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Health and Human Services Briefing on Child Welfare Reports
January 09, 2014

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The Committee on Health and Human Services met at 1:30 p.m. on Thursday, January 9, 2014, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a briefing on child welfare reports. Senators present: Kathy Campbell, Chairperson; Bob Krist, Vice Chairperson; Tanya Cook; Sue Crawford; Mike Gloor; Sara Howard; and Dan Watermeier. Senators absent: None.

SENATOR CAMPBELL: Good afternoon and welcome to the briefing this afternoon of the Health and Human Services Committee. This is, of course, our annual review of those agencies and commissions that have done work over the past year regarding the child welfare system. Any many of these reports were set into place when we put forward the number of bills after LR37. So we're very glad you're here today and there will be no public testimony but only invited testimony representing those agencies we need to hear from. I would remind you today to turn off your cell phone or put it on silent. It's very disconcerting when you're talking and there's something constantly ringing in your ear. I would ask the testifiers when they come forward today that they do complete one of the orange sheets for the clerk so that we're very clear for the record of how to spell your name. And also we'll ask you to state it for the record so that the transcribers can hear you say your name and spell it. Other than that, the usual announcements do not apply about the light system, so the people who are testifying do not have to watch the lights today. We're making the assumption that you're very cognizant of the time yourselves. So with those, we'll start with our usual introductions. Senator Watermeier, do you want to start?

SENATOR WATERMEIER: Dan Watermeier from Syracuse.

SENATOR HOWARD: Senator Sara Howard. I represent District 9 in midtown Omaha.

SENATOR COOK: I'm Senator Tanya Cook from District 13 in Omaha and Douglas

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County.

SENATOR KRIST: Bob Krist, Omaha and Bennington and unincorporated parts of Douglas County; whatever she doesn't have.

SENATOR CAMPBELL: And I'm Kathy Campbell. I represent District 25 in Lincoln and eastern Lancaster County.

MICHELLE CHAFFEE: Michelle Chaffee. I serve as legal counsel to the committee.

SENATOR GLOOR: Mike Gloor, District 35; that's Grand Island.

SENATOR CRAWFORD: Sue Crawford, District 45, which is eastern Bellevue and eastern Sarpy County.

BRENNEN MILLER: I'm Brennen Miller, committee clerk.

SENATOR CAMPBELL: And our two pages today are Stuart...and Stuart, say your last name for us.

_____: Stuart is running errands.

SENATOR CAMPBELL: Oh. He's gone. Do you know how to say his last name?

_____: Sucha (Coach-ah phonetic).

SENATOR CAMPBELL: Okay. And then Steven Schubert. So thank you very much. With that, we will start with our first testifier today, Karen Authier, who serves as the chairperson of the Nebraska Children's Commission. Good afternoon.

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KAREN AUTHIER: (Exhibits 1 and 2) Good afternoon. Thank you for inviting me. The handouts I have are a copy of my briefing plus two other handouts that I'll make reference to that were part of the action at the December Children's Commission meeting. My name is Karen Authier and I am currently serving as chair for the Nebraska Children's Commission. I have the testimony that's written. I'm going to skip over much of it and just highlight some of what I think are some important pieces of the work that we have done and where we are in completing some of our assignments, so that there could be some opportunity for questions if there are any. We have been meeting as a group since June 7, 2012, of the scheduled monthly meetings. I think one was canceled because of a snowstorm last year. We submitted our phase 1 of the strategic plan for child welfare and juvenile justice reform on December 15, 2012; and in the last year, we've focused on developing both a deeper understanding of what some of the requirements will be for achieving those four broad goals but also have moved forward to identify various steps that are necessary in implementing the strategic recommendations that are related to those goals. In order to do that, the commission has divided itself into four work groups, and each of those work groups focuses on a separate goal under the strategic plan. There's a community ownership of child well-being work group, chaired by Mary Jo Pankoke, and that focuses on timely access to effective services through community ownership of child well-being. There is the system of care work group, chaired by Gene Klein, focusing on a family-driven, child-focused, and flexible system of care. The IT technology work group, which is cochaired by Dave Newell and Nancy Forney, and that focuses on technological solutions to information exchange and measured results across systems of care. And finally, the workforce work group, chaired by Susan Staab, focusing on a consistent, stable, skilled workforce serving children and families. I want to emphasize that from the time of the adoption of the strategic plan, the commission has consistently reiterated its intent that action on the four goals statements needs to include attention to both child welfare and juvenile services; that it is very difficult to separate those issues, populations, or services. In addition to the completion and activity related to the strategic plan, I've listed in the report the committees that the Legislature has created

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and placed under the oversight of the commission. And the commission has varying levels of responsibility for appointment of members, review of reports, and recommendations of those committees. What we have done is devote some portion of each of our meetings to committee reports and review of those recommendations. So I've divided my report to focus on the strategic plan and work groups and what's come out of the committees; wanting to point out, however, that it's been very interesting to me that there has been consistency across the recommendations of the committees and the goals that were stated in the strategic plan. So I think that that's always a good sign that people are on the same page. That said, people are not always on the same page when it gets down to the drill-down specifics; and I don't think that that's anything new to this group. So that has been...I think that discussion and difference of opinion has enriched what's gone on in the commission, sometimes slowed us down, but I think that the slowing down reflects what many of us have learned and that is a rush to decision making, sometimes is wasted time because there's a need to go back and redo. So the action then in the last session of the Legislature did create some changes in the commission, and I think we've accomplished all of the changes related to the decisions made in the last session of the Legislature and want especially to thank the commission for the creation of the policy analyst position. Having that position filled along with the work of Leesa Sorensen as an administrative position has resulted in the ability of both the committees and the work groups to go more deeply into some issues. The first thing I'll talk about is the status of the work groups. The work groups have included participation both of noncommission members and commission members. And the recommendations that come out of these work groups then are presented to the commission for commission approval. So in terms of voting, most of the work group chairs have seen their discussions result in some consensus, and then those consensus opinions and recommendations have been presented to the commission and the commission then reviews and takes action as needed. The community ownership of child well-being work group conducted a series of listening sessions that were spot-on with their charge to look at community ownership of child well-being. One of the things that was very clear in the strategic planning process was that there was consensus by

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commission members that we should not reinvent the wheel; that if there were good things going on, whether it's at the state level or at the community level, that we should capitalize on that, try to figure out how to do more of it. So I would say that those community listening sessions captured that mentality. Mary Jo Pankoke, chairing that work group, was instrumental in working with that group, and as would be appropriate for community ownership of child well-being, that work group did involve many people from the community level, grass-roots level, in addition to commission members. Those were on-line listening sessions. There were reports presented from identified communities that are at various stages of implementing their own collaborative efforts uniquely tailored to the needs and the strengths of those communities with a goal of improving child well-being, the focus being on addressing risk factors and protective factors in those communities. Measurable outcomes have been a very important part of what's been going on in those communities. And I think you'll hear that as a theme across many of the work group and the committee recommendations. The work group did draft a model for community ownership of child well-being based on Dr. Deborah Daro's research on creating community responsibility for child protection; and Dr. Daro did present at a commission meeting and then met with smaller groups afterward. So we're using research-based models and looking at what of that we've already begun implementing in Nebraska and asking ourselves the question, how can we build on that by learning from both the victories and the challenges that have occurred in the communities across the state. And truly, those extend from Dakota City to Scottsbluff, Gering, the whole Panhandle; so it's a very comprehensive effort. Facilitated conferencing has been the other strong focus of that group in more recent months. And in LB821 that was one of the charges to the commission, to take a look at the role that facilitated conferencing played in what was going on with child welfare in this state. As most of you, I'm sure, are aware, the facilitated conferencing takes place through mediation centers and is under the auspices of the Administrative Office of the Courts, the Office of Dispute Resolution. There was a report that is one of the separate reports that was handed out to you, the work of that work group, and the recommendations that they did propose to the commission; and the motion was approved. And based on their

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determination that the mediation centers are indeed a key component of community-based prevention services for children and families, that there is a need for prehearing conferences and family group conferences, but that the need exceeds current funding allocations; and so that there is a need for dedicated sustainable funding for both types of services. The recommendation then that was presented to the commission and was approved by the commission was that, with a few tweaks but this is the final version, the community ownership of child well-being work group recommends that funding for prehearing conferences, court-ordered family group conferences, and other relevant facilitated conferences for both child welfare and juvenile justice cases be funded by the Legislature as part of the Supreme Court's budget not to exclude sliding fee scales, court fees, and other potential sources of funding. At the commission meeting there was concern about the tribal courts, so it was inserted that funding for tribal courts should be included in the budget as well as funding for a statewide independent evaluation. Family group conferences for noncourt-involved child welfare cases should continue to be funded through contracts between the Department of Health and Human Services and the Office of Dispute Resolution-approved mediation centers. So that's been the work of that community ownership group during the year. Another group, the system of care work group, chaired by Gene Klein, has really determined to focus on coordinating their efforts with what's going on with the Division of Behavioral Health and their system of care federal grant that is a planning grant to establish multiple strategic recommendations related to establishing a statewide family-driven, child-focused, and flexible system of care. Members of the commission, and particularly of that work group, are participating in those discussions; and we will, as that is further underway, we will provide input as needed to that process. The system of care work group also focused on the alternative response was part of one of the strategic recommendations in the strategic plan under the system of care goal. And it was under differential response, develop a differential response system. That, of course, now the terminology has changed to alternative response, but the meaning is the same and the commission continues to support the work of the department to further the development of the design of that alternative

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response system in pilot communities as part of the IV-E waiver. Senator Coash had asked for some feedback on some specifics in that plan, and so commission members were surveyed. I didn't bring copies of that. If any...I did bring copies; I didn't pass them out. Leesa Sorensen has copies of the survey results if anybody would like copies of that. I think that this was one of the areas where it came out very clearly that there was consensus on some issues; on the other hand, there was sharp differences of opinion among various commissioners regarding the eligibility criteria requirement...or the changing of the requirement regarding parents not giving--or it's not a requirement--parents have not been needed to give permission for child interviews, and in alternative response that has been a requirement; so there were some differences of opinion. I think that those are real differences of opinion. I think some of those differences of opinion will continue to be discussed during the implementation and I'm hopeful that evaluation of the pilots will give us some guidance on that. The information technology workgroup has been especially busy having regular meetings apart from and in addition to their work at the commission meetings. Dave Newell and Nancy Forney cochairing that have looked at a divided focus. There are really two pieces to that goal. One is the utilization of technological solutions to information exchange, and the second being measured results around systems of care. To deal with the technological solutions there has been a group that has been...it's been a subgroup that's included commission members but also expanded to include subject matter experts from really every level of public agency that is involved in collecting, analyzing, utilizing data affecting child welfare and juvenile services, along with some private organizations also involved in that. Out of that there was a decision to really delve in and look at some potential solutions that would improve system integration, coordination, and accessibility with a focus on data sharing, communication, and accountability, and foster data-driven decision-making by administrators and policymakers. That is another of the written reports you have in front of with more detail about the findings of that committee...or of that subgroup of the work group. The solutions that are included in that report meet work group criteria that were established, and that includes consistent and accurate data management that would improve reporting capabilities, it would improve capacity

