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Health and Human Services Committee  
October 13, 2016

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[LR513 LR529]

The Committee on Health and Human Services met at 1:30 p.m. on Thursday, October 13, 2016, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LR529 and LR513. Senators present: Kathy Campbell, Chairperson; Sara Howard, Vice Chairperson; Roy Baker; Sue Crawford; and Merv Riepe. Senators absent: Nicole Fox; and Mark Kolterman.

SENATOR CAMPBELL: (Recorder malfunction)...and most everybody has been here before, so they should know. Please silence or turn off your cell phones. Elice, are we having them fill out a testifier...

ELICE HUBBERT: Yeah.

SENATOR CAMPBELL: Okay. So if you're testifying today, make sure that you've completed one of the forms that's on either side of the room. And when you come forward, you can give them to Elice. You have to state your name for the record, and spell it so that the transcribers can hear you. And I think...Elice, are you okay to run the lights this afternoon?

ELICE HUBBERT: Yes.

SENATOR CAMPBELL: I think what we'll do is we'll do the lights at five (minutes). We'll be a little bit more lenient, but so that you can kind of gauge where you're at; sometimes that's helpful for the speaker. So we will go ahead and do self-introductions first and I'll start on my right.

SENATOR BAKER: Senator Roy Baker, District 30, southern Lancaster County and all of Gage County.

SENATOR CAMPBELL: You get to introduce yourself.

JOSH HENNINGSEN: Josh Henningsen, legal counsel.

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SENATOR RIEPE: I'm Merv Riepe. I represent Legislative District 12 which is Millard, Omaha, Ralston along the south line there.

SENATOR CAMPBELL: Elice?

ELICE HUBBERT: I'm Elice Hubbert. I'm the committee clerk.

SENATOR CAMPBELL: All right. Senator Howard, we're all ready to begin on LR529, so go right ahead. [LR529]

SENATOR HOWARD: Great. Thank you, Senator Campbell. Good afternoon, members of the Health and Human Services Committee. My name is Sara Howard, H-o-w-a-r-d, and I represent District 9 in midtown Omaha. Today I'm here to talk to you about LR529 which studies the ongoing implementation of the federal Preventing Sex Trafficking and Strengthening Families Act of 2014, also known simply as the Strengthening Families Act. This study shall assess the needs arising from implementation of the Strengthening Families Act and determine the next steps by the Normalcy Task Force under the Nebraska Children's Commission. Factors considered by the study include: considering how to engage and empower affected individuals, including youth, foster parents, and biological parents; considering normalcy for youth involved in foster care, juvenile justice, and mental health systems across all placement levels; exploring the creation of a foster youth bill of rights; reviewing how cultural considerations are made and addressed in policy and practice related to normalcy; examining training provided to those involved in the foster care process, such as foster parents and providers, including education about the reasonable and prudent parent standard; reviewing ongoing reforms regarding the permanency objective of another planned permanent living arrangement; assessing the need and availability for financial resources that can be used to increase normalcy activities for children and youth in foster care throughout the state; and considering how to coordinate efforts between statewide programs to prevent trafficking of youth involved in foster care. As a background, the Normalcy Task Force began as a stakeholder group dedicated to monitoring and making recommendations about the Strengthening Families Act. In 2016, the Nebraska Children's Commission created the Strengthening Families Act Task Force which was put into statute by the Legislature by LB746 as the Normalcy Task Force under the commission. LB746 stated that

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every young person in an out-of-home placement is entitled to normalcy and best efforts to provide normalcy; and youth under the custody or supervision of the state of Nebraska in out-of-home placements have a statutory right "to participate in extracurricular, enrichment, cultural, and social activities." In other words, every child has a right to a childhood regardless of their circumstances. It is the responsibility of the state to expend best efforts to ensure each child gets a chance at that life. The commission has met twice since its creation earlier this year and by statute is required to submit a report to the Legislature on its activities and any recommendations by December 15. To help accomplish this, there are active subcommittees to look at the many areas that the task force is required to cover. These subcommittees include: community and family voice; grievance; normalcy; trafficking; and training. Representatives of all of these subcommittees are here today to provide you brief reports of their work along with an overview by Sarah Helvey of Nebraska Appleseed who is the chair of the task force. Because there is so much information to share, I don't want to take up too much time with my opening, so that the experts have ample time to share all of their good work. With that, I thank you for your time on this important matter and I would be happy to try to answer any questions you may have. Thank you. [LR529]

SENATOR CAMPBELL: Any questions, Senators? Okay, I guess we'll wait till the end.  
[LR529]

SENATOR HOWARD: Thank you. And I'm actually going to waive closing just to make sure that everybody gets enough time. [LR529]

SENATOR CAMPBELL: Good. Thank you, Senator Howard. [LR529]

SENATOR HOWARD: Thank you. [LR529]

SENATOR CAMPBELL: Our list of invited testifiers today, we will begin with Sarah Helvey. Good afternoon. [LR529]

SARAH HELVEY: (Exhibit 1) Good afternoon. My name is Sarah Helvey, S-a-r-a-h, last name H-e-l-v-e-y, and I am testifying today as the cochair of the Normalcy Task Force, not in my

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capacity at Nebraska Appleseed. I will start with a brief background on the Strengthening Families Act. In September of 2104, Congress unanimously passed the Preventing Sex Trafficking and Strengthening Families Act. Last legislative session, Nebraska implemented this federal act through LB746, the Nebraska Strengthening Families Act, or the NSFA. A key focus of the NSFA, consistent with the federal act, is to promote normalcy for youth in out-of-home placements by enhancing access to "age or developmentally appropriate extracurricular, enrichment, cultural, and social activities." We know that these everyday experiences, like playing on a soccer team, having a sleepover with friends, and getting a part-time job, are actually very important to children's social development. The SFA and the NSFA seek to remove barriers in the system for kids to access these experiences. Specifically, the SFA promotes normalcy through the creation of the reasonable and prudent parent standard, also called RPPS, which allows foster parents to use their best judgement in making day-to-day decisions for youth in their care, including giving permission and approval for the youth to participate in certain activities. Secondly, the SFA and the NSFA also include provisions involving transition planning for adulthood for youth starting at age 14, previously age 16. These provisions seek to empower youth to engage in planning their own futures and to identify the services needed to transition to a successful adulthood when leaving foster care. Third, the SFA and the NSFA require caseworkers to provide youth over the age of 14 with a document that describes a list of basic rights and to explain those rights to them in an age and developmentally appropriate manner. This is important because it lets youth know that they have certain rights and that they are empowered to have their rights respected and their voices heard. Fourth, the SFA and the NSFA requires that youth are provided a packet of vital personal documents and information about resources to assist them prior to aging out of foster care. Youth who leave foster care without these documents often face barriers when applying for jobs, seeking housing, and applying for college or other programs. Taken together, the provisions of the Nebraska Strengthening Families Act create a positive culture change to empower caregivers, youth, and families and to improve outcomes for young people in care. In order to implement these provisions well and so that they have their intended impact, it is necessary to collaborate with stakeholders from all three branches of government, providers and child advocacy agencies, families, current and former foster youth, and the community. For this reason, the Normalcy Task Force was created by LB746 to sit under the Nebraska Children's Commission as a stakeholder body with diverse representation from all of these groups. This past session, LB746 codified the federal

