LR529]

SENATOR CAMPBELL: Okay. [LR525 LR529]

MARTIN KLEIN: The first part of the question is about the 3A, so to speak, the abuse/neglect. [LR525 LR529]

SENATOR CAMPBELL: Right. [LR525 LR529]

MARTIN KLEIN: I'll address that first, at any rate. There are situations where an incident happens and then somebody responds, and the department goes and responds with law enforcement to figure things out. And they say, family, clearly something is going on here. Do you want assistance? And they can say yes. [LR525 LR529]

SENATOR CAMPBELL: Right. [LR525 LR529]

MARTIN KLEIN: Okay, that's one. The second part is they can say no, and then the county attorney has to decide, am I going to file a juvenile petition and take this all the way through? [LR525 LR529]

SENATOR CAMPBELL: Yes. Correct. [LR525 LR529]

MARTIN KLEIN: Okay, so there's... [LR525 LR529]

SENATOR CAMPBELL: That's correct. [LR525 LR529]

MARTIN KLEIN: And usually that's when children are removed. There is, I think, a middle ground that we're not addressing is, no, the parents don't want the assistance, but it's pretty obvious if they get some minor assistance here early on before they're made...before we go through all this delay and then to disposition, and potentially even before we take the kids out of their home, we could by court order say, you, family, need to work with the...you are ordered to work with this court or work with the department in order to try to address some of these situations. And maybe, like in a voluntary case, it ends up where you never end up becoming a ward of the state. That's the way I see things. So it could be in a similar fashion. It's...I think there are three tracks. One, in that... [LR525 LR529]

SENATOR CAMPBELL: Okay. [LR525 LR529]

MARTIN KLEIN: Okay, so the second part of the question would be the juvenile-criminal side of the coin. And again with...like I described that middle ground on the 3A cases, the juvenile-criminal side of things, it can be glaringly obvious what sorts of things could be done before we get to the adjudication, before we get to the final disposition, that could help this family. And I think the delay that we have oftentimes with juvenile court I think...I don't know requires, but strongly encourages us to address this, to get services in front of this to this family, whether they want them or not, but have the ability of the

court, if it's...if we as the county attorney can show where the...or we could put...and I would...my concept on that and there would probably be a little testimony early on to show why these services are necessary. But to bring the services to bear, allow these services to happen, not necessarily being placed in the court's custody, excuse me, DHHS custody, but to be able to allow DHHS to serve these kids in the Office of Juvenile Services track. And to specifically answer your question, I think it should be on a needs basis, much like probation currently is on a needs basis. If you go...if your kid is placed on probation and you as a family are deemed to be able to pay for mental...say you've been ordered by the judge to seek anger counseling. You have to pay for that anger counseling unless you can show the Probation Office that, gosh, I need some assistance, and then they would do that on a need basis. I would envision this to be the same sort of thing. [LR525 LR529]

SENATOR CAMPBELL: Thanks for clarifying that. Senator Howard, did you want to follow up? [LR525 LR529]

SENATOR HOWARD: No. I think I know where he's going. [LR525 LR529]

SENATOR CAMPBELL: Okay. Senator Coash, did you have a question? [LR525 LR529]

SENATOR COASH: Well, I'll just comment. I've been working with Mr. Klein. We're trying to find a way to make this work, and I thought it would be good for him to mention it to the rest of the committee so we could continue to think about how this can work. [LR525 LR529]

SENATOR CAMPBELL: Any other questions? Thank you very much for your testimony... [LR525 LR529]

MARTIN KLEIN: Thank you for the opportunity. [LR525 LR529]

SENATOR CAMPBELL: ...and explaining that in greater detail to us. [LR525 LR529]

MARTIN KLEIN: Sure. Thanks for the opportunity. [LR525 LR529]

SENATOR CAMPBELL: Thanks. [LR525 LR529]

SENATOR LAMBERT: Thank you. [LR525 LR529]

SENATOR CAMPBELL: Our next testifier is Mr. Gene Klein, who is with the Child Advocacy Center and is talking to us today about non-court-involved voluntary cases. And you brought some people with you, I see. [LR525 LR529]

GENE KLEIN: (Exhibit 10) I did. I brought some experts. (Laugh) [LR525 LR529]

SENATOR CAMPBELL: Experts. [LR525 LR529]

SENATOR HOWARD: They're the backup singers. [LR525 LR529]

GENE KLEIN: Yes. Good afternoon. I'm Gene Klein, G-e-n-e K-l-e-i-n, the executive director of Project Harmony in Omaha. And I would like to come today and share with you some of our experiences on the front end of the system, in particular around the child abuse and neglect cases as they come into the system. I'll invite two staff from Project Harmony to give you an update specifically on the work of LB1160. They're going to give the detail on that. Carrie Strovers is our new case coordinator, as a part of that legislation, who coordinates the team that reviews the non-court-involved or in-home services. And second, Dr. Suzanne Haney, a pediatrician also at Project Harmony, will share the good work that the teams are doing with extremely vulnerable children. Prior to them speaking I would like to say just a few words to...and would be available to wrap up my testimony when they are finished. I know this morning you were

provided with a lot of information on differential response or alternative response and the benefits and advantages of moving to that type of system. Bottom line is I think that's a great idea. At the same time I think we need to be very thoughtful and precise as we...as you evaluate that as an option. In particular I have a couple of suggestions to consider: first, having a tool to evaluate child abuse reports such as SDM. Structured decision making is critical for a strong intake process, and it's essential for a differential response system. So if you're going to move to a differential response, that intake needs to be stellar. It is the decision-making part of the system. In addition, the process must have two key elements: having staff who know how to do good interviews of callers who are coming in. Know-how to elicit additional information is critical, and the process of gathering that information needs to be thorough so that you can make a good decision. This is not a check box; it's not a form that you're filling out. You need to have the best CPS workers on that call, taking that call. It requires follow-up questions, collateral contacts, ensuring the caller is satisfied. And probably most important is having a good data system. I know we use N-FOCUS now. But it needs to connect prior reports of abuse or neglect or calls about abuse or neglect so that whoever is taking that call knows immediately what they're dealing with when someone calls in. Secondly, to ensure there's a good tool and good staff, you've got to have a good training program for those employees that are taking these calls. So just feedback on the CPS role of that; having a system that's transparent; getting good reports about the number of calls that are coming in; the number of cases that are being screened out; those that are accepted for assessment; those that are assigned to differential response; just being very clear and transparent. I'm all in favor of creating multiple pathways for families to access services. I think that's the solution for the future. But having good definitions about which level of care does a family access based on their risk or their...so, for example, a family with low risk should have very low intrusive services. A family with high risk should have much higher intrusive and much more oversight. Third, success of a differential response system requires that there are alternative resources to CPS involvement. You can't just assume that there is a system out there that can manage and serve these families. So it is going to take more than just a hotline in the community

for the family to call or an agency that they can go to, but a real system that needs to be in place for those families. There should be a relationship of a network that's coordinated and integrated; communication must be multidirectional; and all efforts to ensure child safety must be our number one goal. To do this requires a significant investment in services on the front end that do not require out-of-home placement or court involvement. I think it's a mistake to believe that the community is ready today for this type of system. But with good input from stakeholders, taking our time and evaluating this, it will...it can happen. Finally, the system that's most successful will have a team approach, and my colleagues will talk about that in a second. One of the reasons child welfare systems struggle around the country is that there's this notion that there's one agency that's responsible for child protection, and that's the state. That's a mistake. When decisions are made by one agency without the input of key team players, those decisions tend to be incomplete. We all have a role to play, and child protection is a community responsibility and the solutions and innovations must have community involvement. You will hear shortly about the success of your recent bill, LB1160, which involves the team approach to reviewing non-court-involved cases. While it has only been in effect for a few months, we're seeing tremendous collaboration from all players and shared decision making about the safety of children. Over 948 cases just in one month are non-court-involved, just in the state of Nebraska. We hope that number grows. And as that number grows, the number of kids in out-of-home care should decrease. So I'll ask now Carrie Strovers to come forward, and then she'll be followed by Dr. Suzanne Haney. [LR525 LR529]

SENATOR CAMPBELL: Thank you, Gene. [LR525 LR529]

CARRIE STROVERS: (Exhibit 11) Good afternoon. [LR525 LR529]

SENATOR CAMPBELL: Good afternoon. [LR525 LR529]

CARRIE STROVERS: My name is Carrie Strovers. It's C-a-r-r-i-e S-t-r-o-v-e-r-s. As