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of workers to perform the major functions of their jobs and provide stakeholders with access to information and tools that support consistent policy and practice standards across the state. So that fell into three categories of the solutions we looked at: management information systems, data aggregate systems, and predictive analysis systems. The work group does not view either its role or the commission's role as recommending a specific product to the Legislature but believes that each of the three types of systems should be more thoroughly explored as potential solutions that would address the deficits in the current child welfare juvenile services information technology environment. The second piece would be whole population outcomes. And with that, the focus has been on the need to identify agreement around a shared set of whole population outcomes, indicators, and measures that are critical to the goal of ensuring measured results across systems. Child well-being has been identified as the overriding goal because there are other groups that have been active in discussing these issues. There was a meeting December 17 that was a facilitated discussion with another group, the Prevention Partnership, that's been working on this; and there was some tentative consensus in certain areas, and this will provide a foundation for further discussion. So seeing those two as a whole...and the whole populations piece I think...I thought about it driving down, and I think sometimes it's like we're standing in a darkened ballpark hitting balls and we have no idea if anybody is catching them, where they're going, where they're landing, etcetera. The whole populations focus I think would give us a clearer picture of that. The workforce work group has done a great deal of discussion, has worked very closely with the department in taking a look at what kinds of staff recruitment, training and development, retention, salary and compensation, and career trajectories are going to be needed. They have now refined that into some classifications, and that will be the target of more specific discussion over the next few months; so I don't have any results to report to you on that but that's not for lack of effort on their part. That's been a very difficult area and they've had difficulty locating any models in other states that seem to be that impressive; so they're continuing on that. Committee activity: You would have received reports from each of these committees. I'm not going to go over the reports but just to reference that the psychotropic

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medication committee is continuing to monitor the recommendations that the American Academy of Child and Adolescent Psychiatry Position Statement on the Oversight of Psychotropic Medication Use for Children in State Custody be implemented, and they're going to be continuing to provide input on that, especially in regard to computer training models. The OJS committee has worked very hard outside of the commission meetings and submitted their December report. Because of the scope of the work of that committee, although the commission received the report, we did not have time in that December meeting to evaluate those recommendations. We will continue to review and discuss that OJS report and the recommendations, and take a look at what kinds of positions the commission can chime in on with that report. The Foster Care Reimbursement Rate Committee will submit its next report February 1. They are still in the process of reviewing what's going on with the pilot projects that are looking at level of care. They did have some assurances, both from Director Pristow and Liz Hruska, that there is sufficient funding that was budgeted that will cover the new base rates that will take effect, plus level of care payments. So the committee did not recommend that the commission recommend to you any additional funding for implementation of the increased rates. There was a notation in the discussion that was approved by the commission that the HHS budget for the new foster care rates does need to focus on including probation and Nebraska Families Collaborative contract in those numbers. The young adult voluntary services and support committee had an extensive report with a number of recommendations. The commission did approve that report and wanted in the cover letter to emphasize again that the services and supports programs be expanded to cover youth through the juvenile service system as well. So that's a general overview of what we have been doing. I want to thank the individual members of this committee as well as the committee as a whole for putting the needs and well being of children at the forefront of the legislative agenda. I have said before and will say again, I have never seen this opportunity in my long career in child welfare. I think that the committee had some vision in recognizing that with so much action on so many fronts it's been important to have a place where all of that comes together for discussion. The commission has been working on that role. I think that we have

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achieved collaboration among state and local community public and private stakeholders in various ways that brings us to the point of having some good material not just for discussion but for decision making. I think that I've emphasized over and over, and will emphasize once again, that the commission sees juvenile services, juvenile justice, and child welfare issues very intertwined, and intends to think of both as we go forward. So thank you very much for the opportunity to give the report.

SENATOR CAMPBELL: Thanks, Karen. Questions? Senator Krist.

SENATOR KRIST: A comment. You talked about the department and you collaboratively looking for a model for future training and future employees. I would invite you to take a look or contact the MacArthur Foundation with Models for Change in terms of some of those...

KAREN AUTHIER: And I am not sure if they have looked at that.

SENATOR KRIST: Okay.

KAREN AUTHIER: But that would be...that will be...and what foundation was that?

SENATOR KRIST: MacArthur Foundation.

KAREN AUTHIER: MacArthur. I don't know if that's one of the foundations they looked at. And actually...

SENATOR KRIST: Models for Change conference that Senator Ashford and I just attended a few weeks ago...

KAREN AUTHIER: Okay.

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SENATOR KRIST: ...talked about the different career paths and career opportunities that are being developed. And I can tell you that LB561 put into place a, what I consider to be, a hybrid in a probation officer, because they're no longer just a probation officer. They have to have some social services and case management skills and know where those processes are. And, in fact, UNO is developing a course, the academic program, potentially to mix those two. And as you said, you cannot separate juvenile justice from the program itself. And the other thing I would mention, I think, is that within the changes now that are going to come to you again this session, with what is going to be amended in LB561, it will bring a new group of potential challenges, I guess, in terms of how we deal with kids and the funding mechanisms and where they are. And the goal again, if you go back to some of the foundations that have been in this business for decades, the MacArthur Foundation for one, is the tearing down of silos of money and treating a child as a child needs to be treated. We all know we got into a problem with foster care because we could pay for them if we made them wards of the state. Can't do that.

KAREN AUTHIER: Yes.

SENATOR KRIST: That's not a good thing to do, and that's as we go back and tear down those silos. So look at the changes that are coming up with LB561 and also as a new group of challenges.

KAREN AUTHIER: Okay.

SENATOR KRIST: And I just want to personally thank you for everything you've done. It's been great work. Thanks.

KAREN AUTHIER: Thank you.

SENATOR CAMPBELL: Other questions from the senators? Karen, one comment. In

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the information technology workforce, the group of people that have been assembled--and, for the committee, it's the last page of that separate report--as you indicated in yours, the major players who come together in that data really have been working together...

KAREN AUTHIER: Yes, yes.

SENATOR CAMPBELL: ...and that's very, very encouraging.

KAREN AUTHIER: It has been extremely encouraging because nobody has forced them to the table. And as they participate in that group, it is very clear that in spite of some differences of opinion, which again I think is healthy and normal, there really is a dedication to trying to communicate across those silos, because not only is funding a huge issue there but the data silos make it very difficult to monitor, to measure any results. So I think that that's been a great victory. Dave Newell deserves a great deal of credit; he and Nancy Forney. Nancy is from Scottsbluff, so she's been a very active participant, but Dave has done a lot of that hands-on work.

SENATOR CAMPBELL: And the only thing that I'd add to that is that at some point if there needs to be some formal recommendation, that this group stays together and we have all these people at the table, we would be glad as a committee to take a look at that. The other issue is I didn't have a bill last year which would have brought money from appropriations in order to update N-FOCUS; and we held off on that because of the work on N-FOCUS for the ACA. But the Appropriations Committee has been really open to when we need to have some funding to bring the proposal together. So I wanted to let you know that I continue to talk to Senator Mello, and they're very interested when you get to the point. And the other one is working out all of the legal issues is unbelievable.

KAREN AUTHIER: Yes, but other states have...

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SENATOR CAMPBELL: I mean, we've just tried to watch this from the juvenile justice project, and sharing information between education and the child welfare system. And it's really come down to a lot of legal issues.

KAREN AUTHIER: There are. But what's reassuring to me, because those discussions...we've invited people in to present on these various solutions. And it takes a while. And I've done a fair amount of reading, as I'm sure many of you have, on what are some of the models at the federal level. It may take two years for the attorneys to get their heads together on what works. But even if it takes two years, the end result is worth it. I'm not saying it has to take two years, but I think that some resolution of those issues is critical. I think that the models are out there. And what struck some of us as we listened is that there's not necessarily any one solution; that's why this group presented three different modes, because different solutions bring different results, and it's not necessarily you can actually select more than one of these solutions and it's not overlap or duplication; that it tackles various parts of the problem.

SENATOR CAMPBELL: Well, the commission has done a lot of work over the last year and they keep getting assignments. So that's a good thing, because people consider your work valuable.

KAREN AUTHIER: Thank you.

SENATOR CAMPBELL: Thanks, Karen. And thanks to the members. We'll proceed to our next report from Kim Hawekotte, and she serves as the director of the Foster Care Review Office. And we are doing our best to train ourselves for that new title. So welcome, Kim. And many of us brought the report that you had sent, so I'm assuming...

KIM HAWEKOTTE: Thank you. You saved me from having to carry more.

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SENATOR CAMPBELL: Well, we didn't want you to have to bring over another set of eight copies.

KIM HAWEKOTTE: (Exhibits 3 and 4) I did. And Brennen was nice enough to call me and to say, please bring one for here, so I did.

SENATOR CAMPBELL: Yes, for the record, so. Go right ahead.