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Strengthening Families Act into Nebraska Statute and implemented an initial set of stakeholder recommendations. However, it was identified that further recommendations were needed to address additional areas related to the implementation of the NSFA and that has been a focus of the task force's work to date. The Normalcy Task Force, as Senator Howard indicated, has met twice in its official capacity and will meet once more in 2016. In order to make recommendations through a collaborative and flexible process, the task force uses subcommittees focused on specific identified priorities. An incredible amount of work has been done by the task force and its subcommittees. In all, over 100 individuals are involved and engaged, with a diverse range of members who give their time and expertise to ensuring the successful implementation of Nebraska's Strengthening Families Act. Today you will hear from each of the task force subcommittees' leadership with more specific recommendations and updates. The task force's annual report will be available in November. I would like to thank Senator Howard for introducing the legislative resolution and Senator Campbell for your leadership and commitment to this issue through LB746. And I would be happy to answer any questions. [LR529]

SENATOR CAMPBELL: Any questions, Senators? Senator Riepe. [LR529]

SENATOR RIEPE: Thank you, Senator Campbell. And thank you for being here. The question that I have may be in here. I haven't had a chance to get through the one we just got. But last session we talked about legal representation for the youth and this I think was particularly more in the rural areas. Is that part of this or does that even apply? Am I just way off on a different subject here? [LR529]

SARAH HELVEY: I think that that's a separate bill, if I am not mistaken. [LR529]

SENATOR RIEPE: Okay. [LR529]

SARAH HELVEY: And there may be an interim study looking at that as well. I'm not sure. [LR529]

SENATOR RIEPE: Is there? Okay. [LR529]

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SARAH HELVEY: There was a piece of LB746 about guardians ad litem and just making sure that they're part of their GAL report. They're reporting to the court on whether young people...the compliance with LB746, making sure that young people are getting access to these activities. But that's really the only part that's specific. [LR529]

SENATOR RIEPE: Okay. You just mentioned rights in there. When you said that, that's what made me...so. [LR529]

SARAH HELVEY: Yes, for sure. It's very important. [LR529]

SENATOR RIEPE: Okay. Well, I'll put that one back in the pocket for some future hearing. Thank you. [LR529]

SARAH HELVEY: Okay. Thank you. [LR529]

SENATOR CAMPBELL: Any other questions? Thank you, Ms. Helvey. [LR529]

SARAH HELVEY: Thank you, Senator. [LR529]

SENATOR CAMPBELL: Our next testifier is Jude Dean. [LR529]

JUDE DEAN: Good afternoon, Senators. My name is Jude Dean, J-u-d-e, last name D-e-a-n, and I am here today as the cochairperson of the community and family voice subcommittee of the Normalcy Task Force, which I will call the voice subcommittee. I would like to clarify that I am not testifying in my position at the Department of Health and Human Services, but representing the subcommittee. I'm on vacation (laughter). The voice subcommittee was created to support the implementation of the Strengthening Families Act by ensuring that families and communities are empowered to have their voices heard in the implementation process. The voice subcommittee's scope is to focus on youth and caregivers as authorities with valued opinions; identify key strategies to make sure all voices including youth are heard; and to promote expectations for normalcy that are higher than the minimum requirement. This group has met in the evenings to ensure that youth, families, and community members had the opportunity to

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attend. We have focused on creating recommendations related to the bill of rights, to increase access to funding for normalcy activities, planning to partner with state and community organizations to create a listing of services and resources available to support families, and exploring the feasibility of hosting community events. The group's main goal is to ensure that the youth voice is heard. The group began work with youth bill of rights with the Nebraska Appleseed and the Nebraska Children and Families Foundation and created a survey and focus group process. We collected feedback from youth who are currently or were formerly in out-of-home placements about the Department of Health and Human Services' current draft of the youth bill of rights and gave them a set of additional options. This survey found that youth strongly support the rights in the DHHS current bill of rights and the additional proposals. Youth indicated that they want stakeholders to simply treat them the way they would want to be treated themselves or the way they treat their children. Youth also recognized that their caregivers, caseworkers, caseworker supervisors, and legal team is essential to their case and achieving good outcomes. We have collected this feedback and are working to create feedback and recommendations about DHHS's draft to make sure that the youth voice is heard and reflected in a final more comprehensive and youth-informed bill of rights. The results of this survey are available for your review as an attachment to my testimony. To foster access to funding for normalcy activities, the group has been focusing on utilizing funding that currently exists in a more flexible manner but questions have been raised by stakeholders and the Children's Commission about the need for additional funding options; therefore, the group has reached out to the Foster Care Reimbursement Rate Committee to collaborate on this important issue. We also know that there are a lot of services available to support birth families, foster families, and youth; however, many do not know about these services and struggle without supports that could make a difference. Youth told us in the survey that they need to know as much information as possible about the resources that are available to them so that they can access those services needed to live the lives they want. This is why the second phase will include working with exploring partnerships with state and local community organizations to create that list of services available to support youth and families. Finally, the group plans to explore the feasibility of hosting community events to raise awareness and provide support so youth can achieve normalcy. These events would take place in public child- and family-friendly places, and be an opportunity for community members and the stakeholders to come together and collaborate on promoting normalcy for youth. We have found that more awareness is still needed about the

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importance of normalcy and how access to extracurricular, enrichment, social, and cultural activities promotes beneficial outcomes for youths in out-of-home placements. We know that there is much more work needed to ensure that all youth in out-of-home placements experience as much normalcy as possible, and we look forward to making sure that youth, family, and community voices are heard and respected. Thank you, Senator Howard, for introducing this legislative resolution. And thank you, Senator Campbell, for introducing LB746 to promote and enhance normalcy for youth in Nebraska. I would welcome any questions or feedback you have. [LR529]

SENATOR CAMPBELL: Questions, Senators, that you want to ask? Welcome, Senator Crawford. [LR529]

SENATOR CRAWFORD: Thank you. [LR529]