Gene mentioned, I'm one of two case coordinators who is facilitating our new noncourt team in Douglas County in response to LB1160. We're responsible for staffing and coordinating noncourt cases in which ongoing services are, in our jurisdiction, provided by NFC but the juvenile court is not involved. This team was created to further ensure that communication and coordination is occurring across all disciplines, and we've really enjoyed great success since we implemented this team at the beginning of August of 2012. But one thing that I want to stress today that I've really taken away from the coordination and facilitation of this noncourt team is the importance of group decision making. Discussions regarding this multisystem response absolutely cannot be made in isolation. So the best way to illustrate my point is to just briefly explain how our team operates. We meet every Friday to discuss non-court-involved cases that HHS is sending to Nebraska Families Collaborative for ongoing services. We're also reviewing information that's provided to the county attorney's office from community professionals and parents seeking assistance from the court. We call those the "walk-in" affidavits that come into the county attorney's office. Additionally, we've been using this forum to discuss babies born to parents who have previously had their rights terminated to other children, babies that are born positive for drugs, and also babies born to parents who have other children currently placed outside of the home. So we've really got a great agreement from HHS and NFC to bring those cases to the table, to staff those, to make sure that all appropriate safeguards are being implemented. This is a team model. We're using an evidence-based tool, the structured decision making, which is ensuring or kind of dictating which cases we're receiving. Our core team membership includes the deputy chief juvenile county attorney, Nicole Goaley, who is unable to be here today, but both her and Don Kleine are fully supportive in this effort. We also have administration from the Department of Health and Human Services and Nebraska Families Collaborative. We're also going to be including a representative from Region 6, because at least, I think, once a week a case is referred to the Region 6 rapid referral Professional Partners Program. They've been wonderful. They has just really...I can't stress enough the great collaboration that's been established between all of these agencies and how productive these meetings have been and how open and responsive

all parties have been. If the key...I think part of the success goes to you've got the key players at the table, the people that are able to make the decisions. And you've also got the people that can assess each case, share information, and then at the end make professional recommendations. During this time we've been able to make group recommendations regarding appropriate services. We also collaborate to ensure that there's a specific safety plan, if that's required, which includes identified monitors for each provision of the plan. We also set threshold requirements in the group that, let's say, will set a requirement, and if that threshold is either met or exceeded then understand that maybe court intervention is necessary. By having this collaborative approach at the front end, if the case does need to go court involved, then at least a rehabilitative plan can be implemented in a more timely fashion, which can lead to less time in the system. So it's really a heavy front-end response. And because we're involved in the beginning, I think case management will cost less overall, because these decisions are transparent and they're a result of a collaborative effort by all disciplines. It would not be possible for these decisions to be made in isolation or to be made by one party or one particular organization. All the parties present at these weekly meetings are vital to the sharing of information, which in turn, I believe, improves case outcomes, which is what Nebraska Revised Statute 28-728 was initially designed to promote. Each member of the team brings something different to our weekly discussion, which in turn ensures a higher level of success with each family. At the end of the discussion, the team decides whether or not we need to review that case again, if and when that needs to occur, and what information needs to be shared and whom is responsible for sharing that information. Some case decisions need to be made on a more expedited basis than weekly, so we've still been utilizing every member of the team to make those decisions throughout the week by way of e-mail discussion. So it really has been pretty groundbreaking. One of the major benefits of reviewing cases in this manner is that services are in place much sooner, they're monitored more closely and from the front end, which ensures success and less system time down the line. And I just feel this is leaps and bounds ahead of how things have been done in the past, where no one monitored and there maybe wasn't open communication between all the parties

regarding these non-court-involved cases. And because of LB993 and LB1160, these noncourt cases are closely monitored by a team of committed professionals working together to keep Nebraska's children safe. This new process allows for more parties to feel comfortable leaving children in home with their family, which, I mean, let's be honest, is what everyone agrees is best for children, if that's safe to do so. I'm a firm believer that the process we have recently implemented is helping to ensure that more families can remain non-court-involved in a safe and healthy environment by implementing services specifically tailored to each family's needs at the front end. And it would not be possible to ensure this success if these weekly decisions were not a collaborative effort across all disciplines, thus decreasing each family's time in the system, while at the same time we're making the system stronger and more efficient. I urge you to look at our response and how we've kind of implemented the requirements of the recent legislation and find the utility in allowing this collaboration to continue. And if you'd like to attend a meeting we also meet every Friday, so you're welcome to do that as well. [LR525 LR529]

SENATOR CAMPBELL: You know, Carrie, I'd like to just comment that it was in a visit that Gene Klein and Lynn Ayers had with the members of the Health and Human Services Committee that made us acutely aware of the situation with non-court-involved families and how important it would be to have that case plan and to have this kind of effort go on. And if those two people hadn't taken the course to come and visit us, we would not have been as aware. And of particular note here is the fact that there is a record of what has happened with that family. [LR525 LR529]

CARRIE STROVERS: Right. [LR525 LR529]

SENATOR CAMPBELL: And if they have to come back... [LR525 LR529]

CARRIE STROVERS: Right. [LR525 LR529]

SENATOR CAMPBELL: ...and they have to get into the system, then it's there. And we don't have...so often we were hearing in non-court-involved that there really wasn't all of that and so, therefore, the county attorney, and they were really starting from square one and the child was starting over. [LR525 LR529]

CARRIE STROVERS: Right. Right. Or...and hopefully if that does need to happen, the services can continue. They've got a more...they've got a better handle on the family, so...and the direction that the case needs to take for rehabilitation. [LR525 LR529]

SENATOR CAMPBELL: And I'd like to say for the senators that are here, and certainly for everyone in the audience, that all of the child advocacy centers across the state have worked diligently to get the information to the committee and their first report. We're going to ask probably for another one before the end of the year. And Ms. Chaffee is spending a lot of time going over that and trying to pull together statewide data for all of us on the committee to look at. But I cannot commend you all enough for the effort, starting from scratch and making all this work. You make a lot of difference for kids, so. [LR525 LR529]

CARRIE STROVERS: Thank you. I appreciate it. [LR525 LR529]

SENATOR CAMPBELL: Dr. Haney, would you like to come forward? [LR525 LR529]

DR. SUZANNE HANEY: (Exhibit 12) Good afternoon. [LR525 LR529]

SENATOR CAMPBELL: Good afternoon, and thanks for coming. [LR525 LR529]

DR. SUZANNE HANEY: I'm Dr. Suzanne Haney, and that's S-u-z-a-n-n-e H-a-n-e-y. I'm a child abuse pediatrician at Project Harmony and at Children's Hospital and Medical Center. And obviously I've been in the midst of a lot of the recent reforms, which have been confusing and redundant in some ways. And I think some of this new

non-court-involved stuff has been some of the light that I'm actually seeing that's been working. I've been closely involved in at least seven cases in the past month with this team, two actually in the past week. These are children with critical medical issues and high medical needs whose parents are having difficulty providing the care for their children. These have included children with failure to thrive, diabetes, congenital heart disease, and other severe medical conditions. And this team has actually done an amazing job in facilitating communication for all those involved parties. We've had some of these cases where the parents were unable to care for their children despite the extra resources, and we've been able to succeed in some of these cases. Two examples: One case involved a child with severe congenital heart disease. At six months of age she'd never left the hospital. She'd had multiple surgeries in her first few months of life. And her parents were very young, and they were finding it difficult to differentiate between their own needs and the needs of their child. The medical team that was caring for the child was very concerned that the parents were not going to be able to provide the child the care that she needed in the fact that any lapse in her care could result in her death. So they actually asked the state to remove the child from her parents through an affidavit. This was brought to the non-court-involved team, and representatives from the medical team were present, including myself. And then there were also representatives from Health and Human Services and Nebraska Families Collaborative, and everybody got...came to the team. And the caseworker was able to identify the family strengths and resources, including extended family members and other areas. And the medical team was unable to clearly define the child's needs and what the consequences could be. And a consensus was reached by the team to actually maintain her in her father's home with extended family. And this has been for the past two or three weeks, and it's been working beautifully. And everybody is very comfortable that she is safe in this environment and did not involve the courts or removal from her parents. Another case was a child with cystic fibrosis, which is a severe, permanent condition which involves the lungs and digestive tract of children. It requires intensive and consistent care for these children. And this child, at four years of age, had had...mother had had considerable difficulty in caring for her, and it actually had

resulted in some long-term consequences. And again the medical team was very concerned that they were unable to offer any further services and, therefore, wrote an affidavit for her in the same way. This was also brought to the noncourt team, and further services were then able to be offered by NFC and HHS to this family, and maintaining her at home while they were working with mom and trying to figure out what else mom needed and what other services could help. Unfortunately, even with all those services, mother was not able to maintain her at home. The child was still having considerable neglect with her medical care. But this actually gave everybody some new insight into what mom needed and how she could best care for the child in the future and moved this case forward much faster, I think, than if the child had been removed immediately in the beginning, and there's new perspective into what mom needs in the future. And I think there was actually a positive, even though the team felt that, you know, that they were disappointed that they couldn't maintain her at home. So I...all...many of these cases I've been involved with are complex medical conditions which are difficult for somebody without the "M.D." after their name to understand. And it's critical to have those medical components as part of the team, and that's something that I hadn't seen in the past before the team actually came together. A single worker would be trying to put together all of these different pieces of the puzzle. And they would talk to the hospital nurse, the visiting nurse, the clinic social worker, the physician, the primary physician, the specialist, and try to put it all together and have a very difficult time understanding how to put it together. Having the team allows all of us to come to the table, share the information, and make the best decision for these children. And so I still see that this latest reform from three years ago is still work in process. And the most promising approach has not been the one at HHS or the one at NFC, it's really been the team approach. And I think this is actually a great...this is nearly a differential response in itself, and I think it's working very well. And I think we need to really look at this closely before we make any drastic changes in the future. [LR525 LR529]