KIM HAWEKOTTE: Good afternoon, Senator Campbell and members of the committee. My name is Kim Hawekotte; it's K-i-m H-a-w-e-k-o-t-t-e, and I am the executive director at the Foster Care Review Office. As most of you are aware, pursuant to the Nebraska statutes, we're required to submit quarterly reports and also annual reports, which we did complete on December 1, which is sitting before you. And this annual report really is an analysis of the data that we collect, specific issues and policy concerns, and then also as required by statute, we have made recommendations for each of our data elements as we have gone through it. And I'm not going to go through it all today, but I wanted to give a little bit of background as to how all this data comes into being, because it is a lot of work that goes into the preparation of this. Our office tracks all children in out-of-home care. We look at their outcomes. We do facilitated case file reviews on all these youth. From there, then it goes to our local boards who are community volunteers that have been trained to look at cases. They make recommendations. Those are submitted to the courts. We then...and cases can advocate within the court system to ensure that the permanency needs of the kids are being met. During 2012, we did 4,675 of these case file reviews looking at these children. And the data that we have within the big report, and I'm just going to highlight some of the data, comes from all those case file reviews in our case tracking system. Some primary information data that we feel is very important is that during 2012 there was a 10 percent decrease in the number of children in out-of-home care. There were approximately, at the end of the year, 3,900 children in out-of-home care. Also, which is not in our report, at the end of 2013, at the end of December 2013, there was again

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another 10 percent decrease. So now there are about 3,500 children in out-of-home care. So the number has been steadily going down since about 2007, which is a positive thing. The ratio of boys to girls has remained the same during all these years. One of the concerns we have, and it might be a positive thing for the system too, we don't know at this time, is that there has been an increase in the percentage of children 0-12 who have entered out-of-home care. And it could be that as a system we actually are targeting the children that actually are at risk. We still have major issues within the state on minority overrepresentation. That continues to be a substantial issue. We talked about it in one of our quarterly reports in September that we reported to each of you, and it continues. There are disproportionately more Native American and black children in out-of-home care. What we did then in the report is to really look at the three big areas that nationally we know are goals for children: safety, well-being, and permanency, and looked at data surrounding each one of those issues. With regards to the safety issue, even though the number of our children has decreased in out-of-home care since 2007, the causes for removal look almost exactly the same when you put the data up together. Nationally, most children are removed because of neglect issues. Nebraska is no exception. What we found in our reviews of those children during 2012 was that about 58 percent of the children were removed due to neglect issues, but the other 43 percent were removed for parental drug and/or alcohol issues. So those were the two big categories and reasons for removals during 2012. And when you looked at children under the age of 12 and the reason for removal, that percentage of children removed because of parental drug and alcohol usage increased to a little bit over 50 percent. Also when we looked at the 2012 case file reviews...and I bring this data up because I think it's very important to give credit when credit is due. During our 2012 case file reviews, we found that about a third of the children we reviewed we could not find documentation that a case manager had visited that child within the last 60 days, but two-thirds had. But we are happy to report that during 2013, due to concentrated efforts by both NFC and HSS, that has drastically increased into like the 90-95 percent. So that is very positive that we now are seeing that documentation. With regards to well-being, we know national research shows that children who experience four or more

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placements are more likely to be permanently damaged and more likely to suffer from trauma issues. And what we found when we looked at the children in out-of-home care, as of December 31, 2012, in this state 51 percent of our children had four or more placements. So in our opinion that is not an acceptable statistic. The other concern that we had was, that was a 5 percent increase from 2011. So we've got to get a handle on the placement (inaudible). On the other positive side again I'd like to give both parts of it, is that what we found for children 0-5 during 2012, only 19 percent had four or more placements. So that meant 80 percent had less than four placements, so that is a positive thing. We're doing much better with regards to the 0-5. We really, though, need to concentrate on kids over the age of 5. Also with regards to well-being, if a child can't live safely at home, then of course we want them to live in the least restrictive and most family-like setting for that child. And on December 2012, 72 percent of our children in out-of-home care were in some type of foster home, some type of family setting. So that is a positive thing. One concern that we did have at the end of the 2012, though, is that there had been an increase in the use of the most restrictive placements, your psychiatric residential treatment facilities, your shelter care, your YRTC's. So there was an increase of that. We're not quite sure why and we're trying to look into that more, but that increase is of a concern. The other thing with regards to well-being that I do want to bring up within the report, back in 2011 there was a great collaborative that happened between the Department of Education and the Department of Health and Human Services where they looked at the educational needs of children in out-of-home care, of state wards. And one of the, in my opinion, depressing things we found in that study is with regards to state wards, the graduation rate was 44 percent; compared to nonwards in this state, the graduation rate was 87 percent. So we are not meeting the educational needs of our state wards. We also found that state ward foster children were three times more likely to have special educational needs than the rest of the population. Now there is a move both by the Department of Education and Health and Human Services to repeat that study again in 2013, which we feel is a very important study that needs to continue, to see if we have improved in that area. We have done some, as a system, some great changes in the educational area, so let's see if it's improved. Both the

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Supreme Court Commission for Children and also the Children's Commission, we are concentrating on these educational needs, because we know well-being, that is so important for our children. Permanency was the third part of the stool. We all know foster care is designed to be temporary. It's not designed to be permanent. Nearly one out of four children that we reviewed in 2012 had spent more than half their lives in foster care, and that's not acceptable. Also about 39 percent of the children in out-of-home care had been removed from their home once before; so this was not their first removal from home. We know, based upon national research, that caseworker changes do impact timely permanency. What we found for 2012, that the average number of caseworkers on a case was four. I need to put a caveat on that because we deal with children with out-of-home care so we are looking at the number of case managers while that child is in out-of-home care. We do not necessarily track or have the ability to track if that child is placed at home and the number of case managers. For children that exited out-of-home care in 2012, it's always important to know where do they go. Seventy-three percent were returned to one of their parents; 12 percent were adopted; 6 percent aged out of the system; and 5 percent were placed in the guardianship. And this has been pretty constant for the last five years. Even with the declining numbers, that percentage seems to be constant. The last thing to permanency I want to just mention is the Barriers to Permanency Project, which I have testified before all of you before. That is a collaborative between the Nebraska Family Collaborative, HHS, Inspector General, and the Foster Care Review Office. We started in the Eastern Service Area where we looked at every youth that had been continuously placed out of home for three years or longer: what was the barrier, what was happening. We've continued with that project. Out of those 300 youth that we reviewed, 229 of those youth were specifically (3)(a) abuse and neglect children. And we wanted to look at the data on abuse and neglect children. And I've included that within the testimony because we found some very interesting data. Forty-seven percent of these children were black and 5 percent were Native American. That's a huge disproportionate overrepresentation. Fifty percent of those children had been in care over four years, which was concerning to us. Eighty-eight percent, on the good side, were in foster home

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settings, with only 8 percent in some type of congregate care. So the good news is they are in a family-like setting. But the surprising data that came forward, at least for me, was that 44 percent of these children were age 0-5 when they entered out-of-home care, and that 36 percent were 6-10. So these are not the teenage population; these are younger children that we are not getting permanency for. Forty-three percent of these children had mental health diagnoses and 36 percent had behavioral issues. So we know there are some mental health and behavioral needs out there for these children. We looked at some of the top barriers with regards to this specific population, and I have them down there. One of the main ones we found were court delays/continuances and legal party issues that cases are taking a long time within the court system. We also felt that in 11 percent of cases that the termination of parental rights was not timely filed; that it was waiting too long in which to go forward with that. Nine percent had case management concerns; 9 percent, the appeal time period. I want to say with regards to the appeal time period, thanks to Justice Inbody and Inspector General Julie Rogers, they have really worked on that issue on the appeal time period. And we do really feel that that issue has been addressed and we will see significant changes in that. The number of case manager changes was also one of the top barriers. So we bring these up because as I go into some of the recommendations in a minute, we do feel these are important and we need to continue with this project so we continue to look at what are the issues that are out there and how do we correct them. Most of you, I've been in my position now for a year, so we've had many changes at the Foster Care Review Office in the past year that I felt were very important to bring forward to this committee, which I think will help as we go. First, we've met all our statutory reports, which is always important. And hopefully we've been more issue-specific. And if you have any specific topics you want researched or want us to be sure to cover, please let us know so that we can make sure and do it. We have spent this past year concentrating on our local board recruitment findings and trainings. We need diversity on our boards statewide. We have 285 local board members across the state and we're working to increase our local board members. We've done trainings during the summer. We're now doing video-based training, Web-based trainings, to help make sure that they're aware of the

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changes in the system. We have in this past year totally revised our data form because we weren't really sure we were collecting all the necessary information. So now we're going to start really looking at concurrent planning and whether or not that's happening. We're going to start looking at the reasons for placement changes. Just saying that there were four or more placement changes for a child doesn't maybe give you the total picture; we need to know the reasons for those changes so we can start tracking that data and taking a look at what is happening there. We also are going to focus more on the educational needs, looking at, as I said, if we're having only a 44 percent graduation rate, we need to know why, and ensure that the system is looking at those educational needs faster. And then also we've revised our barriers to permanency based on that project so that we don't have to go through hundreds of hours every year trying to do this; it should be an ongoing project that is done on each and every case review. We have totally revised our recommendations and finding forms that are used by our local board members for the judicial system so that we can meet the needs of the courts. We now meet monthly, which I think is very positive on IV-E issues. It's a collaborative between the Court Improvement Project, Health and Human Services, and us, where we look at IV-E concerns: why children are not qualified, why maybe a finding wasn't made. Those cases are reviewed every month in a meeting and I think that's very positive so we can raise our IV-E penetration numbers. We are in the process of developing our probation review process, which in our opinion has to look a little different for those youth within probation; so we are working with probation to develop that. Currently, probation is working very diligently to provide us a daily list of youth that are placed in out-of-home care. But at this point it's still a work in progress, so I hope as they go forward with theirs and working with us, we'll be able to report out more information on those probation youth. We've also started working and developing a case file review process for the Bridge to Independence program for the foster care to 21 youth so that we can be able to report out on the data and the IV-E needs on these youth. Internally, we've developed a scanning project; so we've gone green, which I'm very excited, which means I got rid of many, many file cabinets. But that was so we are accessible and that was to get our information. Our court review process we have

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changed because now our goal is to review cases within 30 days of a court hearing so that we are relevant to the court and that information is being used by the courts. And last but not least, of course, was the Barriers to Permanency Project that we're working on. The recommendations: I do have some set out in my testimony; there's also a lot of other recommendations set out in the annual report. Just to highlight a couple that we feel very strongly about is that we need to, as a system, ensure that we're doing functional assessments, looking at the trauma of these children. In many respects, sometimes, the system creates more trauma and we are not adequately doing it. We are strong advocates of structured decision-making and support the department in going forward on that process because that is a very good tool, but we also need to look at some other trauma-based type of assessments. We are all for the effective implementation of alternative response. The only thing we need, I think as a system we need to ensure, is that we have continuous quality improvement process as we do that in the pilot to make sure that we are doing it appropriately and adequately and doing what's needed. In our opinion, the Barriers to Permanency Project needs to continue. We are now ready to go to the other four service areas, do a look at the analysis between the different service areas. But as a system we have learned so much as to what some of the issues are within the system. And last, I'm just going to mirror what Karen had to say, and that's we need to become a data-driven system. We need to have more up-to-date data. If I had my way, I would not be sitting here testifying on data from 2012, I would be testifying on data from 2013, so that we could try to make some faster, more effective changes. Some of the other things that, in our opinion, data would assist with is helping drive our child welfare and juvenile justice system into a performance-based contract system, looking at what services work, what services don't work, what are the outcomes, what outcomes are effective; and that way, you could go in that direction. Right now, we really don't have a data system that can help do that. You have heard me testifying many times on the Foster Care Review Office's inability to query data on N-FOCUS, I mean, so that is still there. But I think the next step that we need to really look at is how we can merge data from N-FOCUS for the child welfare to the probation data, to the court data, to the Foster Care Review Office data, so that we

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can put all those systems together in some type of data warehouse and be able to really tell you more about that individual child. One of the things, too, that I believe a data system would assist in, when you heard me discuss about the Barriers to Permanency Project, you'll notice there were issues in our court systems. We need to have a better ability to really look at what are the issues, are there timely reviews on permanency hearings going. The Court Improvement Project is working very hard and diligently on this, but again, I know some of the computer systems cause issues in being able to do that. But a part of the reason is we're not getting court hearings done. We need to have a better reason as to why so that we can help solve that problem. And the last thing, I think that a data system--and Karen touched on this too--is really to drive the system into the ability to start doing predictive analytics. We should be able to predict, through some of our data, what our needs are going to be in six months and a year and where we need to go to and what the system needs to really look like. And, right now, I do not have the ability with our current data system to be able to get into that realm, so. Thank you for the opportunity to talk about some of these issues and some of the efforts that we're doing to impact children and families in Nebraska, and I'd be happy to answer any questions.