SENATOR CAMPBELL: Not any questions? You know, Ms. Dean, I totally understand the reason why, but most people take a vacation to Florida, Colorado, or western Nebraska but we totally... [LR529]

JUDE DEAN: I would much rather be here than Hawaii. This is an important issue. [LR529]

SENATOR CAMPBELL: Well, absolutely, and we appreciate your service and commitment. Thank you. [LR529]

JUDE DEAN: And I just want to say that last time I promised you a family picture and have not coordinated the event yet. [LR529]

SENATOR CAMPBELL: That's right! [LR529]

JUDE DEAN: However, I do have a picture of the kiddos in my home who now have all been adopted. And it's a Halloween picture, so I'm going to give that to you. It's a magnet. And I will get you a family picture... [LR529]

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SENATOR CAMPBELL: All right. [LR529]

JUDE DEAN: ...but with all birth families included in that picture, it's been a bit of a scheduling issue. [LR529]

SENATOR CAMPBELL: All right. You have a great memory. Thank you. And thank you for bringing the picture. We'll share it, absolutely. Thank you very much. So who is the Storm Trooper? [LR529]

JUDE DEAN: My birth son--and Princess Leia is not happy standing next to him (laughter). [LR529]

SENATOR CAMPBELL: Well, I'd hope not (laughter). Thank you. All right. Our next testifier is Sarah Forrest. Good afternoon. [LR529]

SARAH FORREST: Good afternoon, Senator Campbell and members of the Health and Human Services Committee. My name is Sarah Forrest, S-a-r-a-h F-o-r-r-e-s-t. I currently serve as one of the assistant inspectors general with the Office of Inspector General of Nebraska Child Welfare; however, I am not representing the Office of Inspector General today. I am testifying on behalf of the grievance subcommittee which I'm currently cochairing with Kim Hawekotte of the Foster Care Review Office. The grievance subcommittee came together to create recommendations related to a grievance or complaint process related to the Strengthening Families Act. Since its initial meeting in March, over 20 individuals have participated in meetings to craft the scope of the committee's work, provide information, and offer questions and recommendations. The grievance subcommittee's focus thus far has been on understanding and identifying possible improvements to the systems that Nebraska youth in out-of-home placement use to address their concerns and complaints. As mentioned in earlier testimony, the SFA requires caseworkers to provide youth ages 14 and older with a document describing their basic rights. This has raised questions about what options youth have and what options youth should have to grieve or complain or otherwise seek assistance when they feel their rights aren't being respected or they have other concerns. After determining the focus of our work, our subcommittee with support of Children's Commission staff undertook a number of projects. First

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we conducted a survey of current Nebraska child welfare and juvenile justice grievance processes. We found that there are well over 20 grievance or complaint processes that currently exist in our state. All three branches of government have avenues for addressing complaints related to child welfare and juvenile justice issues, as do many individual private child welfare and juvenile justice service providers, group homes, and detention centers. The processes differ greatly in terms of what issues can be grieved, how the process works, how easy it is, and what kind of resolution to the issue can occur. The survey also determined that most of these grievance processes don't comprehensively track data on what kind of issues are coming into them or who is using the process; however, what information was available in just a general sense from those who do have grievance processes seems to indicate that youth in out-of-home placements are rarely using the processes that already exist. We also surveyed young adults in the Bridge to Independence program on their experiences addressing complaints while they were in foster care. HHS and the Foster Care Review Office generously volunteered staff time to conduct brief surveys which the group designed. The results overwhelmingly indicated that youth did not know what their rights were when they were in care and they were not aware of formal grievance processes or oversight agencies that they could go to with concerns. They did report that they were likely to talk to their caseworker if they had a concern or issue; however, slightly less than half of the youth surveyed reported feeling satisfied with the outcome. The group also reviewed the voice subcommittee survey that you just heard about and this survey also found that youth were most likely to want to talk to their caseworker or a judge about concerns. Youth also expressed interest in wanting help with filing a grievance or complaint and more information on what they can expect once they've made that complaint. We also conducted some research on other states' grievance processes. The group reviewed information on a number of different models and types of agencies that other states have put in place to address concerns of youth in out-of-home placement. Currently our subcommittee is focusing on putting together recommendations in two key areas: first, improvements in best practices for current grievance and complaint processes operated by agencies and providers with a specific emphasis on sort of what would make it easier for youth to access and have their needs met. The second is the possible role and structure of what we've been calling a central navigator program or position, a person or an entity that could help youth with concerns or complaints in the system, make sure they get to the right agency or have their issue addressed. So as we debate these recommendations, we're looking at ways to balance a couple of tricky things: first, how do we

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make a system that both quickly resolves individual youth concerns but also is able to track and provide oversight of broader systemic issues. We need to make sure that the process has enough confidentiality considerations built in, but we also need to think about transparency, including data collection and sharing information amongst agencies and branches of government who are all involved with these youth. We're also looking at how do we eliminate unnecessary duplication in grievance systems while still ensuring that there are adequate ways to address or appeal how concerns are handled. So we're going to continue our research and recommendation design and I look forward to presenting further recommendations to the Normalcy Task Force, along with the other group members. Thank you, Senator Campbell, Senator Howard, members of the committee. And I am happy to answer any questions you have or if there's any feedback that you want to convey to the group I would be happy to do that. Thanks. [LR529]

SENATOR CAMPBELL: Questions? Any questions, Senators? Ms. Forrest, I just have one question. When youth go to an out-of-home placement, are they given any kind of a packet of explanation? [LR529]

SARAH FORREST: I think it depends on the out-of-home placement. So a lot of different group homes or, like, the youth rehabilitation and treatment center, when that youth is admitted, they'll have an orientation packet. And that may have information on what's expected of them or what their rights are. Some contain information on what to do about that, but I don't think it's universal across the board and I don't think there's a standard template at this point in time. [LR529]

SENATOR CAMPBELL: Did you find any state that had one? [LR529]

SARAH FORREST: I don't think we did. That doesn't mean it's not out there, but we haven't come across it so far in our research. [LR529]

SENATOR CAMPBELL: Thank you. [LR529]

SARAH FORREST: Thank you. [LR529]

SENATOR CAMPBELL: Our next testifier is Tom McBride. [LR529]