SENATOR CAMPBELL: Thank you, Dr. Haney. Questions? Thanks for your testimony today. [LR525 LR529]

DR. SUZANNE HANEY: Thank you. [LR525 LR529]

SENATOR CAMPBELL: And I would agree: In some of the medical cases we really do need the physician with us. So thank you. [LR525 LR529]

DR. SUZANNE HANEY: You're welcome. [LR525 LR529]

SENATOR CAMPBELL: Mr. Klein, do you want to finish up? [LR525 LR529]

GENE KLEIN: Really, just to ask, any questions? Any follow-up questions? Senator. [LR525 LR529]

SENATOR CAMPBELL: Senator Coash. [LR525 LR529]

SENATOR COASH: Yeah. Thank you. Thank you, Gene. When we were dealing with LB993 last year, I know that, you know, that because of funding, we could have funded these teams even more than we did. Can you talk just a little bit about your...from at least Project Harmony's perspective, the capacity to serve the referrals? I mean, are you turning some...are you...you don't...or do you have the resources to serve every family that comes through, or are you just kind of doing as much as you can with what you have? [LR525 LR529]

GENE KLEIN: We're doing the best we can with what we've got, you know. I think, honestly, I do think that the number of kids or cases that are referred to the noncourt team is going to grow. The success that they're seeing, the fact that you can just get immediate response without the court removal, I hope that a year from now that number is doubled and the number of kids in out-of-home care is decreased by that same number or more. So today we're doing the best we can with the resources that we've got. I can't say that will be the same case in a year from now. [LR525 LR529]

SENATOR COASH: Can you put a percentage on it that you're able to serve? How many... [LR525 LR529]

GENE KLEIN: Well, when the case coordinator...when the child advocacy centers came together we had a target of one coordinator could serve 1,000 cases in a year. And so Omaha, we have four coordinators, so 4,000 cases. We've...I don't know what the number is right now, but we'll probably hit that in six months, so. [LR525 LR529]

SENATOR COASH: Okay, thank you. [LR525 LR529]

GENE KLEIN: Yeah. [LR525 LR529]

SENATOR CAMPBELL: Gene, one of the things that, when we look at the total system...and we certainly had a very interesting morning hearing from a national perspective and then the department talking about what it wanted to do in terms of helping families before they get into the system and...which is exactly what you are monitoring at this point. One of the concerns that I've had and will continue to watch is how often those families are then visited because, you know, it's not under a court order to do this. [LR525 LR529]

GENE KLEIN: Right. [LR525 LR529]

SENATOR CAMPBELL: And are you, as the team, monitoring that also, in terms of the visits? And I'm assuming it's not just the visits from the department, but anyone else involved in the case. But is that monitored? [LR525 LR529]

GENE KLEIN: Absolutely. You know, I think that's...Carrie can speak more to that. But that's the advantage of meeting weekly on these cases. Any case that comes that they say, let's put this on the agenda for next week, there's an update. The players on that

case come to the meeting and share what's happening in the week. So I think what's happened, from my perspective, is the focus isn't so much on get them into counseling or get them whatever the service is. It's what does the baby weigh today, and when...at what weight does that baby need to get at before we have to be concerned? And so we are...it's more focused on the outcomes of the services, not necessarily did they get a home health nurse into that home. So it's more, really, evidence based. And so the...did they go out five times this week isn't really what they're measuring. They're measuring did the baby that is failure to thrive lose another ounce. And if they did, then we all agree the next step is "X." Or if they gained, then keep doing it and we'll monitor it in another week. So I don't know if that's accurate, but they would say behind me, yes,...(Laugh) [LR525 LR529]

SENATOR CAMPBELL: Some of the... [LR525 LR529]

GENE KLEIN: ...for the record. [LR525 LR529]

SENATOR CAMPBELL: As we start looking at the reports that are coming in statewide, then we have a number where the case plans aren't in place. [LR525 LR529]

GENE KLEIN: Right. Right. Some...yeah. [LR525 LR529]

SENATOR CAMPBELL: And we also see a number where the services aren't identified. But for the first go-around, I mean, I think the second report... [LR525 LR529]

GENE KLEIN: Yeah. [LR525 LR529]

SENATOR CAMPBELL: ...we're going to see more to that. [LR525 LR529]

GENE KLEIN: I...yeah. [LR525 LR529]

SENATOR CAMPBELL: But it will be one window for the Health and Human Services Committee, particularly,... [LR525 LR529]

GENE KLEIN: Yeah. [LR525 LR529]

SENATOR CAMPBELL: ...and I hope for... [LR525 LR529]

GENE KLEIN: Yeah. [LR525 LR529]

SENATOR CAMPBELL: ...all the providers in the department... [LR525 LR529]

GENE KLEIN: Yeah. [LR525 LR529]

SENATOR CAMPBELL: ...to watch through this window, because we will begin to see the services identified. [LR525 LR529]

GENE KLEIN: Yeah. Yeah. [LR525 LR529]

SENATOR CAMPBELL: And as we talked over lunch about how do you get those services in place, watching your reports will give us somewhat of that window. [LR525 LR529]

GENE KLEIN: It certainly will. And I think the first month it was like 42 percent of the cases had a case plan, across all the centers, of the 948 cases. Some of that is it didn't get documented in N-FOCUS or there was a disconnect between NFC and HHS, and so I think some of that is just some bugs that we're working out. [LR525 LR529]

SENATOR CAMPBELL: I do too. [LR525 LR529]

GENE KLEIN: I have to say, HHS has been very responsive. They're giving us the

monthly reports. We also have internal checks to make sure that's the same report that we're getting. So I think some of these bugs will get worked out, and we'll have a really good sense, you know, over the next six months where are we at with case plans on these cases and are they getting implemented. [LR525 LR529]

SENATOR CAMPBELL: This morning Mr. Pristow talked about a statewide group that's going to be looking at the differentiated response. [LR525 LR529]

GENE KLEIN: Right. [LR525 LR529]

SENATOR CAMPBELL: Are the child advocacies represented on that group, do you know? Are you sitting there? [LR525 LR529]

GENE KLEIN: I'm on the committee. [LR525 LR529]

SENATOR CAMPBELL: Okay,... [LR525 LR529]

GENE KLEIN: Yeah. [LR525 LR529]

SENATOR CAMPBELL: ...because it seems to me that I agree with you: I think the non-court-involved, voluntary, if we really get into a systems change of differential response is only going to grow those numbers. [LR525 LR529]

GENE KLEIN: It's a piece, yeah. [LR525 LR529]

SENATOR CAMPBELL: So making sure that we have the accountability built in the system, and perhaps through you all, will become critical. [LR525 LR529]

GENE KLEIN: Um-hum. Yeah. [LR525 LR529]

SENATOR CAMPBELL: Thanks for the update and the report. [LR525 LR529]

GENE KLEIN: Thanks. Okay. [LR525 LR529]

SENATOR CAMPBELL: And always, thank you for the case studies. That's helpful. [LR525 LR529]

GENE KLEIN: Thanks. [LR525 LR529]

SENATOR CAMPBELL: Our next testifier this afternoon is Debora--and I'll bet I'm not saying that right--Brownyard, director of the Nebraska Office of Dispute Resolution prehearing and family group conferences. [LR525 LR529]

DEBORA BROWNYARD: Hello. [LR525 LR529]

SENATOR CAMPBELL: Please have a chair. [LR525 LR529]

DEBORA BROWNYARD: All right. [LR525 LR529]

SENATOR CAMPBELL: Do you need a page to distribute that for you? [LR525 LR529]

DEBORA BROWNYARD: Please. [LR525 LR529]

SENATOR CAMPBELL: I know Amara can help you. Did I say your name correctly? [LR525 LR529]

DEBORA BROWNYARD: Brownyard is great, yeah. [LR525 LR529]

SENATOR CAMPBELL: But is it... [LR525 LR529]

DEBORA BROWNYARD: Debora, yeah. Yes. [LR525 LR529]

SENATOR CAMPBELL: Debora. Okay. Do you want to go ahead and say your name for the record, and spell it for us? [LR525 LR529]