SENATOR CAMPBELL: Senator Krist.

SENATOR KRIST: A couple of things. I'd be curious, and I'm not going to try to inject myself into the data collection process, but I'm very curious as to whether those placements in YRTC as opposed to lesser restrictive, are the availability of placements where judges can put those children into places that are not more restrictive. I think the infrastructure that we--I don't want to sound like a broken record--but the infrastructure we destroyed during the privatization effort has reduced the number of potential placements that we have; and now, dealing with juvenile justice we're finding that the judges don't have any choice in some cases and removing level 5 kids from YRTC could be a move in the direction of evidence-based treatment facilities, which is also education of those kids. So I'd be interested in that, you know, in terms of the data. The

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other thing I'm concerned about is that I'm hearing that the IV-E waiver process that we are working towards and continually refining requires AR; and AR is, in my opinion, from the data that I have received from constituents and from the system, is somewhat unsupervised right now and there's some current concerns about AR. And that is a legitimate, live concern for me that I think needs to be addressed as we speed down the track with AR, so.

KIM HAWEKOTTE: And I would not disagree, and that's why I had said from a systemic view I do feel that alternative response is something we do need to do as a system. But if you're going to do that, you really need to build in, in our opinion, an independent oversight into that to ensure that all parts of the system--because there are many more parts than just HHS at that front door--...

SENATOR KRIST: Right.

KIM HAWEKOTTE: ...that all parts of the system are working appropriately. And, you know, currently the Foster Care Review Office does not have that authority. I mean, we deal with children in out-of-home care. But I do feel there needs to be somebody that does.

SENATOR KRIST: And the main complaint I'm hearing about that is potentially the screening process on the front end of not tracking different criteria, and AR becomes a possibility without that tracking mechanism and without that oversight that may be required for that child in that particular situation, so.

KIM HAWEKOTTE: I think you do need that oversight. To me one of the keys that you need to, as you go forward with alternative response that I know the department is working on, is you have to ensure you have fidelity to your structured decision-making tools and that you're adequately tracking that fidelity to that tool to make the good decisions. Tools are only as good as they are if you use them and track the efficacy to

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the tool. So I think that's what you're getting to, Senator, and I would 100 percent agree that that needs to be part of the process.

SENATOR KRIST: And thank you for all you're doing.

KIM HAWEKOTTE: Thanks.

SENATOR CAMPBELL: Questions? Senator Crawford.

SENATOR CRAWFORD: Thank you, Senator Campbell. And thank you. I had a question just that follows up on that point, but also in terms of the consistency between what we are having today and what we saw earlier. You would need the data and you need the effective tools, but you also need a caseworker to see someone to use those tools and for us to have any data. And so on that front, what I am seeing here today, it talks about the fact that in 2012 there was no documentation for a third of the children within two months prior to FCRO. And then it says...an then what we saw today is that it's greatly improved, which seems inconsistent with the report that said it hadn't really improved. And it (inaudible) to page 27, unless I'm reading it wrong, it looks like it's still only about 60 percent that have that contact.

KIM HAWEKOTTE: And I guess what I need to clarify. That report, the report you're looking at, goes through the end of December 2012; so you're correct, at the end of December 2012 we found that two-thirds had, a third had not had. But in looking at our data, starting already in 2013 and working with HHS, that data has greatly improved, which is not part of this report.

SENATOR CRAWFORD: Which is not in here.

KIM HAWEKOTTE: Not part of that report. But I felt it was important that we understand that is one of the measures that I am very thankful people have gone forward on

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because we know how important that is for these families.

SENATOR CRAWFORD: Um-hum.

KIM HAWEKOTTE: So that's a positive thing I would say, Senator.

SENATOR CRAWFORD: Okay, okay. And I forget what you said that had improved to.

KIM HAWEKOTTE: About 90-95 percent.

SENATOR CRAWFORD: Um, okay. Thank you.

SENATOR CAMPBELL: Senator Cook.

SENATOR COOK: Thank you, Madam Chair; and thank you for your report. I have gotten some recent constituent contact regarding the disproportionate number of particularly African-American and Native children in the system, and I've been trying to flip through the September 13 quarterly update to the Legislature to determine whether or not you've got recommendations to address that issue, I mean.

KIM HAWEKOTTE: I don't know if we would have necessarily within that report.

SENATOR COOK: Okay. Do you have anywhere, or is there some sort of plan in place or ideas about how to address that issue?

KIM HAWEKOTTE: I don't believe there is a current plan in place. I do believe that is something we do need to work on in figuring out. I think we need to do a better analysis as to why: Are there poverty issues and neglect issues, or was there some other reason why? One thing we had talked about doing within the Barriers to Permanency Project because of that disproportionate minority overrepresentation was to take a look at that

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47 percent of black children and take a look at what were their reasons that they entered care, you know. Were they neglect issues, was it parent substance abuse issues? And then see what were the other things. So now that we have the Barriers to Permanency Project and we know who those children are, we now can concentrate on that population and try to come up with some recommendations; but I don't have them right now, Senator.

SENATOR COOK: All right. Thank you.

SENATOR CAMPBELL: Senator Howard.

SENATOR HOWARD: Thank you, Madam Chair. You monitor case manager contact, but do you monitor whether or not it's the same case manager who's performing the contact?

KIM HAWEKOTTE: Indirectly, yes, because what we will look at, whether or not there were case manager changes. Now what we do not monitor is if there was a substitute case manager that did the visit for that month. I do not have that, Senator.

SENATOR HOWARD: Okay. Thank you.

SENATOR CAMPBELL: Other questions?

SENATOR KRIST: Just a comment. It should be noted, and I think it will reflect in the data coming in 2013, implementation of LB561 stole a lot of case management because they were hired to be probation officers, because they came from that (inaudible). So we're going to see that ebb and flow as we go through that. So I guess to suggest a course of action, it would be interesting if we could take the data that we're going to see in '13 and attribute it to something, whether it's a case manager died or the case manager quit for other reasons to take another job, or case manager left for a better

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position someplace. Because that kind of data is going to teach us what we potentially need to pay people and how we need to train people to afford the continuity, in my mind. Would you want to comment on that?

KIM HAWEKOTTE: No, and I would not disagree. I mean, I think that should be part of the analysis as to...and hopefully, the workforce committee of the Children's Commission will be looking at that and looking at the reasons people leave this profession--and I do consider it a profession; I'm not sure it's always been treated as one but it is a profession--why they are leaving and their reasons for leaving. So no, I would agree that that is very relevant.

SENATOR KRIST: Thanks, Kim.

SENATOR CAMPBELL: One of the questions, Kim, that you and I continue to talk about is when we see a child that has been removed and then goes back home and then is removed again. And I have to say, from your quarterly reports and as we've watched this, I'm becoming more concerned about that issue. Do you want to comment on that?

KIM HAWEKOTTE: Well, no. And we are too, especially since that 39 percent of the children have had more than one removal. We know that number has been consistent for the last four or five years. One thing we were just discussing--we have a quarterly report due to you March 1--is if we take that September report and look at some current data and see if there's been any improvement in that area, if there's not been improvement in that area, and try to hone in on what some of the reasons are.

SENATOR CAMPBELL: Have we looked at a system for some special attention, programming, or whatever, to the parents or that family when there is a second removal? In other words, are we targeting to see what's really caused this second removal and what do we need to do? And that's a question that I think comes to my mind.

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KIM HAWEKOTTE: Well, and that is one of the changes that we are doing on our data form, too, because on our data form we would track the reason for removal on the first removal, the initial removal, but not always the second or third removal. And I think we have to track what are the reasons for the second and third removal. Was it the same reason? Was it a different reason? Did something else happen to that family that wasn't anticipated? If you don't know that, you don't know, were we not successful the first time, that we needed some different services; or no, we were successful but something else happened to intervene and that nobody could have anticipated.

SENATOR CAMPBELL: Because, you know...and I think so many people agree with the concept of AR because we're going to try to get those families before they get entrenched in the system. I think we all understand that. But I worry, at times, that we're going to put the emphasis there, and are we really thinking about those children who are going through another trauma? I mean, I can't imagine being removed and then being removed again or a third time. I mean, we're just multiplying the effects of that trauma.

KIM HAWEKOTTE: Right. And I would agree, Senator.

SENATOR CAMPBELL: Okay. Any other questions or comments? As always, great report. Good to talk to you.

KIM HAWEKOTTE: Thank you.

SENATOR CAMPBELL: Thanks. We'll look forward to March 1.

KIM HAWEKOTTE: More.

SENATOR CAMPBELL: And probably for all of us sitting here, for more reasons than

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one. (Laughter) Okay, our next presenter of their annual report is Julie Rogers. And Julie serves as the Nebraska Inspector General of Child Welfare. Good afternoon.

JULIE ROGERS: (Exhibits 5 and 6) Good afternoon.

SENATOR CAMPBELL: We did suggest to Julie that she re-bring some of the copies, because she met the letter of the law and the spirit by an early report; so we thought maybe we should provide another copy for those of us who have difficulty finding things on the piles on our desk. So go right ahead, Julie.