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TOM McBRIDE: Good afternoon, Senator Campbell, members of the Health and Human Services Committee. My name is Tom, T-o-m, McBride, M-c-B-r-i-d-e, and today I'm testifying on behalf of the normalcy subcommittee of the Normalcy Task Force, not in my capacity as the...in the Nebraska Juvenile Justice Association. And I will say up-front, I'm going to say normalcy a lot today just based on the subcommittee and the work. The subcommittee has been tasked with creating a framework for normalcy, identifying barriers to normalcy, and identifying the components necessary for youth to experience normalcy. We began by acknowledging that normalcy exists on many different levels in many different settings. Youth in out-of-home placement can experience settings ranging from relatives' homes to detention centers. Youth themselves have different needs and varying needs and may be involved in the child welfare, the juvenile justice, or the developmental disability systems. These differences are a part of why the prudent parent...responsible (sic--reasonable) and prudent parent standard is necessary to allow caregivers to consider the youth's unique abilities, their needs, and their goals when making decisions. You know, in order to tackle a rather daunting task of creating a normalcy framework for youth in all levels of care, the group began by creating systems-level requirements to enhance normalcy for youth and children. First, the group identified that every young person in out-of-home placement is entitled to normalcy and best efforts to provide that normalcy. Youth under the custody or supervision of the state of Nebraska in out-of-home placements have a statutory right to participate in "extracurricular, enrichment, cultural, and social activities," as per LB746. Second, the group created a recommendation to prioritize normalcy through licensing regulations. The group recommends that each licensed child-caring agency, child-placing agency, licensed group homes should be required through licensing regulation to draft and implement a plan to enhance normalcy. The plan should address relationships with family, technology, schools, education, access to information, healthcare, access to a sustainable and endurable routine. Thirdly, normalcy planning should be incorporated into the existing planning for youth that already occur. Many of the agencies and providers the children and youth are involved with already have case-level planning processes such as the DHHS case plan process, Probation's reentry planning, and agency treatment plans. Planning for the access to normalcy activities should be included within these plans and tailored to fit the individual youth. Providers are then encouraged to include normalcy activities as a part of the documentation on a regular basis, and to report normalcy to case professionals within a reasonable amount of time. Fourth, like many of the other testifiers you're going to hear from today, the group identified that systems should

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collaborate to enhance normalcy, increase communications between systems that serve children and families. The Strengthening Families Act is a collaborative effort that requires entities across the state to work together to ensure that implementation is coordinated, maximizes resources, and is coherent. After identifying the system-level recommendations to enhance normalcy for youth and children, the group made recommendations on the essential elements of normalcy. The following normalcy framework is meant to be flexible. It is not prescriptive or prohibitive. The first element is the youth's connection to family. Youth contact with individuals identified as family is a right and should not be denied without a documented safety concern or court order preventing contact. It shouldn't be used as an incentive--if you do this, we'll let you have contact with your family--nor should it be punitive that you did this so, therefore, you don't have contact with your family. Youth should be involved in the discussion of whom they consider family and how they maintain positive and healthy relationships with those individuals. The group found that the youths' definition of family is often very broad and should be respected. The second is normalcy and technology. Technology is a necessary part of everyday life for youth and adults. For instance, most jobs now require some form or level of skill with technology and youth need to begin to acquire job skills. The group recommends that youth have access to technology on a continuum that allows the youth to attain technical skills balanced with the need to keep the youth and the communities safe. Caregivers should use their judgment in allowing youth age-appropriate access to technology with the understanding that healthy interaction with technology should be a goal for all children and youth. The third element is normalcy in schools. The group recommends that youth should experience school stability as much as possible to allow the youth to learn and access the school's natural supports and extracurricular activities. Youth spend the majority of their waking hours at school and it contains a number of natural supports for youth, such as: supportive adults and positive peers; access to extracurricular, enrichment, cultural, and school activities. For a youth or a child who has experienced abuse or neglect in the home, school might represent a very safe place for them and increasing stability in that instance will enhance the youth's normalcy experience. The fourth is youth access to information and healthcare. The group recommends that youth have access to the information and healthcare that allow them to grow up safe and healthy. Access to quality healthcare and information is imperative for foster youth to live their best, healthiest, and most productive lives. The fifth and final area is the importance of access to a sustainable, durable routine. Youth in out-of-home placements need to create and maintain a stable and sustainable routine that allows and enhances

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access to the natural supports available to them. Caregivers should be encouraged to consider the value of routine and predictability in making reasonable prudent parenting decisions for youth. They should also make intentional efforts to get to know the youth's values, their morals, their identity, traditions, and consider those in making their decisions. Taken with the systemwide recommendations this framework creates a collaborative support system for youth in out-of-home placements made up of caregivers, families, and stakeholders. They're able to experience normalcy in out-of-home placements while continuing to develop their relationship with family, professionals, and peers. The framework in these recommendations support the implementation of the Strengthening Families Act in a way that sets up youth for success. And I also would like to thank Senator Howard for bringing this forward, and Senator Campbell for LB746, very important piece of legislation. And I'm available for questions or comments. [LR529]

SENATOR CAMPBELL: Questions for Mr. McBride? Excellent. Thank you. [LR529]

TOM McBRIDE: Thank you. [LR529]

SENATOR CAMPBELL: Erin Aliano. Did I get that pronunciation right? [LR529]

ERIN ALIANO: You did, thank you. Good afternoon, Chairperson Campbell, members of the Health and Human Services Committee. My name is Erin Aliano, E-r-i-n A-l-i-a-n-o. And while I am the special projects coordinator for the Nebraska Alliance of Child Advocacy Centers, today I'm testifying as the cochairperson for the trafficking subcommittee of the Normalcy Task Force. The federal Preventing Sex Trafficking and Strengthening Families Act contains provisions related to preventing sex trafficking among youth in foster care because they are a particularly vulnerable group and research shows that the high rates of trafficking victims have foster care experience. The prevention of sex trafficking is a large and complex undertaking with multiple groups in Nebraska working across different areas of this issue, therefore, the trafficking subcommittee was created to make recommendations related to preventing trafficking of youth in out-of-home placements and bring this focus to the current statewide prevention of sex trafficking initiatives. There is also a direct connection between normalcy and trafficking work because promoting normalcy and permanency for youth and young people in foster care can prevent trafficking for this population, which is why Congress put these two issues together