DEBORA BROWNYARD: (Exhibits 13 and 14) Sure. All right. I'd be happy to. My name is Debora Brownyard, D-e-b-o-r-a; last name is Brownyard, B-r-o-w-n-y-a-r-d. Good afternoon, members of the Health and Human Services Committee. I'm very happy to be here today. I serve as the director of the Office of Dispute Resolution and Special Court Programs with the Nebraska Administrative Office of the Courts. And what I'm handing out to you today are two packets. One is a copy of the testimony that I'm going to give today; and the other is a packet of information about family group conferencing, some research, as well as our most recent Office of Dispute Resolution report, which is the 20th Anniversary Report. Again, I'm honored to be here as part of the LR529 in reviewing, assessing, and making recommendations regarding to the entry of children into the child welfare system. The issue that I've been asked to speak to you about is item (6) in LR529, which is a review of family group conferencing effectiveness and level of utilization. Earlier today Caren Kaplan, with Innovations in Child Welfare, testified to you about differentiated responses and how they might be used during the voluntary and early stages of the child welfare case. Ms. Kaplan stated: How the family is approached makes a big difference in whether or not a family voluntarily uses services up-front. In this morning's testimony, using differentiated approaches enabled 70-80 percent of the cases to be closed within 90 days. I would like to ask this committee and the Legislature to pause for a moment and consider Ms. Kaplan's statement, particularly the word "how." And just as an aside, my husband and I used to joke with each other. And I would say to him, it's not what you're saying, it's how you're saying it. (Laughter) And as an attorney and as a mediator for 20 years--30 years now as an attorney--I've been in the arena of the "how": how we communicate, how we persuade, how we engage people. And I, myself, have been working in family group conferencing since Vicky Weisz and the center brought it to Nebraska back in the late

'90s. So the "how" really caught my ear with Ms. Kaplan's testimony this morning, because she said, again, as I repeat: How the family is approached makes a big difference in whether a family voluntarily uses services up-front. The mediation centers in Nebraska, and in their role as neutral, third-party facilitators, have steadily and quietly been working for two decades, practicing the deeply essential yet at its core simple, work at facilitating this successful "how." These child welfare facilitators are small in number and have touched but a limited number of children and families, yet I would like to use the analogy like small grains of yeast in the bowl of dough. They have helped each family and the providers themselves to rise to have a better plan, experience a higher level of building trust, and relationships that surround the at-risk child and families. So facilitated meetings and family group conferencing to me, and to all my colleagues who are with me today, is the answer to the question, "how the family is approached." Family group conferencing helps to engage families; how to create an atmosphere of trust and hope with scared, resistant, angry, and shame-filled parents; how to encourage families, through a trust-building relationship, to put adult conflicts aside and focus on the care and well-being of children; and how to bridge the divide between professionals in the system and the parents, grandparents, aunts, uncles, neighbors who are there for the child's needs; how to even work through conflicts among the system providers--which there are stories of conflicts between system providers--to provide a forum in which adversaries or individuals with barriers can overcome those barriers to meet the needs of the children to have safety and permanency; mediators have as one of their core ethical principles is impartiality to each individual and neutrality as to the issue, and at the same time have a very closely related ethical principle to attend to the best interest of the child. Directing your attention to page 3 is the "Family Involvement Continuum." Family involvement is at the heart of the "how." How do we engage families? The figure below was created by the American Humane Association, which was the international think tank on family group conferencing. They show on this, on the right hand of the spectrum, what I would call the "20th century version of child welfare work," which is we've been hired as professionals, we are the experts, we're here to fix the family. And on the left is the

range to the family voice in decision making, where families, along with their support network, themselves are actually engaged to contribute and think and come up with their own plan. And I'll talk a little bit more about how family decision making is at the heart of a family group conference in a moment. I'd like to state that, as I mentioned earlier, family group conferencing has been in Nebraska since the 1990s. It's a model that offers a new-old approach for families and children. It's based on the belief that families and communities must partner together to ensure best outcomes. It's also based on the belief that families know themselves, their own struggles, their strengths and their weaknesses, and that when supported and facilitated, families are able to put together a successful, family-driven plan. One of my colleagues who is here today, Holly Schmidt, who used to be a child welfare caseworker with HHS and is now a family group conference facilitator with Central Mediation Center in Kearney, told me this story, and I thought it really did a nice job of illustrating what a family group conference can do. So in about August of this year, Central Mediation Center received a referral from NDHHS regarding a family that was well-known to HHS, having had multiple intakes over the past year requiring several in-home visits by caseworkers. The main concern regarding the safety of the children was the incidence of domestic violence that would occur in the home and in front of the children. The household consisted of three children, a mother, and the mother's boyfriend, who was not a "biodad" to any of the children. Two of the three fathers lived in the same town as the mother. Because the town population was about 700 people, the fathers, the mother, the boyfriend, and several grandparents would often cross paths with each other in town. Due to past behaviors between the ex-family members and issues with everybody involved, the in-town meetings would often end up in exchange of yelling profanities, signaling with hand gestures, and occasionally "getting in each other's face," often resulting in police officers being called. Due to new allegations between the siblings within the home, the two brothers were removed. And with a safety plan in place, the little girl remained with her mother while allegations were being investigated. While preparing for the family group conference, the FGC coordinator personally contacted and met with several family members and professionals involved with the children's lives. They all reported

that there would be no way for this particular family to meet together in a family conference without the presence of law enforcement. The volatility between the current boyfriend and the rest of the dads was, in particular, the biggest problem. Preparation with each potential FGC participant is an essential, evidence-based component of each FGC. The coordinator made arrangements to meet with each family member individually to confidentially discuss the concerns and apprehensions they each had about meeting together jointly in the same room. Most of the family members remained very concerned and uneasy about the idea of being in the same room, particularly during the private family phase of the FGC. And that's the middle part of the conference, and this conference went for seven hours. The middle part of the conference, all the providers and attorneys and the coordinator leaves, and only the family members stay in the room. It's kind of like, oh, my goodness, what's going to happen now? And when I first heard of that model, my jaw dropped and I thought, this can never work, they need me. Well, I found out families can figure it out when they know they have to figure it out, otherwise, the system is going to take their kids. So this coordinator worked with each family member though, and said, you know, I'm going to be facilitating. But the parties said that they couldn't imagine how it would be possible to come up with a plan with the amount of negative history and the hatred that the family had toward each other. Holly said it was very hard to put into words the amazing transition that happened that day. The FGC allowed for the family to not only work together and come up with a plan involving all the family members, but the entire family, including these "bio-dads," the boyfriend, the mom, the grandparents, was able to communicate and emphasize where each other was in their current life paths, and they were able to put aside their adult feelings for the sake of the children, which is what we see, which was something that they were actually capable of doing. And because--and this is essential--of the trust built with each family member by the FGC facilitator prior to the day of the conference, they were able to feel safe and talk about the difficult items that she brought up. That's what the coordinators do: They put the hard stuff on the table; they talk about those awful things. And they were able to talk about it without becoming enraged and defensive. The children were really the ones that succeeded that day, because with the assistance

of the case manager and other professionals, they came up with a permanency plan for each of the children. The plan included the steps needed by each family member to obtain the goals in a timely manner so that the state could dismiss the case, and I think that's what this is all about. The family had never been able, previous to this family group conference, to sit down and talk about the children in the same room. Being in the same room, they felt safe to talk because of the preparation and presence of the impartial FGC facilitator, and the extended family members were able to also discover several key family supports to accomplish the goal and the plan. By the end of the conference, in which everybody worked very hard for seven hours...and I've been there; I've done that; it's hard; it's long. But we do bring food. We ask the family members to bring food, and it's amazing. They bring this big potluck a lot of the times, although some models have the facilitators actually bring Subways or whatever. But we have a break time, we have food time, and then we come back together. [LR525 LR529]

SENATOR CAMPBELL: Ms. Brownyard, I'm just going to interrupt you for just a minute. [LR525 LR529]

DEBORA BROWNYARD: Yeah. You bet. [LR525 LR529]

SENATOR CAMPBELL: I know that you have nearly a 30-page report. [LR525 LR529]

DEBORA BROWNYARD: Yeah, I'm not going to go through all of it. [LR525 LR529]

SENATOR CAMPBELL: I was going to say, we really do need to be cognizant of the time and leave some time for questions. [LR525 LR529]

DEBORA BROWNYARD: Sure. [LR525 LR529]

SENATOR CAMPBELL: So I hope you can cover the major parts of that. [LR525 LR529]

DEBORA BROWNYARD: All right. I'll just finish the story. [LR525 LR529]

SENATOR CAMPBELL: Okay. [LR525 LR529]

DEBORA BROWNYARD: And then we'll just whip through the rest of it. But I appreciate your comments, Senator. [LR525 LR529]

SENATOR CAMPBELL: Okay. All right. That would be great. Thank you. [LR525 LR529]