JULIE ROGERS: Okay. My name is Julie Rogers, J-u-l-i-e R-o-g-e-r-s. I'm the Inspector General of Nebraska Child Welfare. Thank you for inviting my testimony. The Office of Inspector General of Nebraska Child Welfare was created to provide increased accountability and oversight of Nebraska's child welfare system, including any public or private individual or agencies serving children in the state's care. The office within the Ombudsman's Office of the Legislature investigates (1) death or serious injury of a child in the state's care, and (2) complaints of wrongdoing to children and families being served by or through Health and Human Services, licensed day cares, or private entities. The office provides accountability and oversight of Nebraska's child welfare system by tracking issues and themes. The office came into being upon my appointment during the summer of 2012. The office has received complaints, incidents, and concerns about caseworkers, probation officers, law enforcement, attorneys, including juvenile defense, guardians ad litem, and county attorneys, judges, foster parents, family support workers, service providers, juvenile detention centers, licensed day cares, both in-home and center-based day cares, and each division within the Department of Health and Human Services, with the exception of the Division of Veterans Homes. Most DHHS concerns relate to the Division of Children and Family Services, which includes ongoing case management, initial assessment units, the child abuse and neglect hotline, and the youth rehabilitation and treatment centers. The Office of Inspector General has no jurisdiction to formally investigate many complaints

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received, such as those specifically concerning the judicial branch, attorneys, judges, and probation. Issues arise, though, from such complaints related to the child welfare system overall. Now onto my report that you have. While there are many issues to be found and improvements to be made in the child welfare system, the qualitative information collected during the first year reveal various issues of note to the office. You can go to page 14 for details. The first one is workforce quality and retention. Caseworker turnover continues to be a problem. The lower number of different caseworkers assigned to a case, the higher the rate of success for children and families. There needs to be a dramatic increase in the retention of caseworkers in every area of the state. There's an expectation of outcomes improved for families in the child welfare system. In addition, caseloads have been too high. The 2012 Legislature enacted caseload requirements into law, needing to be met by September 1, 2012. Though improving, caseload requirements have yet to be met across the state. Professionals working with children and families need to receive quality training, the right amount of training, and ongoing training, while utilizing tools and models learned with fidelity and quality assurance. The next issue: development disabilities and cognitive functioning needs in youth. There's a gap in services for system-involved kids needing habilitative care or functional skills but that do not qualify for the full array of developmental disability services provided through the Division of Developmental Disabilities. Some youth in the child welfare system have a developmental issue or cognitive impairment and there is little to no recognition of that cognitive impairment in the services they are receiving. This often results in serious acting-out behavior on the part of the youth. Because they lack the tools to function well in the community, they don't know how to get the tools to function well and they are simply expected to function and follow the rules. They are then in and out of multiple placements, the wrong services being given, failure at several programs, and/or ultimately incarceration. If the youth's functioning is not quite low enough, the system assumes that these individuals either need mental health therapy, they need programming to change their thinking, or they need to be held accountable. Intellectual impairments themselves do not go away, but such youth can be served by recognizing the individual's strengths and assess the

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individual's needs. Understanding is lacking for dealing with cognitively impaired youth that are system-involved. Addressing this issue ideally would require a coordinated effort between the Division of Developmental Disabilities and the Division of Children and Family Services for children who currently fall short of criteria for DD services but could clearly benefit from habilitative care, including a formalized process within the child welfare system that provides for the individual needs of the child and functionally assesses the cognitively impaired youth's needs, identifies the youth's strengths, and utilizes the state's resources to resolve those needs by building on the strengths.

Thirdly: Serving high-risk, high-needs children and youth. Children who have disorders or behaviors from trauma are not well comprehended by the mental healthcare system along with the child welfare system. The result is that a significant number of children get placed in and out of a myriad of placements with little success. They might complete a high-level program well, and kicked out of the next placement for bad behaviors, such as aggressiveness, self-harming, not following the rules and the like, or sent to the wrong type of program, one that is inappropriate in addressing the individual child's needs. A standard menu of services are provided to these high-risk, high-needs youth which are often ineffective. Best practices in trauma-informed care require creative solutions at the frontline level, which address the specific needs, interests, and challenges of the individual being served.

Fourth: Building service capacity across the state. Children and Family Services contracts out many services provided in child welfare cases, including family support, monitoring, visitation, supervision, intensive family preservation, therapy, foster care, and the like. The attempt at statewide privatization caused the decimation of services, especially in the rural parts of the state. This service capacity is still being rebuilt. The system should encourage the creation of quality professional child welfare services in all parts of the state. There is anecdotal disagreement between Children and Family Services and service providers about whether private entities are making money on contracts with the state, are able to break even in providing services, or whether private or nonprofits are having to subsidize services. Solving this issue would build trust between the Children and Family Services and service providers, helping with insisting both quality of services and the building of

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services capacity statewide. In addition, as the 2012 study of Nebraska's child welfare system pointed out, while dollars were involved in all cases, dollars did not represent only costs. Service provider capacity has been lost and the sheer level of upheaval has eroded a substantial amount of trust among agencies. This bears out from talking with individual agency leaders providing services across Nebraska. Next: System issues related to juvenile court--attorneys and delays. The most difficult cases in child welfare do not get decided in team meetings or in mediation or the like, but rather, argued by represented parties in juvenile court by and through licensed attorneys. There is frustration by individual parties that their attorney or guardian ad litem is not doing their job. Additional inquiry usually leads to the situation where the attorney or guardian ad litem is not very engaged in their client's case. They are not necessarily doing anything that improper. Their clients might feel that they are not engaged in trying to help them with their case. Individual cases out of Douglas County have come to the attention of the office; and, upon further inquiry, the biggest systems issue is that even though, for example, a motion has been filed by one of the parties, because of full dockets or other issues it may not be heard for months. In some situations, hearings on an issue cannot be heard in a timely manner and the hearing is set for different days, months apart. This causes delays in permanency. By the time a motion is heard in the case of a six-month-old, for example, waiting six months to hear a motion is half of that child's life. While a decision on appeal is pending, the juvenile court case is on hold while a case is being decided at the Court of Appeals. This often impacts children and families because they are waiting on a decision before permanency or other impactful decisions can be reached. Nebraska statutes provide "Any final order or judgment entered by a juvenile court may be appealed to the Court of appeals in the same manner as an appeal from the district court to the Court of Appeals. The appellate court shall conduct its review in an expedited manner and shall render the judgment and write its opinion, if any, as speedily as possible." All parties do their duties, properly representing their client's interests. Appeals are proper. There are many factors to thoroughly weigh and consider in cases on appeal from juvenile court. It is the delay in issuing decisions that is hard on children and families. Since the report came out and this issue was brought to light, of

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the Court of Appeals, Judge Inbody reached out and he has worked with the Court Improvement Project to get data on timeliness of appeals quarterly. So he has been very proactive at problem solving. Next: How individuals in the system treat people, build trust, and engage families. Complainants often feel scared, threatened, and disrespected by parties in the system. Families entering the system are typically in a high state of stress. This might be due to domestic violence, substance abuse, poverty, mental illness, and they might lack the skills to handle that stress well. Entering the child welfare system, whether it is a Children and Family Services investigation, ongoing case management, or services provided, like family support or supervised visits or drop-in visits, increase a party's stress level significantly. Under such circumstances, some do not exhibit good interpersonal behaviors. In addition, any threats or perceived threats do not change thinking of circumstances that brought the family to the attention of the child welfare system in the first place. Good caseworkers and family support workers model interpersonal behaviors and apply creative problem-solving to individual cases. As the system stabilizes and improves, agencies could implement mentoring programs as a way to gain skills to help these individuals be engaged. Trust should not only be built when engaging individual families and kids in the system but also at top levels of administration. Now on to activities, current issues, and future projects of the office. Currently, the Office of Inspector General is involved in several child welfare-related efforts. I'm a member of the Nebraska Children's Commission, the Maternal and Child Death Review Team, the Nebraska Supreme Court's Commission on Children in the Courts, the Statewide Juvenile Detention Alternatives Initiative, the Barriers to Permanency Project, and the workforce development committee of the Children's Commission. It is my intent to serve as an active member of such initiatives to problem solve and improve child welfare in Nebraska. Since the annual report was issued, parts of LB561, or the transfer of case management of (3)(b) and OJS wards to the supervision of Probation, began significantly October 1. Since that time, I have noticed a definite decrease in critical incident reports from the Division of Children and Family Services. Of the 294 critical incidents reviewed in the first year of the office, about two-thirds were either OJS youth or (3)(b)-related youth. In the last three months

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of 2013, the office received about ten fewer critical incidents per month and it is expected that the number will continue to decrease as the whole population is transferred. The whole OJS and (3)(b) population is transferred to Probation supervision by June 30. I have worked with Probation administration in developing a similar tool to report incidents to my office. The office plans to complete or begin several special projects to improve Nebraska's child welfare system. This...there's more details on page 20 of the report. These include developing a Nebraska child welfare code of ethics; improving the engagement of attorneys operating in juvenile court, especially guardians ad litem, prosecutors, and juvenile defense attorneys; workforce development, audit training of professionals and survey caseworkers on their needs; taking a look at system-involved youth with multiple placement history, specifically those that go to YRTCs; and ascertain the fidelity to the structured decision-making model of assessment at all points in the system. Director Pristow and I met shortly after the report came out. And I...one of the positives I see with Children and Family Services is the continuous quality improvement process. It's certainly very important and a very positive step in improving child welfare in Nebraska. Finally, I recognize that there are fewer court-involved families in our system, and that is a very positive step. But we cannot become shortsighted in focusing only on these numbers. Each case represents a unique child who may be in need or danger. Simply closing a case or failing to open one is not in itself a victory, not if that family needs further help. If caseworkers don't have the tools to do their jobs well, if we don't build a service system that effectively treats high-needs youth, if we don't see that families are consistently represented in court, then our child welfare system fails. When our tax dollars are spent intervening in the lives of families, we need to be confident that we're improving their chances at real success. I also realize that absent from my comments are calls for further large-scale alterations in the systems already in place. Much attention has been put into major reforms in the recent years. It's time to focus on the basics: raising expectations for all the players and putting measures in place to see that those expectations are consistently met. Thank you.

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SENATOR CAMPBELL: Thanks, Julie. Questions or comments from the senators?
Senator Gloor.

SENATOR GLOOR: Thank you. And thanks for your hard work again. We're fortunate to have you in place. We're fortunate to have the position and we're fortunate to have you, Julie.

JULIE ROGERS: Thank you.

SENATOR GLOOR: A mantra for this committee, I think Senator Campbell gave us, or for this process, was "case management, case coordination, and service provision." Those three kind of boxes were where we tried to begin to unravel some of the challenges we have. Are we...this is a very general question but I'm looking at this at the 30,000-foot level. Are we making progress in each of those three boxes?

JULIE ROGERS: I think we are. I think...and it is slow and steady progress.

SENATOR GLOOR: But it is progress.

JULIE ROGERS: It is.