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in this federal law. Our subcommittee has membership from the Department of Health and Human Services, Probation, service providers, youth, and youth advocates. Several members of the subcommittee also participate in the Attorney General's Task Force on Trafficking and they serve as a liaison with the Normalcy Task Force. In order to make a meaningful contribution to this ongoing work, this group began with a focus on youth who go missing from care, a group of vulnerable youth that are at high risk of becoming victims of sex trafficking. The term "missing from care" has replaced the term "runaway" when discussing youth who have left placement without permission. This change in terminology reflects that these youth are truly vulnerable and should be recognized as in crisis instead of being dismissed as runaways. This change in terminology highlights the first of two system changes that must occur around youth missing from care. This subcommittee's foundational principle is that all youth in out-of-home placements have the right to be free from exploitation and experience as much normalcy as possible. The backbone of trafficking prevention efforts should be to increase and promote normalcy. The more normalcy and engagement in a family or community a youth experiences, the more supports will be available to prevent the youth from going missing from care, decrease the amount of time the youth is missing, and ensure the youth has access to needed services after returning. Normalcy activities should go beyond those extracurricular activities and should include acquiring those life skills as driving, job skills, and experience in those social activities such as sporting events, homecoming dances. Normalcy activities that provide youth with life and job skills allow the youth to create and envision a healthy future; they help them to create healthy boundaries and develop those healthy relationships. A change in culture and practices must occur around the youth missing from care from fear based and punitive to safety and understanding. Stakeholders should consider youth missing from care as if the youth were their own child. Purposeful transition from the use of "runaway" to "missing youth" encourages these stakeholders to consider the youth's internal experience of care and reasons for going missing, rather than viewing only the youth's external actions. Next, a thing that you have heard repeatedly today, enhancing those cross-system communications and data sharing is necessary to implement the federal Preventing Sex Trafficking and Strengthening Families Act and effectively respond to youth who are missing from care. Most youth who are system involved touch a number of programs. We call these "crossover youth." When a youth goes missing from care, numerous agencies and systems become involved. Increased information sharing and communication will allow for a faster, more coordinated response to youth who are missing from

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care. Statutory and regulatory barriers should be identified and removed to increase cross-system information sharing. One specific recommendation is to change regulations and policy to allow immediate and public distribution of a current picture and information about the youth when he or she goes missing from care, just as we would for our own children. The group created recommendations for an agency process for youth who are missing or are at risk of going missing from care and for the critical time when the youth returns from being missing from care. First, to prevent the youth from leaving, allow the youth to designate a safe space for cooling off where the youth can go as a safe alternative when the youth is triggered, angry, or overwhelmed. This space should be checked before the youth is reported missing. In this up-front conversation of identifying a safe space, it should also include a discussion about the steps that will be implemented if a youth was to go missing from care. This will send a message that they are worth looking for and they are a valued member of our families and communities. Second, require a caseworker and a guardian ad litem to designate a safe word or phrase for the youth to use when it's necessary to have a confidential conversation with this professional outside of the youth's current location. Taking these steps can prevent a youth from needing to go missing from care. When a youth has already gone missing from care, it's imperative that the state and those serving these at-risk youth have a written process for caseworkers that emphasize the importance of the first 24 hours. These agencies also need to create and implement a screening tool to determine if a youth may have been trafficked and respond accordingly with appropriate services. When youth returning...who return from being missing from care, that youth should be given access to confidential health screening which is also private, and also access to legal counsel. It's of critical importance that the youth are able to have this confidential conversation with a trusted adult to disclose what the youth has experienced while missing from care so that stakeholders can respond appropriately to the youth's needs. Nearly every...can I? [LR529]

SENATOR CAMPBELL: You're fine. Go right ahead. [LR529]

ERIN ALIANO: Nearly every testifier has highlighted the importance of data and information sharing. This is equally important in the effort of preventing sex trafficking. The subcommittee has identified agency data collection and information sharing as critical to responding to these youth. First we recommend stakeholders should utilize the continuous quality improvement process to review data related to youth who go missing from care or youth who have been

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trafficked. You will hear from the training committee briefly discuss the use of the CQI process. Department of Health and Human Services had already started this process to analyze data related to trafficking and we recommend that each agency serving youth who have been trafficked or are at risk of being trafficked collect and share this information. Data such as the areas where trafficking is occurring, where recruiting is occurring should be collected, as well as data related to where, when, and why the youth went missing. Second, agencies should identify best practices for collecting this data. Many youth who go missing from care are experiencing a difficult time in their lives and they have voiced that they will be more likely to disclose in a safe, nonjudgmental environment to someone they trust. This underscores the importance of building relationships and changing the culture from punishment to a culture of empathy and understanding. Third, agencies should analyze data both in aggregate and on case level. Data analyzed on the aggregate level should be analyzed internally as well as with external stakeholders with knowledge about trafficking in Nebraska. Case-level data should be reviewed on youth who have gone missing from care. I'm using a RED team model similar to what...DHHS and Child and Family Services' Alternative Response program's RED team. This staffing should include a case review and best interest staffing. The purpose should be to find the youth, respond to the youth's need upon returning, determine if the youth's placement is appropriate to meet their needs. The subcommittee will continue to work on the prevention of sex trafficking of youth who are system involved through enhancing normalcy and access to services and supports. Thank you, Senator Howard, for introducing this legislative resolution. And I welcome any questions or comments. [LR529]

SENATOR CAMPBELL: Any questions? Senator Riepe. [LR529]

SENATOR RIEPE: Thank you, Senator Campbell. A question that I have, trying to put some numbers with this, what kind of...because you asked for a greater number of alerts for missing from care, are we talking 5 to 20, 20 to 50 or...I'm just trying to get both maybe some percentages... [LR529]

ERIN ALIANO: Sure. [LR529]

SENATOR RIEPE: ...and then some absolute. What volume are we talking? [LR529]

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ERIN ALIANO: Sure. On average I understand the state of Nebraska has about 4,500 kids who are in care and, of those, about 30, 40 on every day on average are missing. [LR529]

SENATOR RIEPE: How many per day? [LR529]

ERIN ALIANO: Thirty to 40. [LR529]

SENATOR RIEPE: Okay. And you think with greater alerts it would go to...? [LR529]

ERIN ALIANO: I can't say exactly. [LR529]

SENATOR RIEPE: (Inaudible.) [LR529]

ERIN ALIANO: I know one kid missing from care is too many. But it would definitely reduce the number of time that they're out of care and that's the most important. What we know from looking at traffickers and looking at our kids that are missing, they are...could...they will be more higher at risk the longer that they are out of care... [LR529]

SENATOR RIEPE: Sure. [LR529]

ERIN ALIANO: ...looking for someplace to stay; if they're at a place to stay, getting into that grooming of you can stay here if this happens. And we know human trafficking is trading sex for anything of value, and if that's a roof over your head, a ride to a store, food, anything of value. [LR529]

SENATOR RIEPE: Do you have an average days that a young person would go missing? [LR529]

ERIN ALIANO: I don't. I'm working with the Health and Human Services' Ivy Bloom--she's one of the administrators--and Nanette Simmons and I can have them look into that for us. That's something that she's continuing to look at this, these numbers, over and over again, number of days. [LR529]

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SENATOR RIEPE: Do you consider if a young person called in that they're then...go off the missing list, missing from care, if they just called and said, I'm okay? [LR529]

ERIN ALIANO: I wouldn't consider that... [LR529]