DEBORA BROWNYARD: I want to comment about one of the very special successes in the conference is the mom's live-in boyfriend. He was hesitant. He didn't want to come. He was well-known as being the troublemaker in town. He had an extreme anger problem. The FGC coordinator worked with him. And this is what the coordinator does: They coach and work with each party. She gave him some ideas on how to deal with when he starts feeling angry that he could quietly get up and walk out of the room, which he did. And at the end he came up to the coordinator afterwards. And he had tears in his eyes and with a shaky voice saying, I didn't know I could do this. I've never been able to talk about difficult things before. I'm ready to continue to learn new ways to deal with the abuse that I got as a child. This is one of the hardest and scariest things I've done, but now we have hope for our family. We see lives change through this process, and there's so many more stories. On page 6 and 7 there is some snippets of other stories, if you want to take some time to look at what actually happens. One of the questions about this testimony was utilization of family group conferencing in the state. On page 7 is a chart that shows the family group conferences that the mediation centers have provided for children and families since 2001. And you can see that there's been a couple of thousand in that period of time. The high year was 2005-2006, with 364 conferences across the state. Since then, the numbers have increasingly gone down, and particularly it was...my understanding it was a policy decision by Health and Human

Services to transition away from family group conferencing as they were entering into the privatization era. And they even, you know, told us that they were going to terminate the family group conference contracts with the mediation centers, and the centers were getting ready for that eventuality. And yet within a few months it was discovered, as these privatizations started happening, that things were really confusing. And so HHS decided to continue the contracts, and so some FGC has continued, primarily in the central part of the state and in Douglas County. There's some research on page 9 about family group conferencing, about the outcomes for family group conferencing. The American Humane Association has a lot of materials. And inside of your handout, with the "Family Group Conference" brochure which my office created with the centers, is the document where this information is taken from. And it's about some of the outcomes of FGC research that show that: these plans create stability; a high percent of children remain with extended family members; timely decisions and results for permanency; safeguards; family members; and process indicators show that both family members and providers find this successful; and we increase the involvement of fathers. The case that I talked about had all the fathers there. I've done cases where we have multiple fathers and grandparents at the table. And then there's other documentation in here about the objectives, the fact that we use protocols in the state, and some other cases. I'll draw your attention to page 13 and 14. It was a particularly difficult case that Concord Mediation Center in Omaha facilitated just two...a couple weeks ago, in which--it's an Indian Child Welfare case--the worker said that she was lost and was complete frustration. And there was system conflict, conflict in family team meetings. The mom's side of the family, the dad's side of the family wouldn't come together, whereas historically the mom and the dad who had gone through a divorce, who had a mediated parenting plan were getting along well. But when the mom was homeless, the children were removed, and now it had been exacerbated so much by the system that mom and dad wouldn't talk. There was successful conference, and page 15 shows the outcomes of coming back around. I also want to point out on page 16 and 17 are the additional facilitated child welfare practices that the mediation centers perform for the courts. Family group conferencing was primarily an HHS referral service, although more and

more judges are referring this but it has to be approved through HHS because HHS is the funder. Prehearing conferences at the initial removal stage that's facilitated at the 12-month permanency review and at termination of parental rights are additional, what I would call, truncated two- to three-hour sessions that have a very little bit of prep time, but focusing on permanency questions. These are funded through a grant from HHS to my office, and then I subcontract with mediation centers. And you can see on page 16 these initial PHCs, over the last several years, that we've done several of them, about...over 1,000. And then on page 17, these are by quarter. We've done about 150 facilitated permanence review and TPRs. Of course, those are later on in the system, and that's not what the focus of today's meeting is. The final thing that I want to touch upon is on page 18 and 19, which is what I'm calling the "Future of Family Group Conference and Facilitated Child Welfare Practices." As I mentioned, the trend line of FGCs is downward and has been downward, however, the prehearing facilitations at the 12-month and TPR are holding steady. The question for all of us today is whether to increase the use of this evidence-based, family-centered process at the voluntary stage and within the first 30-45 days of a child welfare case. I think it is indeed a right next step for us in Nebraska to pursue. I am connected with national/international child welfare mediators, family group conference mediators, and one of my colleagues in British Columbia has...they have a jurisdiction where family group conferencing is mandated at the initial stages of a child's case. That way they can find extended family members. They can engage the family, the "how," in the right way, in a neutral way. They can find informal resources and address Indian Child Welfare. My office, the mediation centers, are willing and prepared to offer more substantial presence of family group conferencing for our state's vulnerable children and families. We do have years of practice and expertise. We work in partnership with the Center on Children, Families, and the Law and many other entities. We've worked in partnership with the Nebraska Department of Health and Human Services. They've been a really good partner even though it's very frustrating to have contracts and grants that are year to year to year. You really can't plan. You really don't know what's going to happen, and of course I'm sure you've heard that from a lot of other folks. So will there be a family group

conference contract as of July 1, 2013 or facilitated grants as of 2013? We don't know, but we hope. I...my office and the centers are working with Thomas Pristow on their results-based accountability measures project. I'm really excited about that. I know that the feds and the state is all about let's see if what we're doing is making a difference in achieving those outcomes. I went to that workshop. And I love graphs and charts and formulas, and I can't wait to dig my hands into making those outcome measures. So the proposal that I want to present with...to the legislative hearing today is that we do a two-year pilot family group conference project to begin next year or the following year, to utilize family group conferences in voluntary child welfare cases and within the first 30-45 days of a formal case. I've met with the center directors and FTC coordinators to start fleshing out the pilot. I have a call in to the department to discuss elements of this. And I have a list on page 19 of some of the possible components that would need to be addressed, such as having a set number of voluntary cases assigned to FGC; a percentage of all initial petitions assigned to FGC; that there be and MOU between the regional mediation center, the juvenile court, the local HHS provider, and others prior to the launch, because we need all the stakeholders on-board. And when I first launched FGC in northeast Nebraska, that's what I did. I went to the local judge. We recruited the HHS worker, the public defenders, the county attorneys. We had a discussion and a couple meetings on how is this going to work and what are our goals. Of course, we need to figure out what data systems we'd need to add. We do have a data system set up now. We'd need to enhance that. We'd need to figure out funding and resources and cost benefits researched and described. Thank you for the opportunity to present this testimony. There's appendices about the mediation centers, our data and cases, how we're funded, as well as Appendix B, which are on page 27, about the child welfare outcomes and the PIP plan as to where I believe family group conferencing and facilitated processes can address certain of those outcomes that were measured on. So I'm happy to respond to any questions. [LR525 LR529]

SENATOR CAMPBELL: Questions? Senator Coash. [LR525 LR529]

SENATOR COASH: Thank you, Senator Campbell. Thank you, Debora. [LR525 LR529]

DEBORA BROWNYARD: Um-hum. [LR525 LR529]

SENATOR COASH: I was going to ask, and then you started to talk about, the trend line of utilizing the family group conference. [LR525 LR529]

DEBORA BROWNYARD: Um-hum. [LR525 LR529]

SENATOR COASH: It is going down. [LR525 LR529]

DEBORA BROWNYARD: Um-hum. [LR525 LR529]

SENATOR COASH: What do you attribute that to? [LR525 LR529]

DEBORA BROWNYARD: Originally it was the switch over of the policy of the department to be moving into privatization. So back in '07, when they decided to start contracting with the private providers, they talked to us at the time. And I worked really closely with Chris Hanus and Todd Reckling at the time, and they were really up-front with me. And they said, you know, we're really...we're coming up with a different approach to how we do business, and we really think we're not going to need family group conferencing much anymore. And they were going to actually terminate every single contract. And...but they did keep some, so it kind of stayed out there because local people knew it worked, and so local people started asking for it and judges started asking for it. But it still...there's that piece. And then there's a mistaken belief by, as I understand, caseworkers who believe that the payment for the family group conference comes out of some fund that they shouldn't be touching, and yet there's a contract that HHS has set aside--I believe it's $100,000 a year--to pay for family group conferences. It's there. It's in their budget. But local caseworkers, some of them are under the mistaken belief that they shouldn't request it because of the cost. [LR525 LR529]

SENATOR COASH: What is your...what are the mediation centers' referral sources? I'm just trying to wrap my head around the process a little bit. [LR525 LR529]

DEBORA BROWNYARD: Um-hum. [LR525 LR529]

SENATOR COASH: Does it go through the courts? Do the courts refer it? Or do the...or does HHS refer to your mediations? [LR525 LR529]

DEBORA BROWNYARD: Family group conferencing was primarily an HHS-referred process. [LR525 LR529]

SENATOR COASH: So that would be a caseworker who is working with the family. [LR525 LR529]

DEBORA BROWNYARD: Right. [LR525 LR529]

SENATOR COASH: Maybe the court is involved, maybe not. [LR525 LR529]

DEBORA BROWNYARD: Right. And again, in some jurisdictions such as Douglas County, more juvenile judges are very aware of family group conferencing, and so they're putting it in their order to have a family group conference. But it's always...FGCs have primarily been HHS referred. Um-hum. [LR525 LR529]

SENATOR COASH: Referral. But you're seeing some judges,... [LR525 LR529]

DEBORA BROWNYARD: Right. [LR525 LR529]

SENATOR COASH: ...you know, who are saying... [LR525 LR529]

DEBORA BROWNYARD: They can... [LR525 LR529]

SENATOR COASH: You know, they've got a family in front of them and they say, you go talk to your mediation center... [LR525 LR529]

DEBORA BROWNYARD: Right. [LR525 LR529]

SENATOR COASH: ...and set a hearing 30 days (inaudible). [LR525 LR529]