SENATOR GLOOR: For both or for all three: case coordination, case management, and service provision.

JULIE ROGERS: Now...but I came in...just remember, I came in at a time after you all had done your good work on LR37, when...

SENATOR GLOOR: You are being very generous (inaudible).

JULIE ROGERS: Well, when...but there were lots of...it was right as the reform was

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happening. And so when I've sat in, for example, on the continuous quality improvement that Children and Family Services Division has every month, and look at...some of the goals just aren't met. Statutory obligation: not met. But every month seems to get better on most measures.

SENATOR GLOOR: Okay. Thank you.

SENATOR CAMPBELL: Other questions or comments? Senator Cook.

SENATOR COOK: Thank you, Madam Chair. And thank you to my fellow mouth-breather today, or one of. One of many.

JULIE ROGERS: Yeah, sorry.

SENATOR COOK: I have a question related to the section about developmental disabilities.

JULIE ROGERS: Yes.

SENATOR COOK: And I need some education. If I had a child that required part...let's say she required the full array.

JULIE ROGERS: Okay.

SENATOR COOK: Does this sentence mean that she couldn't get any part of the array, kind of under our current...the current way we're funding things?

JULIE ROGERS: Okay, tell me where you're looking.

SENATOR COOK: I know, and they're not paginated. Or maybe I just can't see. One,

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there's the top page, and then it goes to the second page and the first sentence reads:
There is a gap in services for system-involved...

JULIE ROGERS: Yes. Okay. Yes, so I am thinking of a case where a child goes through the abuse and neglect system very, very young, and there was a severe abuse or neglect. Is adopted. Starts acting out. Goes through several placements, including the YRTC. And by the time I get involved or the complaint comes to my attention, it is obvious, maybe, that the child has a cognitive impairment. And so this child has been through lots of placements. He's starting to act out. He does not necessarily need the full array of DD services nor would he qualify, but he does need that life skills training and functioning training, for example.

SENATOR COOK: All right.

JULIE ROGERS: I don't know if I'm answering your question.

SENATOR COOK: Well, I guess I'm...this is kind of part of my education on DD services as they are experienced through our post-LR37 work, so thank you. That helps...every little bit helps.

JULIE ROGERS: Okay.

SENATOR CAMPBELL: Senator Krist.

SENATOR KRIST: To your point, I think it's important that, you know, again, going back to the foundations and the people who have been in this business making progress for over three decades, the MacArthur Foundation, Annie E. Casey, the recommendation is the MACI test is given almost immediately upon any introduction into a situation where liberty is at stake for a child. What that means is that you know before you start that critical chain of following, that the person has DD issues, because the test tells you

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they're below 70 IQ; they have this, they have this, they have this, not to label the child but to qualify the child for services that they need. When we have kids that are in the system, particularly in the YRTC, who don't have nearly a 70 IQ, and they've gotten to this point because they have behavioral issues and/or they are DD and they've fallen down that hole, that rabbit hole. And the only way to qualify them again is to bring them back up.

SENATOR COOK: Okay.

SENATOR KRIST: So they may not necessarily be qualified...and I'm spouting off here, but I want you to comment on it. They may not be qualified for all the array of services and they certainly would be a waste of money to get those services, but some services...

SENATOR COOK: Right.

SENATOR KRIST: ...should be qualified for and we should pay attention to the rudimentary problem. And if we know the evidence-based treatment that it takes to get them to the next level, then they don't go from the playpen to the state pen.

SENATOR COOK: Um-hum. Oooh, that's (inaudible). Thank you.

JULIE ROGERS: And someone can correct me if I'm wrong, but if you qualify for DD services, you qualify for anything that you need, the whole array. It's sort of all or nothing.

SENATOR COOK: Oh, okay.

SENATOR KRIST: Not necessarily that you get them but you qualify.

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JULIE ROGERS: No, no. But you qualify.

SENATOR COOK: Okay, thank you for that clarification, because I'm learning.

JULIE ROGERS: But some don't need, especially in the child welfare system (inaudible) recognize those issues.

SENATOR COOK: Thank you.

SENATOR CAMPBELL: But we've also seen that you have...children are youth in probably a youth situation where they don't meet that definition but they're close to it...

JULIE ROGERS: Yes.

SENATOR CAMPBELL: ...and we really have problems with that, I think, in the state. It's...you know, they just don't quite fit anybody's silo, so they don't fit anywhere.

JULIE ROGERS: Yes.

SENATOR CAMPBELL: And they're...it escalates for them until we're having a hearing...and certainly many in this room were not at that hearing because it dealt with adults, but we were listening to high-need adults that again should have some services but they don't qualify in a specific box.

JULIE ROGERS: Yes. And it could be as easy as training competent caseworkers to recognize these issues and get them assessed and...I mean, from that all the way to DD services.

SENATOR CAMPBELL: Right. Julie, I noted in the report that you are working with the juvenile probation folks to come up with an incident form...

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JULIE ROGERS: Yes.

SENATOR CAMPBELL: ...because a lot of your cases dealt with that.

JULIE ROGERS: Yes, they have. So with the change in LB561, I no longer...I mean, since OJS is going away, all transitioning out by the end of June. I do have jurisdiction over any service provider that's working with Probation, but...so we just need to come up with a way of letting me know what those issues are. And I've met with Probation to try and do that. I just...there's...the number of critical incidents from Probation does not equal what I have gotten from OJS in the past.

SENATOR CAMPBELL: Right. And what was the largest incident of the problem there of the incidents that came before you, if you could generalize?

JULIE ROGERS: I would say a suicide or attempted suicide and things that get reported in the paper that names a child in OJS custody or who has been in juvenile court, so they're getting...they have law violations, that sort of thing.

SENATOR CAMPBELL: So again, we're looking at a youth rather than child, but a youth who has really gone through a lot of problems and finally escalates to that point.

JULIE ROGERS: Yes. And then by the time it hits the papers, it seems like then they're being filed on in adult court instead of juvenile.

SENATOR CAMPBELL: Right. I would just like to comment, and you don't have to comment on this. This is my comment on it. The statute also requires that the Inspector General report on a regular basis in (inaudible) almost with the Chair of the Health and Human Services. And we can discuss some generalized cases if she feels that that needs to warrant my attention. And I do want my colleagues to know that I have a

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significant worry about the office, and only because so much is being assigned to Julie. And what we thought...you know, people said, what will this person do, you know? This person has ended up doing far more than we ever expected, and I am committed to adding some people to you to ensure that we don't burn a very capable person out, because more and more and more is being reported to you, which is a good...which is very good for children. So I just want you to know that I want my colleagues to know that we may need to make that commitment and visiting with the Appropriations Committee.

JULIE ROGERS: Thank you.

SENATOR CAMPBELL: Senator Krist.

SENATOR KRIST: To add to that, you are going to see more with the cleanup in LB561, and we've talked about it. You've talked to Jen Piatt in Senator Ashford's office. When we change the direct filing law, you're going to see more juveniles filed in juvenile court rather than adult court, which is going to add to your plate. And there's also a move within the cleanup bill on LB464 to put an adult IG alongside of you. Because as we all know, you go juvenile and you get filed on in juvenile and it is referred to the adult court system. There is that overlap that you well understand from your past history that could be shared. So I think together, the marriage between or the, at least, the courtship between Health and Human Services and the Judiciary Committee on a bunch of these issues is going, I think, to help. I am also committed, as Senator Campbell said, to make sure that we don't burn you out, because I know your workload. Thank you for what you do.

JULIE ROGERS: Thank you.

SENATOR CAMPBELL: Thanks a lot, Julie.

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JULIE ROGERS: Thank you.

SENATOR CAMPBELL: Our next presenter this afternoon is Thomas Pristow, who is the director of Children and Family Services. Good afternoon.

THOMAS PRISTOW: (Exhibit 7) Good afternoon, Senator, members of the committee. My name is Thomas Pristow, T-h-o-m-a-s P-r-i-s-t-o-w. I'm the director of Children and Family Services for the Department of Health and Human Services. I'm going to start with my comments about an update of current activities. You're getting the material that I'm going to be talking about in your handouts. In this past October of '13, we were notified that our IV-E waiver application was approved by the federal government along with the capped allotment of \$153 million over five years. The terms and conditions was for the implementation of alternative response and results-based accountability. So I'm going to talk about alternative response first, as Karen Authier and Kim and Julie all have talked about. As you know, alternative response is a different protocol to allow us to engage families in a more familiar way instead of using a traditional investigation. We've been working through this alternative response protocol probably for about 14-15 months working with our community partners, our providers, our collaborators, our other system partners in order to find the best pathway and system to make this work. As we went through the IV-E waiver protocol and got approved, we started gearing up for implementation. Part of that implementation is determining how to pilot it. We obviously weren't going to statewide. We picked five counties and we used some demographic characteristics such as child abuse and neglect rates, poverty, county size, re-referrals, and the ability of that particular county to have an appropriate service level to address the services that are going to be needed there. The five counties that were selected was Scotts Bluff, Lancaster, Hall, Dodge, and Sarpy. Part of the alternative response protocol requires a legislative change, and we've been working with Senator Coash over the past year to facilitate that process. We are looking for an October 2014 implementation date. We have an independent evaluator both with the federal government and with the University of Nebraska that we are contracting with to look at

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this across the board. We are also...we don't have a time frame either for adding different counties. We want to do this slowly, take baby steps, and make sure that when we do add counties, we have the right resource capacity and we have the right teams in place to make this happen and be successful. We don't want to hurry this. We want to take our time. So that's our process for alternative response. I've testified before on results-based accountability. That's also part of the IV-E waiver application that we got approved. We've been on track to do results-based accountability for about 19 months now. We've been working with the community providers on defining what that's all about and setting up an accountability system so that we can make our system better, and it's not about...this process is not about finding fault but it's about getting providers to move together with us so that we can provide the best services to our children and families. We have training beginning in February. We have...part of the RBA is also a Web-based tracking system that all the providers will have so they can look and see at any particular point in time where they are with their own particular performance outcomes and indicators. We are doing training with all our providers in February and March to bring them up to speed for this Web-based protocol. In fact, tomorrow, I'll be doing a demonstration with CAFCON with this Web-based system to the CAFCON members. We are continually going through the performance measures that we work with our community providers, our agency-supported foster care providers, so that we keep tweaking that as we go along to make sure we have the right indicators, we're measuring the right things. The important thing to remember is that as we kick this off we are not...it's not made in stone. We want to continually look at how we're doing this, how we're updating our protocols, making sure we have the right indicators, we have the performance measures, so that we're measuring the right things so we can really tell how much did we do, how well did we do it, is anyone better off. Those are the three big questions we want to make sure that we can hit or get answers to. At this point in time, we are looking at April, this coming April, to begin the implementation with the agency-supported foster care providers to begin the results-based accountability. Our contracts: We have contracts with our providers and we have extensions up through this March 31. We are working with our providers right now, in fact. We have about 75