SENATOR RIEPE: Okay, you want them back. [LR529]

ERIN ALIANO: I want to see them face to face and know that they're safe... [LR529]

SENATOR RIEPE: Sure. [LR529]

ERIN ALIANO: ...because we know traffickers will manipulate situations so that they continue to earn money off this child. [LR529]

SENATOR RIEPE: Okay. Thank you. [LR529]

SENATOR CAMPBELL: Any other questions? [LR529]

ERIN ALIANO: You're welcome. Thank you. Those are great questions. [LR529]

SENATOR CAMPBELL: I'd like to take a moment to recognize former Senator McGill, who is in the audience, who--there is a wave--who did a tremendous amount of work in this area and introduced legislation, and we're glad she's here today, and also to welcome Senator Hilkeemann who's in the back. All right. Our next testifier is Ashley Brown. Good afternoon. [LR529]

ASHLEY BROWN: Good afternoon. Thank you, Senator Campbell and members of the Health and Human Services Committee. My name is Ashley Brown, A-s-h-l-e-y B-r-o-w-n. I am the vice president of KVC Nebraska, however, today I am here on behalf of the training subcommittee which I cochair with Tracey Pearson. The purpose of the training subcommittee is to support and implement...support the implementation of the Strengthening Families Act by creating a template for coordinating training of core components of the act. As you have heard today, the Strengthening Families Act represents a culture shift that allows children and youth to

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grow and thrive in less restrictive, more family-like environments, and participate in age and developmentally appropriate activities. This culture shift has already begun and will continue to change as new elements of the act are implemented. Training for parents, caregivers, stakeholders, youth, and staff is necessary to make these changes. The group has created a training template that organizes information that agencies can quickly reference to make decisions about who should be trained on which components of Nebraska's Strengthening Families Act. The recommendations of this group are intended to provide guidance to the process of culture change and education. The group has identified key elements for effective communication of the core components of the Strengthening Families Act. First, training should be archived, continuously available, and accessible on mobile devices. This is ideal for staff who travel or have out-of-office duties. Parents, caregivers, and youth can also benefit from this format as it allows quick access to information needed to make decisions that will allow child's normalcy experiences. Second, training should be short form whenever possible. The group was inspired by a format currently utilized by the Department of Health and Human Services called "Quick Tips" to get information to employees in an accessible and actionable format. When possible, this or a similar format is recommended to be used to reduce the amount of time employees spend in training. Third, training should have an evaluation component. This will ensure that trainings are effective and individuals are receiving the information they need to successfully implement the Strengthening Families Act. This will also allow agencies and organizations to address the natural drift that occurs after training. Fourth, training should be universal and fluid enough to be utilized by a statewide audience. Training should be broad enough when possible that multiple stakeholders playing different roles can obtain the necessary information. The group also considered the frequency of training. Strengthening Families Act training is recommended to be incorporated into initial hire and preservice trainings moving forward. For professionals and families who are already system involved, training is recommended to be made available and required as soon as possible. Trainings that are continuously available and accessible on mobile devices will support the immediate training for professionals and families. Refresher trainings are recommended to occur annually or as needed. The evaluation component recommended earlier can assist in identifying a need for refresher trainings. DHHS currently implements a continuous quality improvement process to analyze data and identify areas that need improvement or are working well. One way that DHHS responds to data is increased information and training for staff. The training subcommittee supports and

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encourages the youths of the CQI process to identify areas that need refresher training for staff. Again, we recommend that refresher trainings be in short form and in a format that can be accessible via a mobile device if at all possible. The training subcommittee's template will be available for agencies following the approval of the report by the Nebraska Children's Commission. The subcommittee looks forward to continuing further in Nebraska's efforts to implement the Strengthening Families Act. Thank you, Senator Howard and Senator Campbell. I'm happy to answer questions if you have them. [LR529]

SENATOR CAMPBELL: Any questions, Senators? Thank you. [LR529]

ASHLEY BROWN: You're welcome. [LR529]

SENATOR CAMPBELL: Our last testifier today is Raevin Bigelow. [LR529]

RAEVIN BIGELOW: Good afternoon. [LR529]

SENATOR CAMPBELL: Good afternoon. [LR529]

RAEVIN BIGELOW: (Exhibit 2) My name is Raevin Bigelow, R-a-e-v-i-n B-i-g-e-l-o-w. Blessed and honored to be here, to be heard, seen, and a part of a movement, a movement that is making a big difference. Thank you is an understatement but I would like to thank you for the opportunity to speak on LR529. I speak to you as an alumni of the child welfare and juvenile justice system. I have also been part of the Normalcy Task Force. I am here to discuss two topics I feel are important for making normalcy happen for all youth in care. First I want to share suggestions from my peers on including independent life skills as normal activities; second, talk a bit about the importance of not forgetting the youth...or the needs of parenting and pregnant youth in care. First, I serve as a member of the youth impacting policy council supported by Nebraska Children's (and Families Foundation) Connected Youth Initiative. This group council is a group of 14- to 24-year-olds who have direct experience with Nebraska youth systems, such as child welfare, juvenile justice, and runaway/homeless. Members have experienced different types of placement services, permanency objectives and, in some cases, multiple state systems. Membership is completely voluntary. Over the last few years they've prioritized issues that are

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part of the federal and state Strengthening Families Act. Additionally, we held youth-facilitated discussions with 23 other young youth...other young people like us at our summer of 2016 peer enrichment. One of the issues we feel is most important is teaching life skills to all youth in placement in a natural way. I want to share some of their ideas: do not wait for the transitional living planning to start at age 14; instead, begin providing opportunities to learn and practice age-appropriate chores and skills living at all ages and all placements; all youth should have independent living goals in their case plan, they should be reviewed at every team meeting; encourage all placements to provide staff and foster parents ongoing training, resources, and opportunities focused on how to teach life skills in placement; ensure all youth have a voice in deciding what skills to focus on, in deciding their abilities and developing a plan to learn or practice the skill. Skills shown, taught, and practiced should include both real-world and interpersonal skills such as money management, driving, home care, problem solving, forgiveness, compassion, and love. These should be taught in hands-on, repetitive, and positive ways that let youth practice, make mistakes with support, and be celebrated for success. At the end of the day, it is about teaching youth in placement the same things in the way that you or I would teach our very own children. We cannot wait until youth are about to age out; instead, we have to start young and give lots of opportunities. The second thing I want to share is from my personal experience and opinion, not something the youth impacting policy council discussed, and that is the importance of not forgetting the needs of pregnant and parenting youth in care. Regardless of whether we accept the youth in care are having babies or not, it is happening. If we're going to promise youth in care normalcy, we have to keep our promise to everybody. So for parents in placement, we should help them break the cycle. I got pregnant when I was 17, in independent living, and still a state ward. I had help getting housing, Medicaid, and other services. What I needed was moral support, advice, help, and help figuring out how to be a mom. You know, kids don't come with instructions and I didn't have a mom, so how was I supposed to know how to be a parent? So many troubles could have been avoided if I had people that were consistent and didn't underestimate me. Keep in mind that teen parents are still youth. We have to continue to treat them with loving and open arms. They are still trying to find themselves. They need to feel worthy, capable of doing things, encouraged to still go for their goals, and above all they need to be loved without conditions. The moral of this story is people like me can't be written off as a statistic or a number. I am blessed to have the same involvement as the professionals with titles and to use my experience to make the Strengthening Families Act