DEBORA BROWNYARD: Right. But we have to get authorization through HHS or NFC. [LR525 LR529]

SENATOR COASH: But they'll put it in their court order, the judges will,... [LR525 LR529]

DEBORA BROWNYARD: Right. Yeah, some of them. [LR525 LR529]

SENATOR COASH: ...so then HHS has to comply with that. [LR525 LR529]

DEBORA BROWNYARD: Um-hum. [LR525 LR529]

SENATOR COASH: Okay. [LR525 LR529]

DEBORA BROWNYARD: Um-hum. [LR525 LR529]

SENATOR CAMPBELL: Judge Gendler has used this process, has he not, quite extensively? [LR525 LR529]

DEBORA BROWNYARD: Yes. Right. He's used it. And he was the one who was part of the initiation for the pilot project on permanency review, the 12-month permanency

review, and termination of parental rights, which has done astounding things in terms of keeping the children out of the TPR trial and appeal. [LR525 LR529]

SENATOR CAMPBELL: I heard him talk about this on a panel that we both were on, and so that's why I was aware. He talks about this process pretty glowingly. [LR525 LR529]

DEBORA BROWNYARD: Um-hum. Um-hum. [LR525 LR529]

SENATOR CAMPBELL: Are you currently working on the team with Project Harmony that we heard the report ahead of time? [LR525 LR529]

DEBORA BROWNYARD: Cindy Tierney, who is...and Lori McKeon, who is in the room, could answer that question. [LR525 LR529]

SENATOR CAMPBELL: Okay. [LR525 LR529]

DEBORA BROWNYARD: Do you want them to answer that? [LR525 LR529]

SENATOR CAMPBELL: No, that's okay. [LR525 LR529]

DEBORA BROWNYARD: Okay. [LR525 LR529]

SENATOR CAMPBELL: We'll get them afterwards. [LR525 LR529]

DEBORA BROWNYARD: Okay. Um-hum. [LR525]

SENATOR CAMPBELL: Did you have any other questions? [LR525 LR529]

SENATOR COASH: No. [LR525 LR529]

SENATOR CAMPBELL: Thank you very much for your report. [LR525 LR529]

DEBORA BROWNYARD: Oh, you're welcome. [LR525 LR529]

SENATOR CAMPBELL: I apologize. [LR525 LR529]

DEBORA BROWNYARD: I understand. [LR525 LR529]

SENATOR CAMPBELL: But I didn't want you to forget major things before we got to the end of the time. [LR525 LR529]

DEBORA BROWNYARD: Absolutely. [LR525 LR529]

SENATOR CAMPBELL: Thank you for... [LR525 LR529]

DEBORA BROWNYARD: Thank you again for the opportunity, Senator Campbell. [LR525 LR529]

SENATOR CAMPBELL: Uh-huh. Thank you for coming. [LR525 LR529]

SENATOR COASH: One more question, Debora. [LR525 LR529]

DEBORA BROWNYARD: Um-hum. [LR525 LR529]

SENATOR COASH: I am curious about the...your time lines for the proposal, the pilot that...at the end of your report here. [LR525 LR529]

DEBORA BROWNYARD: Um-hum. Um-hum. [LR525 LR529]

SENATOR COASH: Will you have something to give to the committees as a proposal soon or...I mean, is that the hope, if you can get (inaudible)? [LR525 LR529]

DEBORA BROWNYARD: I'd be happy to. If the committee is interested in the pilot, I'd be happy to put some flesh on the bones and submit that to the committee. [LR525 LR529]

SENATOR COASH: Defer that to the Chair, but I just wanted to... [LR525 LR529]

SENATOR CAMPBELL: Thanks. Well, we'll be back in touch. [LR525 LR529]

SENATOR COASH: Thanks. [LR525 LR529]

DEBORA BROWNYARD: All right. Thank you. [LR525 LR529]

SENATOR CAMPBELL: All right. Our last prearranged testifier is Vicky Weisz on the parent substance abuse and child welfare. Good afternoon. [LR525 LR529]

VICTORIA WEISZ: (Exhibit 15) Good afternoon and thank you for the opportunity. My name is Vicky Weisz--Victoria Weisz, V-i-c-t-o-r-i-a W-e-i-s-z. I'm the director of the Nebraska Court Improvement Project, and I am a research professor of psychology at the UNL Center on Children, Families, and the Law. The Court Improvement Project supports the Through the Eyes of the Child Initiative and the Supreme Court Commission on Children in the Courts. For the past two years I have also served as a Nebraska liaison for a collaborative technical assistance project with the National Center on Substance Abuse and Child Welfare. This project included the DHHS divisions of Children and Family Services, Behavioral Health, Public Health and Medicaid, and Long-term Care, along with the Administrative Office of the Nebraska Supreme Court. My remarks today are not on behalf of the collaborative partnership. I've also codirected and continue to with Scott Carlson, who is the Administrative Office

of the Court Coordinator for Problem-Solving Courts, a federally funded project that provides intensive child-parent relationship assessments and interventions for young children whose parents are in family treatment drug courts. Substance abuse is a common issue in child welfare cases, and one that we struggle to deal with effectively. According to a court case file review that we did in the Court Improvement Project, drug or alcohol abuse or addiction was a significant factor in over half of Nebraska child welfare court cases in 2009. At our 2009 Children's Summit, our Through the Eyes of the Child Initiative team members chose as one of their three statewide priorities improving system effectiveness with parents with substance abuse issues. And again, at the last Children's Summit--so we had one in 2009; we just had one last month--team members chose expediting quality evaluations and targeted treatment for substance abuse in parents as a priority for the next three years. The case file review findings and the prioritization of this issue as a continued statewide concern by local Through the Eyes teams confirms that child welfare reform needs to realistically address the fact that more than half of the child welfare cases involve substance abuse in parents, and that our system does not adequately respond to the problem. I'm going to briefly talk about what we know about parental substance abuse problems in child welfare; what we learned from our Nebraska court case review; some effective approaches to the problem; and, finally, some current concerns. So I'll start with what we know about substance abuse in child welfare. And my little tag line here: It's more complicated than "they must not love their children." The first thing is, is that the use of drugs and alcohol is initially voluntary. But genetic and environmental factors can quickly turn voluntary use into abuse or dependence. Next, drug and alcohol addiction is a complex but treatable disease that affects the brain and behavior. Quitting can be a long and difficult process. Relapse to addiction occurs at similar frequency to other chronic conditions: in about half of all people seeking recovery, especially in the early stages. Relapse prevention and response plans are critical when children are involved. The typical child welfare substance abusing parent has additional multiple issues and needs: mental health problems, history of trauma, domestic violence, parenting deficits, educational/vocational deficits, and housing needs. Treatment does not need to be

voluntary to be effective, and that's really important and different than when I was trained and in graduate school many, many...a number of decades ago when we used to think that people needed to want to get help to get help. And now we know that if people are...if their butts are in the chair for a significant amount of time, many of them will get help. But effective treatment requires adequate dosage and duration. The best outcomes for treatment occur with longer durations of treatment for substance abuse. Detoxification, drug education, drug testing, and 12-step groups are important supportive services, but they are not substitutes for drug and alcohol treatment. Long waiting periods to begin treatment diminish treatment success. There is a lot of research on the length of time to get into treatment. There is a direct relationship to whether the person completes treatment successfully. And then finally, there is a growing body of brain science research that shows that children who experience ongoing stress, chronic neglect, or exposure to violence--even infants and toddlers--are at high risk for significant assaults on their brain development and are in need of interventions to get them back on a healthy developmental track. I will now turn to what we know about Nebraska from our court case file review findings. We found that 56 percent of the child welfare cases--and this was a random draw of 400 cases--56 percent of them had parental substance abuse identified as a contributing factor to child maltreatment. The median time to start of treatment for parents was over four months after the filing of the petition. That means that half the cases took more than four months. About one-third of the parents appeared to get a lower dosage of treatment than would be expected to be effective with this population. They got straight outpatient therapy, which is typically one or two hours a week. And our consultant said that for parents who are...have lost their children because of substance abuse problems, the problems are typically significant enough that one or two hours a week for six to eight weeks is not quite enough to address it. There were huge inconsistencies across the state as to how to get into the treatment system. Some parts of the state required pretreatment assessments, some went directly to evaluations, and I would say there was a fair amount of confusion. Many substance-abusing parents dropped off the treatment trajectory at different points in the process. So, you know, there's identification, assessment, evaluation, referral,