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providers out in Kearney meeting with Deputy Director Maca and her folks to redefine the contract and make sure that we have all the provisions in there that we need to have and that we work together collaboratively to ensure that the contracts are clean and clear and that we are not missing anything. We have...like I said, they're meeting in Kearney today. We have another meeting at the end of January in Lincoln, and we have a third meeting, if necessary, in February for contractors if we still need that to make sure our contract language is clear and clean. Foster care reimbursement: The original Foster Care Rate Reimbursement Committee last year adopted the USDA rate for what it takes to raise a child in the United States. We've been working with the commission and with the Foster Care Rate Committee, and with providers to implement those new rates July 1. This is something that we and my team are working on weekly, not monthly or bimonthly. This is a highest priority to make sure that we have the level of care assessment and the tool recommendations in place and that we have the definitions correct and we have their correct rates with the correct level of service that we want to pay our foster parents for what we ask them to do. Again, I want to stress that this is not a set in stone process. We work with our providers, we work with our constituents, with our foster parents, to make sure that as we go along we establish a protocol and we test it. We want to make sure it's right. We want to take the time and do this right, and we're on the right track to do that. Part of the process that we're going through also is how do we pay our providers who pay foster parents. When we got the IV-E waiver, when we were approved for the IV-E waiver, part of the requirements that we were tasked with by the federal government was to change how we do documentation for what the providers pay to foster parents. Previously, what we did was we bundled our dollars and gave it to the providers, and they then passed it out for services and maintenance and administrative fees. The federal government is now requiring us to do what is called source documentation where we have to make sure that we have the checks that are cut to the foster parents for the services that are provided, whatever they may be, and that we can tie them out at the end of the day so that we can do the appropriate IV-E claiming. If we don't do that, we're not going to be able to claim the IV-E dollars, and those IV-E dollars are lost. I'm very happy to say that we're working very closely with

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our providers. They're all on board with trying to make this work and to get the right process together to make this work so that we can do the source documentation. But it's new; they've never had to do this before. My team...again this is not a monthly or a bimonthly issue. This is a daily issue that we're working with providers. And again, tomorrow, when I meet with CAFCON, we'll be talking more to them about how we're going to do this, how we're working to make this happen. Our billing process has changed. We've been able to go electronically. A pilot was done with our childcare providers statewide last year. That was very successful, and we're working through this next year to be able to do our billing documents with a bar code scanning process that will make it much easier for billing to be accomplished with our providers. We recently held...this past December 5 we held a proposed new regulation hearing on the Bridge to Independence Program; that was LB216. The hearing was held at our office building. And again, the regulations looked at eligibility requirements, services and supports, termination and reentry, administrative appeals grounds and processes for how we do the program. That is well on the way of going through the approval process to be ready for when LB216 goes live. We are waiting to hear from ACF, our federal partners, on whether or not the IV-E is approved for LB216 or not. That's still out there. Once that gets approved or not approved, we have 60 days to implement; and we are working on our end to make sure we have the staffing and protocols in place to make that happen. Karen at the Children's Commission talked about the system of care grant from SAMHSA to talk about what are the services we need statewide for a system of care to make our...to cover all the gaps in our system of care. And that's done through Behavioral Health, and Children and Family Services is working with Behavioral Health to do that system of care along with our community partners. And again, this is just a planning grant. It's not an implementation grant so we're just trying to figure out what's what with this. And then depending on how that plays out, we will decide whether or not to apply for an implementation grant after that. I'm very happy to announce that the number of state wards in Nebraska is safely declining as others have noted here today. On January 2, 2014, there were 1,273 fewer state wards in the child welfare system than in March 2012. That's a safe decline of 20 percent and that's a net decline of 20

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percent fewer kids in our system. And great kudos goes to the Protection and Safety folks and their community partners in doing that and making sure that the children that are coming into our system are the appropriate children to be in, and that we're not further traumatizing children by bringing in kids who shouldn't be coming into our system. The state has also, for the first time, on our federal measure of placement of stability is meeting our federal measure. Three of the six federal measures are on stability, permanency, and timeliness of adoption; and we're very close to meeting the CFSR requirements for absence of maltreatment in foster care and absence of maltreatment recurrence. So these are federal indicators and we...it took a while, but as Julie Rogers has said, every month we're having a steady increase in our ability to improve. And we're not doing it sharply; we're doing it steadily. The trend is very positive. This past October, we were meeting the monthly casework visitation requirement of 90 percent. In fact, we were at 95 percent on monthly meetings of all our kids in care. Ninety-five percent. A year ago, I think it was...not a year ago; in 2008, we were at 40 percent. So it's a significant improvement that the workers and the supervisors and administrators out in the field have done to make this work. Family team meetings, which is a cornerstone of best practice, are being held once every 90 days in 93 percent of our cases across the state. Some areas of attention that we are paying very close attention to over this coming year. LB561 is being implemented and as our caseloads decrease we are also decreasing staff, but we also have to make sure that that balance is there, so that the kids that are not yet out of our system, we have enough staff to give them the services they need. So it's a very tight balancing act that my deputies are doing right now. But we're working very closely with Probation to make sure that that type of transition is working cleanly and clearly and very successfully. We're also working with Probation to assist them if they would like to apply for IV-E and doing what we need to do to help them along with that process. Another area of attention was that we were given notice from our federal partners in Kansas City, and I testified on this before on a number of different occasions, that based on part of the reform issue of the privatization reform, that we were going to be going...we were going to have some disallowances come up. We had one disallowance in 2010 that we

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already paid for; but there was 2011 and 2012 coming up that we were going to have to be accountable for. That is coming now and we are working within the department to make sure that as we get this disallowances in, the federal government is allowing us a period of time to go back and claim appropriately on this disallowances so that that amount of dollars can be reduced, and that's what we're working on right now. I mentioned earlier that the Title IV-E maintenance source documentation is a brand-new issue for our providers and that it's an area...I put it under an area of attention because it's so new that we are paying weekly attention to those to make sure that the providers have enough technical assistance and resources to make this happen. This is not an option of "if" we do it. We have to be able to do this correctly and well and successfully, and we have to work with our partners to do this. We're also working with NFC very closely with them. When they submitted their cost allocation plan to the federal government, they had to get an approval of their cost allocation plans so they can be Title IV-E appropriate. And we're waiting for the federal government now at this point to rule on that, and they have not yet given us any information about NFC's plan. When we do get that, if there are strategies that we need to work with the federal government with, and with NFC, we will sit down with them and work with them to make this happen. We want to be able to claim...and I know David is very interested and so am I, about making sure that we can claim all we can possibly claim with NFC, as soon as we can. So making that partnership work is very important to me and to David. Some future activities: The IV-E waiver implementation, the five years, we are looking, you know, to implement this coming spring. The RBA--results-based accountability--and alternative response implementation is a very big deal. We want to make sure that's smooth and it's done right. We're not so worried about hitting strict dates as we are about doing it correctly and appropriately. We don't want to, for the sake of hurrying up, do it incorrectly or not well. We are absolutely focused on our CQI and our data improvement. We've done yeoman's work in making that come along over the past year. The reports that we've submitted to you over the past interim is a handout to you, and they are summarized, and I would be happy to answer any questions you may have at this point.

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SENATOR CAMPBELL: Okay. Questions? Senator Krist.

SENATOR KRIST: Your OJS, and particularly Tony Green, needs to be complimented for the kind of cooperation that's gone on between he and Probation. It's been exemplary and I think you should take that back: Tony has been amazing in terms of working through some of the problems and the process, and I compliment them. I have a suggestion for you and for the rest of the department. We've made some moves in the past as it applies to LR37, LB561, and other initiatives, where we are looking at a judicial district and a DHHS service area as being common, because we all know what works in Scottsbluff doesn't work in Omaha. At least, that's what we've been told and we believe. We are all drinking that Kool-aid. So in each part of the state we may have some differences. Aligning the judicial district and the service areas was something that I think has worked relatively well when we tie in juvenile justice and all our kid issues. My suggestion is, when you do your pilot programs, you also align in that way. You have Sarpy County, which is actually part of the Second Judicial District, and they have a JDI initiative that's going on, which ties in very closely with some of the things that you're doing. Douglas County being the Fourth Judicial District is its own and it has some amazing projects that are in place there now including a reentry program for both juveniles and for adults, which ties in as well. I guess so if you could take a look at aligning the way we have judicial service areas along with some of these pilot projects, because I think it makes more sense. There's 93 counties and Banner has to get some help from other places around to get things done, and a judicial district means you have those juvenile judges and those people that are also in that support structure. My suggestion. Thank you.

THOMAS PRISTOW: Thank you.

SENATOR CAMPBELL: We only made one mistake when we put that into the statute. We said judicial district; we didn't say district, or was it county? And so the department

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worked with the judicial system and got it worked out, and I really appreciate that. But we didn't even think about that when we put it in legislation, that there are differences to judicial districts. So we learned a lesson at that point. Other questions or comments?
Senator Gloor.

SENATOR GLOOR: Thank you, Senator Campbell. Thank you, Thomas. I want to talk a little bit about specifics related to turnover. Did we ever standardize how we determine caseload size?

THOMAS PRISTOW: Yes, and...

SENATOR GLOOR: That was a big issue for us.

THOMAS PRISTOW: Yes, we did. And we were well on our way to getting the 1-16 and 1-17 caseload size as mandated by the Legislature. When we started into the LB561 transferring and reducing of staff, that's kind of skewed our numbers and we're not hitting that standard right now, but we...I mean, that will play out as June 30 gets here and our caseloads are stabilized because we will no longer have OJS and (3)(b).

SENATOR GLOOR: The next question has to do with training for staff. Sometimes--my experience--sometimes the way to stabilize turnover is to invest in some training. Not a lot of money involved in that but it seems to send a message to staff that they're important, that you're willing to invest in them for the long haul, and the most obvious one is if the training is geared towards areas that are a struggle for them or a challenge for them, it takes care of some of the problems. Turnover, you know, as you're well aware, is a problem from a lot of fronts but one is it takes a long time to get somebody trained as a replacement. And so sometimes you're not only just taking a step backwards in terms of warm bodies, you're taking a step backwards in terms of the time it takes for that warm body to be effective in what they want to do. And so do we have a policy when it comes to training for case workers?