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happen for all of young youth. I would like to leave you with a letter listing more of the youth impacting policy council's requests, and I hope an impact was made by my sharing. Thank you again for the chance to speak. I'll be happy to answer any questions. [LR529]

SENATOR CAMPBELL: Questions that you might have? Ms. Bigelow, I would guess that your voice is as important but in a lot of cases more important, so we really appreciate your willingness to be involved in this effort and hope you continue. [LR529]

RAEVIN BIGELOW: Um-hum. Thank you, Senator Campbell. [LR529]

SENATOR CAMPBELL: So, thank you. Senator Howard, do you want to make any comments before we close? [LR529]

SENATOR HOWARD: No, I'll waive closing. [LR529]

SENATOR CAMPBELL: No comments. All right. I have to just add a personal note that all of this is far beyond my expectations of when we passed the legislation. You've come an awfully long way and thank you very much for all your work. So we will close the hearing and we'll give a couple of minutes for anybody that's leaving, because I know we have some people who need to leave and go on. So thank you for coming and if you're here for the next hearing, just stay with us. [LR529]

**BREAK**

SENATOR CAMPBELL: Good afternoon, everyone, and welcome to the hearing of LR513. Just a quick reminder, make sure that you've silenced your cell phone or turned it off and you have to identify yourself when you come forward and you have to complete a testifier form which is on either side of this. Elice, we will not time these because we have four testifiers, so we're assuming those four testifiers are not going to be lengthy. And just for everyone who might have come in, I don't think we have a lot of people. Senator Baker is here, Senator Howard, Senator Crawford, Senator Riepe, and new to the HHS Committee is Josh Henningsen who is now the

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legal counsel and Elice Hubbert who is the clerk. So I think we know all the personalities involved here so, Senator Howard, go right ahead and start us off. [LR513]

SENATOR HOWARD: Thank you. Good afternoon, Senator Campbell and members of the Health and Human Services Committee. My name is Sara Howard, H-o-w-a-r-d, and I represent Legislative District 9 in midtown Omaha. Today I bring before you LR513, an interim study resolution that addresses work force issues within the Nebraska child welfare and juvenile justice systems. Professionals within these departments serve a very valuable purpose by serving the urgent needs of children, youth, and families every day of the week, 24 hours a day. Some of these tasks include providing case management, conducting initial assessments, and staffing the abuse and neglect hotline. Stability for children is most efficiently achieved in our system with a stable, knowledgeable, and well-staffed work force. LR513 examines recruiting and retention efforts for professionals who provide these services and whether or not the current caseloads for both CFS and juvenile justice workers enable manageable and successful outcomes for children. I'm also hoping to consider whether the statutes for caseload and workload requirements should be harmonized, clarified, or amended so that all parties involved in the child welfare system understand those caseload limitations. Unfortunately for our state, the standards for caseload size are not being met. Last month, the Inspector General of Child Welfare, Julie Rogers, released the 2015-16 annual report that addressed the state of affairs and recommendations for improvement for Nebraska's child-serving agencies, including Children and Family Services, the youth rehabilitation and treatment centers or YRTCs, and juvenile court services. In her report, the most glaring challenge was the high caseload burden on Nebraska's child welfare workers. The report specifically noted in the opening letter, and I'll just quote it directly: For the fourth year running, the Office of the Inspector General has pointed out high caseloads for child welfare workers as a primary obstacle to keeping maltreated children safe and delivering quality services. Until Nebraska's leaders commit additional resources to lowering caseloads, the child welfare system and the children and families it is designed to serve will continue to suffer. As a short background, many issues first began with the privatization of Nebraska's child welfare system in 2011. Most believe that that move initially was ill conceived and rushed and inadequately funded. However, the issue of caseload size has been going on for much longer than 2011. In 2003, a task force created by then-Governor Mike Johanns released a report signaling a shortage of caseworkers and overburdened caseloads. Even with \$5.5 million to help pay for 120

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additional caseworkers, due to Nebraska's high rate of children in out-of-home care, this never fully addressed the issue. A large focus of my research over the interim involves the way caseload size is currently determined in our state statutes for child welfare workers. And I'll just read the statute so we can all decide if it's clear. Nebraska statute 68-1207 states, "(a) If children are placed in the home, the family shall count as one case regardless of how many children are placed in the home; (b) if a child is placed out of the home, the child shall count as one case; (c) if, within one family, one or more children are placed in the home and one or more children are placed out of the home, the children placed in the home shall count as one case and each child placed out of the home shall count as one case." The statute goes on to identify what constitutes an in-home or out-of-home placement. To me, the statute seems confusing and in need of clarification. Further, we as a body need to consider if there is a better way to calculate caseload size so that we can see better outcomes for our children and youth. I believe that this interim study serves as a way to begin the planning process of the issues that we must address in the upcoming session. I've invited a number of testifiers today to speak. Inspector General Julie Rogers will be here to address her annual report and answer questions you may have. I've also invited Doug Weinberg, the director of Children and Family Services, along with Jeanne Brandner from the juvenile services division, Office of Probation Administration. I've asked each of them to bring information that I believe will prove very helpful to the committee as we move forward. Finally, we will have a representative from Voices for Children, Juliet Summers, who will address national standards and best practices for caseloads and work force. You'll note included in the LR was the hotline and Director Weinberg believes that he will cover issues within the hotline. We did invite them specifically, and they said that the director would cover their concerns. I want to thank you for taking the time to be here for this very important topic. And I'm happy to try to answer any initial questions you may have. [LR513]

SENATOR CAMPBELL: Any questions, Senators? If not, we'll start in on the testifiers. [LR513]

SENATOR HOWARD: Thank you. [LR513]

SENATOR CAMPBELL: Thank you, Senator Howard. Our first testifier this afternoon is Doug Weinberg. [LR513]