treatment, treatment completion. Of the cases that had parental substance abuse identified, less than half started treatment. There were a number of cases that had drug testing without any treatment. So I'm going to talk a little bit about effective approaches: first, some general elements of what goes into effective approaches, and then a little bit about a few Nebraska projects. The first general element is timely entry into the right level of treatment with hand-holding support until the person gets into the treatment. When the state intervenes with a family because of abuse or neglect, that's an optimal time for effective treatment. But a drug addict or a drug-abusing parent often has cognitive, emotional, and social impairments at that time that require...that makes them need a lot of help and support to get into that treatment. Giving them a phone number to call to set up an evaluation isn't going to do it. Another general element of an effective approach is comprehensive, family-focused treatment with children involved as soon as possible. Meaningful support: Most people need a lot of support to address addiction and substance abuse. Accountability: Somebody's got to be ensuring that the parent is participating in treatment and getting into recovery, getting and staying sober. And, finally, trauma informed: The majority of these parents were child maltreatment victims themselves. The incidence of sex abuse in these parents is quite high. Many of the children that are coming into our system in these cases are also experiencing trauma. We need to make sure that all levels of the system reflect that. So we do have a few projects in Nebraska and, you know, I'll be talking about the ones that we're involved with. I'm sure there might be others out there. But the first is family treatment drug courts, and we have them in Lancaster, Sarpy, Douglas, and Phelps County currently. They're...these are not all the same, but what's universal is that there are frequent hearings. They either start out weekly or biweekly. There is a multidisciplinary drug court team. There is a focus on providing the parents with a high level of support but also significant accountability, typically random drug testing that starts out several times a week and then decline. There's also monitoring and focus on the children's well-being. There has been a lot of research on this model nationally, and parents in family drug courts are more likely to complete substance abuse treatment, children spend less time in out-of-home care, there are more reunifications. Families in family drug courts do stay

under court jurisdiction longer than other families. Another model that we learned about from our technical assistance involves housing models, blended housing, and substance abuse treatment models. They're typically clusters of apartments where parents can move in with their children. There are intensive outpatient substance abuse treatment services and an array of other services that are wrapped around that apartment complex: evidence-based parenting interventions; educational supports; high-quality childcare; child welfare supervision; and support. This is a cost-effective model that allows children to remain with their parents. The parents are able to stay in treatment for a sufficient dosage and duration, and the family can heal together. Sidney has started a model called Field of Dreams. Heartland Family Services in Omaha is moving forward with a model called Better Together. St. Monica's in Lincoln is also looking at a model like this. And we had a very well-attended session on this at the August Children's Summit, so there may be now some other...we've heard from a couple of other groups around the state. And I will say these projects are struggling to work with the various funding streams. It's always about that. So even though it's cost-effective, it always seems like one group has to give the money, one silo has to pay more to have another silo save more. So there's huge savings in foster care costs, but there has to be investments in behavioral health or other kinds of costs. We're hoping that those will take off, but it is a struggle. A second one is parent-child therapeutic interventions. I mentioned that we had a federal SAMHSA grant, and we use that to support evidence-based, relationship-focused assessments and interventions for infants, toddlers, and preschoolers whose parents are in family treatment drug courts. The interventions chosen for this project are designed to provide therapeutic support to help the parent help their child heal from the neglect and trauma that may have been caused by the drug and alcohol abuse. Further, the therapeutic intervention helps the parent heal his or her own trauma and guilt over the hurt that they have caused their child. The relationship focus of these interventions helps the parent and child heal together. Our preliminary data suggests that this approach is lessening the difficulties that young children are experiencing, significantly improving parents' responsiveness to their child, and reducing the amount of time in out-of-home care for

the young children. Children are being returned to their parents very quickly. We had a couple of cases where parents relinquished because they got so attuned to their children's needs that they realized that they were not going to be able to deal with their problem in the time that their child needed them to. So we've been very pleased with the results. I will now talk a little bit about current concerns. The first one is voluntary cases. And, as we've talked about, there seems to be an increase in child welfare cases involving substance-abusing parents, including fairly serious drug involvement, that are being handled outside of the court system. And judges have reported that while most of them support the concept--in fact, they're kind of enthusiastic about the concept of noncourt cases to lessen some of their burdens--they have concerns about cases that have entered their system after several months of voluntary services. And I will say the information that I have been receiving from judges probably predated the kind of CAC review that Gene Klein talked about. So it may be that that legislation will address some of the concerns. But what judges have been reporting is that cases are coming in that have been in the voluntary system for a number of months with the children in apparently unsafe situations. It seemed that if the parents agree to engage in services, the case is opened voluntarily. But there is a question as to whether the services are being offered or provided adequately--more than just giving a parent a phone number to call as a referral. There are...we also have some concerns that substance abusing parents in these voluntary cases might not get the intensive hand-holding support, intensive monitoring, and accountability that we know are essential features of effective approaches. We've seen some data, and the department has told us it's inaccurate because of some confusion in their data entry. But what we've seen is that there's been an increase in the revictimization of children who have been not removed from their parent, from their homes. You know, I hope that those data problems get cleaned up and we can look at that data to make sure it's not just a data entry problem. We need to make sure that children are not being kept in high-risk situations without appropriate safeguards and services. So I'm not advocating removing children, but just making sure that the services are there. Another concern we have is an underutilization of family treatment drug courts. The referrals to our drug courts have declined rather drastically

over the past few years, and all of these drug courts are operating well under capacity. We're not sure of all the reasons. But we think one of them is that there has been so much caseworker turnover people don't know about it. And the other is the drop, all the move to voluntary cases. A lot of the serious drug problems are going to voluntary cases and not in court, so they wouldn't be going to the drug, you know, to the drug courts. It is unfortunate that we have an available, effective approach that's not being used. And then finally, the last concern is services for children under five. Most children whose parents have significant substance abuse problems or addictions suffer the effects of ongoing stress, as well as other possible deprivations. Very young children--infants, toddlers, preschoolers--are perhaps the most vulnerable to the erratic parenting of a substance abuser. The past decade's explosion in research has demonstrated the significant negative brain effects of this kind of stressful environment, the existence of mental illnesses in very young children that have similar features to those in older children and adults, and the effectiveness of evidence-based psychological and behavioral treatments for even infants, toddlers, and preschoolers. They all involve their parent or caregiver. Specifically, the child-parent psychotherapy that we are using in our grant and can be used even for infants, and parent-child interaction therapy that is used for children two and over, have been shown to be effective interventions in general, and especially with the child welfare population. These treatments are listed on all the national compendiums of evidence-based treatment. Nebraska Medicaid does not reimburse for these treatments. So, in sum, over half of Nebraska child welfare cases have drugs or alcohol identified as a contributing factor to child maltreatment; our current response is often ineffective; Nebraska has a number of effective approaches in development or in small pockets of the state; all of these promising projects are facing barriers to implementation, continuation, or full use. Thank you. [LR525 LR529]

SENATOR CAMPBELL: Questions? Senator Coash. [LR525 LR529]

SENATOR COASH: Thank you. Thank you, Vicky. I have a question about the drug

court. I've had occasion to witness it a few times; spoke at the graduations a couple of times as well. The referrals are going down. Is it HHS as the referral source, or is it the court with... [LR525 LR529]

VICTORIA WEISZ: Well... [LR525 LR529]

SENATOR COASH: How does somebody find themselves eligible and into drug court as an alternative, because it's an alternative to...you should get your record wiped off if you successfully complete it, correct? [LR525 LR529]

VICTORIA WEISZ: No. It's not like...it's not a diversion program. So it's a...with the family drug court, so it's different than some of the other drug courts. [LR525 LR529]

SENATOR COASH: Okay. [LR525 LR529]

VICTORIA WEISZ: It's not a diversion program, and it's families that are already in the juvenile court, so there has to be a petition filed. And then it's an alternative to the regular court process, so there's more monitoring, more, you know, holding the parent accountable. [LR525 LR529]

SENATOR COASH: Okay. [LR525 LR529]

VICTORIA WEISZ: The reason that a parent would agree to do it is because there's also the promise of more support and more assurance, you know, to get into treatment and all of that. [LR525 LR529]

SENATOR COASH: Okay. So this is...okay. So I was...this is family drug court, which is different than the regular drug court. [LR525 LR529]

VICTORIA WEISZ: It's family treatment. Right. Right. [LR525 LR529]

SENATOR COASH: Okay. I understand. [LR525 LR529]

VICTORIA WEISZ: And HHS...there are different avenues for referrals, but HHS is the big one because that would be the...some judges might recommend it, you know, sometimes from the bench, but HHS would be the main referral source. [LR525 LR529]

SENATOR COASH: Okay. Thank you. [LR525 LR529]

SENATOR CAMPBELL: Thank you, Vicky. Very thorough report. Appreciate it. [LR525 LR529]

VICTORIA WEISZ: Thank you. [LR525 LR529]

SENATOR CAMPBELL: We are now at the point in our agenda to have public testimony, and there were several people who had indicated they wanted to provide that testimony. [LR525 LR529]

SARAH FORREST: Good afternoon. [LR525 LR529]

SENATOR CAMPBELL: Good afternoon. [LR525 LR529]