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THOMAS PRISTOW: Actually, Senator, we do. And I just want to comment, this year, sometime this spring and every year thereafter we're going to be holding a two-day conference. This year it's going to be for all supervisors statewide. They're going to come into Lincoln, we're going to do a two-day conference, a two-day training with them. Next year it's going to be for all administrators; the following year it will be supervisors. So every other year they will get that two-day, in-depth, everybody coming into Lincoln.

SENATOR GLOOR: Is this new or in lieu of some of the training we did in the past?

THOMAS PRISTOW: No, no, it's new. It's new. It's something we felt that as we were trying to design how we wanted to develop relationships and make sure everyone gets the same message, the best way to do it is you bring them all together. And they used to do that in the past, the state used to do that in the past, and then we stopped, and my deputies and I thought it would be a great idea to bring that back again. And the amount of money it costs...the amount of good we get from doing that far outweighs the amount of money it costs for a two-day training here in Lincoln when we bring people in like that; so we're very much looking forward to doing that. We're setting up the training curriculum now. Additionally, we are using our electronic...we're trying to get into the twenty-first century a little bit more, so we have a training class now of case managers that are getting laptops so we're not killing a million trees when we have to do all the policy manuals. So we're streamlining our training. We've refocused our training. We're working with CCFL and making sure that we're doing the best training possible and that we're getting an outcome out of it that is replicable and that our turnover...the outcome we're looking for is low turnover rate; and the better we do in the training, our turnover rate will be lower. So we're trying some things. We're going to see if they work. If they don't work, we'll tweak it, and if they do work, we'll keep it.

SENATOR GLOOR: Okay. Thank you. That's a good update.

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SENATOR CAMPBELL: Because the case managers have just had a lot of change here. I mean, not only going through the whole reform effort and privatization, but then coming back and putting SDM into place. And for some of them now, we'll move to AR. We won't start out training everybody in AR, will we?

THOMAS PRISTOW: No, just in the five areas that we are going to pilot. And we have a process in place not only for our staff but for the community of each of those areas to go through months of relationship building and connections to make sure that when we do start in October of '14, that everything is in place.

SENATOR CAMPBELL: As a follow-up question to what I asked Kim, do we do...do we have special programs or do we put into place any special efforts for a family that's had a removal and then has another removal?

THOMAS PRISTOW: What I would say is we don't do anything special, but our best practice indicates that if we have a second removal, that we really make sure that as we look at reunification protocols that we pay attention to all those type of details for reunification; that we don't automatically assume one way or another. And that's part of the best practice initiative that Deputy Director Maca is doing with her folks on best practice. So we...especially when you have a second removal, it's a red flag, and it's a red flag for a lot of different reasons: poverty, mental health, substance abuse, etcetera. We don't...we will not just...it's not just a pro forma. It is an in-depth assessment and look.

SENATOR CAMPBELL: It just may be something that we look at in the future, not saying that we want to throw in another whole new project here for your list. But it may be something that we want to take a look at in the future, whether that's needed. And we certainly could have the Children's Commission--I'm looking at Karen now--take a look at some of the data that's come out of the Foster Care Review Office on removals.

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A future topic perhaps. One of the issues on the foster care rates has been as you work through this whether there will be any foster parents who would lose money. And I have to be honest with you, I stopped Senator Dubas because I really wanted to know if she needed and was going to put any legislation that this committee would be looking at. And she said, no, she'd been working with you and with the Children's Commission and didn't think that at this point, but she did indicate to me that you've had conversations with her about foster parents--so that they might be grandfathered in?

THOMAS PRISTOW: As recently as this week, Senator, I did a conference call with Senator Dubas, and we don't know the capacity issue of what that would look like yet because we haven't yet had the definitions and rates established. We're looking to have those rates and definitions established on what that means as far as levels of care within the next four weeks. Once I have that, then we can run an assessment of all the foster parents out there and as they go through the new protocols; then we'll be able to see. If we have the capacity to do some sort of grandfathering, we'll look at that. But I can't say definitively that I can do that because I don't know. It could be marginal or it could be huge, I just don't know. We do know, though, in the pilot areas it appears that most of the care that the foster parents are giving will come under a normal regular rate and it won't be the more enhanced or advanced rate.

SENATOR CAMPBELL: Okay. Well, it would seem to me that when all of that work is done and you're getting ready to look at that, it might be helpful for the committee if we just do a short update at one of our hearings...

THOMAS PRISTOW: I'd be glad to.

SENATOR CAMPBELL: ...so that we clearly know. Because if there's a need for additional legislation, it would be then next session--not this one but the next one--that we'd have to take any action. One last question is you talked about the federal government having an independent contractor with regard to the Title IV-E and AR and

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all that.

THOMAS PRISTOW: You mean as an evaluator?

SENATOR CAMPBELL: Yes, evaluator. I'm sorry. Do we know who that is?

THOMAS PRISTOW: With the federal government?

SENATOR CAMPBELL: Right.

THOMAS PRISTOW: I don't think we have that yet. We do know the University of Nebraska will be also doing it...

SENATOR CAMPBELL: Right.

THOMAS PRISTOW: ...but we don't have the federal government yet.

SENATOR CAMPBELL: Right. And I think that's been an interesting comment that has come at the Children's Commission because the university--and not any slight to the university, but they are a contractor and providing training--so the question was whether...

THOMAS PRISTOW: Is there a conflict of interest?

SENATOR CAMPBELL: Right. And so the idea was that the federal government's evaluator would serve more that way. So when you know who that is, let us know. I'd be interested to know. And are they going to be required to evaluate on a periodic basis or...?

THOMAS PRISTOW: Yes. It's part of the IV-E waiver application that they are doing the

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evaluation. Part of the IV-E waiver approval we had to have an evaluatory protocol in place for the AR and the RBA.

SENATOR CAMPBELL: Okay. And so we may not as a committee want to wait an entire year till we do...as we do this annually with all of you. If there's any copies of those evaluations as they go through, it might be helpful for us to look at...

THOMAS PRISTOW: Absolutely, Senator.

SENATOR CAMPBELL: ...so we don't, you know, wait one whole year to see what that might look like. So, Senator Krist.

SENATOR KRIST: Offline, we need to discuss the piece of legislation that's coming up that's going to establish a research office in collaboration with UNMC and UNO, if it passes, at UNO. And I'm assuming that your research, this evaluator is going to be at the University of Nebraska. They have that contract. You may take care of your conflict of interest by going back to that research office at UNO.

THOMAS PRISTOW: That makes sense.

SENATOR CAMPBELL: That's interesting.

SENATOR KRIST: We can talk. Keep an eye on that piece of legislation...

THOMAS PRISTOW: Yes, sir.

SENATOR KRIST: ...if it comes through, it'll be there and the direction will be from the executive. We can talk off-line.

SENATOR CAMPBELL: Okay. Anything else? Thank you, Thomas.

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THOMAS PRISTOW: Yeah, just the last thing I would just like to say is over this past year, in collaboration with the Children's Commission with Karen, with Kim Hawekotte and Julie Rogers, amongst many others, I just want to say the department is looking very much forward to this next year and working with them. They've been great partners throughout this whole process.

SENATOR CAMPBELL: We are seeing people come together. So thank you very much. For our audience, we're going to ask your indulgence. Liz Hruska is here and she has a brief update for the Health Committee on a follow-up from our TANF hearing which we held...I can't remember...they all kind of blend together (laugh). But she felt that it was important that you have an idea of an update that's from that report. So I know, Liz, you probably redid the whole report or just the update?

LIZ HRUSKA: (Exhibit 8) The whole report was reprinted but there's only two pages that have updated information. I thought if I just gave you the loose copy, that would never get in the original report and then you wouldn't have a complete document if you went looking for it or reading it later.

SENATOR CAMPBELL: That would be great. You go right ahead. You probably need to identify yourself for the...

LIZ HRUSKA: My name is Liz Hruska. My first name is L-i-z, last name is H-r-u-s-k-a. Welcome back, Senators. It's always nice to see you. I did present in October on TANF funding. At that time, some of you will recall, it was sort of a timing issue of when I got fiscal year '13 information and there was a staff person at HHS that was on leave, and they were just unable to kind of fill me in on some additional information as to why fiscal year '13 the expenditures were lower than what they had projected to spend. Two of the areas were TANF administration and information systems, and the reason less TANF was spent was because staff was diverted to ACA implementation. Another area, TANF

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work administration actually had a credit and that's because they needed to make a correction and appropriately aligned funding from the prior year based on actual work expenditures in that area. So they needed less TANF because there was less work area in that, and it shifted to a different fund source. The entire amount of the childcare block grant wasn't needed. Currently, we transfer \$17 million a year. The department did have some remaining childcare block grant funding that was to expire at the end of September of last year; and so they used that up so that the state wouldn't lose the money. And then the last area was in child welfare. The first time we used child welfare was fiscal year '11, and during that first year there was some system issues between N-FOCUS and our state accounting system where things weren't reconciled, so there was not an exception for that. There were a few audit exceptions as far as eligible children or families getting services. I think that was probably because they were implementing something new and not everybody fully understood what was allowable for TANF funding versus regular child welfare funding. I did ask, because of, you know, the audit exception, if they anticipated going forward if in-home services paid from TANF would be lower. But actually, based on the first two quarters, it will be significantly higher than what they projected. So we should see some getting back up to closer to what they estimated in this current year than last year, because of the anomalies, I guess, that occurred. Do you have any questions?

SENATOR CAMPBELL: Okay. Questions for...? Is there a particular page in this report that would have been different?

LIZ HRUSKA: Pages 7 and 8.

SENATOR CAMPBELL: Pages 7 and 8. Okay. So the committee probably needs to review, though. So the chart on page 9, has it been brought up to date too? It wouldn't have varied?

LIZ HRUSKA: I have the right expenditures but I didn't have the reason.

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SENATOR CAMPBELL: Got it.

LIZ HRUSKA: So the only thing that was updated, the text and that explains. I knew the expenditures were lower and again it was just a timing issue as far as trying to get the information filled in on that, so.

SENATOR CAMPBELL: So the rainy day balances on page 9 are still...I mean, that's the accurate picture of what we should look at.

LIZ HRUSKA: Yes.

SENATOR CAMPBELL: Okay. Any further clarification that the committee might want? I really appreciate Liz bringing this to our attention, and we felt that we could just sort of slip this in at the end so that the committee had a final report that they had asked for. Thank you, Liz.

LIZ HRUSKA: All right. Is that it?

SENATOR CAMPBELL: All right, that concludes our briefing this afternoon. I want to thank all of you for coming and I'm sure we will see you many times as we start hearings on bills. We are adjourned.