SARAH FORREST: (Exhibits 16 and 17) Good afternoon, Senator Campbell, Senator Coash. My name is Sarah Forrest, S-a-r-a-h F-o-r-r-e-s-t, and I'm the policy coordinator for child welfare and juvenile justice at Voices for Children in Nebraska. I just want to start by saying that we're deeply appreciative at Voices for Children of all the work that the Legislature, the department, and the Children's Commission, and many, many other child welfare stakeholders have been doing over the interim and last session as well to really look at ways we can continue to improve services to our vulnerable children and families. And I'm excited today to be able to address you about the subject of the two

resolutions before us, the front door of our child welfare system, specifically, differential response. Voices for Children really believes that looking at the front door of our child welfare system and what we've been doing in terms of investigating families and the number of victims of child maltreatment is important. I've provided you a couple handouts, a quick fact sheet sort of on Nebraska's current response to child maltreatment, some information about differential response. And, as you can see, over the past decade our number of investigations of child maltreatment have increased over 125 percent, so we're spending a lot more resources on investigating families. We've also seen a growth in the number of child victims of maltreatment, but this has been a much slower rate. And I guess the point of all this is this morning we heard from a number of stakeholders that investigations are not always the best way to engage and work with families. It's not...it's fitting that round peg into the square hole. And so if we can provide more flexibility to our child welfare agencies as they provide services and respond immediately to families, we think that there is a lot of success that can be gained from that. So you heard about the ins and outs of all that. But what I'd also like to say is that we'd really encourage the Legislature, HHS, the variety of other stakeholders, many of whom testified today, to continue to examine this possibility and work together. I know that the state has a work group. But I'd also like to say that we think that there will be legislative action required to do this well, and that it will take a good, hard look at our state statutes and what we already have set up. The director mentioned this morning the central registry, but I think it's also worth taking a look at the way we lay out our hotline calls, the role of law enforcement. What will the role of LB1184 and child advocacy teams be? What are those systems that we can create that provide accountability while still at the same time offering families those truly voluntary services that they feel empowered to engage in? I also think the issue of funding is very important to contemplate. And the other thing that I would raise is: What, if any, distinctions between our current voluntary cases and a differential response system and those cases will exist? So we think that there are lots of issues that we need to be contemplating as a stakeholder community and just wanted to say again, we're very supportive of the direction that the department is going and excited about the

possibilities but want to make sure that all of the things that are on our mind are out there as well, and that all these different stakeholders are brought into this very important process and exciting system change. So thank you. [LR525 LR529]

SENATOR CAMPBELL: Thank you, Sarah. Just a comment: We've had a lot of people today in the hearing room who sit on the Children's Commission. [LR525 LR529]

SARAH FORREST: Yes. [LR525 LR529]

SENATOR CAMPBELL: And I would hazard a guess that the issue will certainly surface at the Children's Commission as they put together a strategic plan. [LR525 LR529]

SARAH FORREST: Um-hum. [LR525 LR529]

SENATOR CAMPBELL: And so my hope would be that we don't necessarily take a whole sidetrack without the Children's Commission taking a look at the total, and I know that you feel...I mean, I'm not saying anything that you don't already espouse. [LR525 LR529]

SARAH FORREST: Yeah. [LR525 LR529]

SENATOR CAMPBELL: But I think it's important to note that this information probably all will go to the Children's Commission. [LR525 LR529]

SARAH FORREST: Definitely. And those are meetings that we've been attending and are definitely keeping a close eye on. I think they have a very important role to play. [LR525 LR529]

SENATOR CAMPBELL: So thank you. [LR525 LR529]

SARAH FORREST: Sure. [LR525 LR529]

SENATOR CAMPBELL: We'll make sure that they get copies. [LR525 LR529]

SARAH FORREST: Thanks. [LR525 LR529]

SENATOR CAMPBELL: Thanks a lot. Our next testifier. Good afternoon. [LR525 LR529]

MONIKA ANDERSON: Good afternoon. My name is Monika Anderson; first name, M-o-n-i-k-a, Anderson, A-n-d-e-r-s-o-n. Senator Campbell, Senator Coash--I'd say members of the committees, but...(Laugh) [LR525 LR529]

SENATOR CAMPBELL: We're it. [LR525 LR529]

MONIKA ANDERSON: Yeah, it's...we're down to the wire here. I appear on behalf of Nebraska Families Collaborative, or NFC. I'm their legal counsel. NFC is a nonprofit corporation made up of five Omaha-area organizations with more than 400 combined years of experience in caring for children and families. Currently NFC is designated as a case-management, lead-agency model pilot project in the eastern service area, and we provide case management, service coordination, and delivery to the child welfare and juvenile justice population in Douglas and Sarpy Counties. Earlier this year, on February 13, I testified before the Judiciary Committee and offered differential response as an alternative to increased oversight and review of non-court-involved cases by the LB1184 teams. And I'm here today on behalf of NFC to support further efforts by the HHS Committee and the Judiciary Committee to make differential response public policy in the state of Nebraska. In my previous testimony I discussed that physical neglect cases account for a high percentage of total substantiated allegations of abuse and neglect in Nebraska. Since then we've all seen reports that demonstrate the disproportionate representation of poor families in Nebraska's child welfare system.

There is a nexus between poverty and substantiated findings of physical neglect. Poverty is further complicated by other environmental factors, including housing, employment, and high levels of stress. Families living in poverty often experience additional stressors, including single parenthood, substance abuse, physical and mental illness. Currently under Nebraska law there this one response to accepted reports of child abuse or neglect, and that is investigation by law enforcement or the Department of Health and Human Services. Nebraska Revised Statutes Section 28-713 requires law enforcement agencies to investigate reports of child abuse or neglect reported pursuant to the mandatory reporting statute, which is Section 28-711. In addition, 28-713 is somewhat confusing because, in addition, it requires DHHS to investigate for the purpose of assessing each report of child abuse or neglect to determine the risk of harm to the child involved. And the department may also provide necessary social services to protect and assist the child and to preserve the family. So the implication there is that the department is required to investigate each and every report. For every case that is accepted for investigation, a finding must be made and entered into the central register or the tracking system of child protection cases. And so these statutes I think need some careful consideration and review by the committees as you move forward. Differential response allows for alternative interventions to...that can focus less on investigative fact-finding and assigning blame and more on assessing and ensuring child safety by helping the family identify their strengths and needs to keep their children safe. Differential response has the potential to address the intersection of poverty and neglect that I spoke of earlier, in addition to the complicating environmental factors, by providing services that address families' differing needs, including the myriad needs that currently result in substantiated findings of neglect. NFC encourages the committee...we heard this morning from some of the national experts about the state of Minnesota, and I would encourage the committees to look at the state of Minnesota as a potential model for developing and implementing differential response as public policy in Nebraska. Minnesota began slowly with a pilot program in Olmsted County in 1997, and that grew to a 20-county pilot project in 2000 and went statewide in 2005. So they implemented it over a period of years. By 2006, over 50 percent of all CPS reports in Minnesota were

receiving the family assessment response, which is what they call their differential response, their alternative response to investigation. Enabling legislation I think is also very important for the committees to consider as it sets the framework for differential response. In the states that currently have that system, the legislation...the legislative intent and purpose expresses the legislative intent and the public policy that children be protected from harm, first and foremost, and that families be preserved whenever possible. For example, the express intent of the Tennessee legislation is that the department perform its function pursuant to the belief that families can change the circumstances associated with the level of risk to a child when they are provided with intensive and comprehensive services tailored to their strengths and needs. The department's fundamental assumptions shall be that most children are better off with their own families than in substitute care, and that separation has detrimental effects on both parents and children. In other words, the expression of legislative intent and purpose can have a powerful effect on how a program or a practice is operationalized and utilized across the state. Another feature of differential response legislation in many states is the requirement to evaluate and report back to the Governor, the Legislature, or local community advisory boards or committees regarding the progress toward implementation and the effectiveness of the program. This allows for continuous monitoring and refinement of the program as it is implemented across the state. A typical differential response has at least two pathways for Child Protective Services to follow in response to accepted reports of child abuse or neglect. The investigation response is reserved for high-risk cases and egregious child maltreatment. A family assessment response is used for low- or moderate-risk cases. Evaluations of differential response in other states, including Missouri, Minnesota, and Ohio, suggest that differential response is at least as effective as traditional CPS investigation in preventing repeat maltreatment, and that both families and case workers feel more satisfied and engaged in the family assessment response. And this is good news for everyone. Thank you. I'd be glad to answer any questions. [LR525 LR529]

SENATOR CAMPBELL: Thank you, Ms. Anderson. Did you have any questions?

[LR525 LR529]

SENATOR COASH: Thank you. [LR525 LR529]

SENATOR CAMPBELL: I appreciate your bringing the ideas forward. And we'll make sure when we send all the information, we'll send a copy of your testimony. [LR525 LR529]

MONIKA ANDERSON: Okay. [LR525 LR529]

SENATOR CAMPBELL: So thank you. [LR525 LR529]

MONIKA ANDERSON: Thank you. [LR525 LR529]

SENATOR CAMPBELL: Anyone else in the hearing room who wishes to testify today? Seeing no one, that concludes our hearings. And thank you very much for a long day but excellent testimony. Drive safely. [LR525 LR529]