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DOUGLAS WEINBERG: (Exhibit 1) Good afternoon, Senator Campbell and members of the Health and Human Services Committee. I am Douglas Weinberg, D-o-u-g-l-a-s W-e-i-n-b-e-r-g, director of the Division of Children and Family Services of the Nebraska Department of Health and Human Services. Thank you for the invitation to share information about the front-line professionals who deliver case management to children and families here in Nebraska. Children and Family Services case managers perform extraordinary and challenging jobs. Whether investigating allegations of abuse or neglect or providing ongoing services to families whose children have been placed in foster care or are at risk of being removed from their home, every child and family demands considerable time. As caseloads increase, case managers work diligently to effectively engage with families, complete assessments, facilitate case planning, as well as evaluate and monitor progress. While caseloads vary, case managers strive to achieve positive outcomes for children and families, improve employee retention rates, and enhance job satisfaction. High caseloads and workloads stem from a variety of circumstances including: higher incidences of maltreatment due to substance abuse; increased awareness of the impact of domestic violence to children living in the household; travel time and distance involved with meeting with families; and enhanced accountability with assessments, documentation, relative searches, family team meetings, and monthly visits with children, parents, and caregivers. DHHS has implemented a number of strategies targeted to more effectively manage caseloads and workloads. Strategies include enhancing screening and interview practices; developing a realistic job preview video; streamlining N-FOCUS processes; developing customized training for supervisors to better support staff; involving staff and an outside consultant in the review of all preservice training curriculum and implementing their recommendations; reallocating positions to different regions and offices experiencing higher case workloads; expanding the duties of support staff to assist case managers; and increasing our use of technology, for example, the implementation of voice recognition software. Based on feedback, these strategies are having a positive impact, however, there is still more work to be done. In addition to these strategies, DHHS is in the process of developing and testing a weighted case assignment tool. DHHS will use the tool to improve the management of case assignment. It will assign cases based on a variety of case variables that are weighted for factors such as travel, family size, and risk level. The tool is scheduled to be in statewide production in 2017. Secondly, DHHS has recently initiated an in-depth and comprehensive review of all non-case manager positions within the division to assess if positions can be realigned, redefined, or reclassified to case manager

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positions in order to address caseloads and workload. This review will evaluate potential process improvements and operational efficiencies. It will also be completed in 2017 and is being supported by DHHS Human Resources, Operations, and Information Services. DHHS uses the Child Welfare League of America Guidelines and in-home and out-of-home calculations as advised in state law. DHHS has prepared a handout that includes the caseload compliance by service area. DHHS will review the impact of the weighted caseload tool and organizational review recommendations once they are completed and implemented prior to considering additional resources. Finally, the committee requested information on the current workload at the Child Abuse and Neglect Hotline. Between August 2015 and July 2016, the hotline received an average of 6,553 calls a month. In July 2016, the hotline staff answered, on average, 89 percent of all calls within 18 seconds. Of all calls, only 4 percent were abandoned by the caller, 6 percent went to voice mail, and 1 percent were transferred to a different number. The outcome/performance measures for the hotline consistently average between 99 percent and 100 percent achievement. We are very proud of the work done by the hotline and will continue to use data and input from staff to operate the hotline as efficiently and effectively as possible. The division has also revised the protocol that prioritizes the intakes requiring supervisory review and analysis. For example, reports that have been assigned a priority one response, which is a 24-hour response, no longer require 100 percent supervisory review. These reports require an immediate response and case managers are assigned as soon as possible, not needing a supervisor's review at that time. Fifty percent of priority one responses are reviewed after they have been assigned for quality assurance purposes. Reports made to the hotline that don't meet the criteria for an investigation are 100 percent reviewed at the time and within 72 hours of the report being made. Hotline decisions made by new employees six months or less on the job are also reviewed 100 percent of the time. This process is more efficient and will result in more support for new employees, which is an identified need. Our front-line case managers are making critical decisions every day for the most vulnerable children in Nebraska. We take our responsibilities very seriously and are committed to making every effort to optimize the deployment of our resources in the most efficient and effective manner to protect children and support families here in Nebraska. [LR513]

SENATOR CAMPBELL: Questions? Senator Howard. [LR513]

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SENATOR HOWARD: Thank you for coming to visit with us... [LR513]

DOUG WEINBERG: Yes. [LR513]

SENATOR HOWARD: ...today. This is a really sort of a bigger topic than I think I realized when I put in the LR. Could you tell me a little bit about the structure of the hotline work force so how many supervisors you have and then how many individuals a supervisor manages. [LR513]

DOUGLAS WEINBERG: I didn't bring that information with me. I can get that to you so I would only be able to estimate the number of employees. [LR513]

SENATOR HOWARD: Sure. I guess I'm trying to get a feel because a supervisor reviews every call that comes in. And so I'm trying to get a feel for how many individuals are reviewing the 6,000 calls that are coming in. [LR513]

DOUGLAS WEINBERG: There are approximately five supervisors. [LR513]

SENATOR HOWARD: So each supervisor would have a load of 1,200. [LR513]

DOUGLAS WEINBERG: Would have staff, oh, probably in the neighborhood of six to eight actual workers. [LR513]

SENATOR HOWARD: Okay. Okay. And... [LR513]

DOUG WEINBERG: I can give you exact numbers. [LR513]

SENATOR HOWARD: Thank you. And then for the priority one response, when was that implemented? [LR513]

DOUGLAS WEINBERG: We've always had priority one, two, and three responses. [LR513]

SENATOR HOWARD: Okay. [LR513]

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DOUG WEINBERG: But it's been within the last several months that we've changed the timing of that review and a percent review. [LR513]

SENATOR HOWARD: Okay. [LR513]

DOUG WEINBERG: And I can get you the exact date as well. [LR513]

SENATOR HOWARD: Okay. And then we work a lot as a committee on...we've monitored ACCESSNebraska and how things are going in terms of call volume and call management there. Are you learning any best practices from ACCESSNebraska and how things are going over there? [LR513]

DOUGLAS WEINBERG: We have. We have really tried to leverage what we've learned for ACCESSNebraska in economic assistance. To support our protection and safety work force, similar to what we did with ACCESSNebraska, we're doing a deep dive in the process improvement. I referred to that earlier in my testimony. [LR513]

SENATOR HOWARD: Okay. [LR513]

DOUG WEINBERG: And that's going to build on some of the successes hopefully that we had in ACCESSNebraska. [LR513]

SENATOR HOWARD: Okay. I may have a few later, but... [LR513]

SENATOR CAMPBELL: Senator Riepe and then Senator Crawford. [LR513]

SENATOR RIEPE: Thank you, Senator. My question as I have some experience with the Nebraska Poison Control Center, I know they keep recordings, if you will, of all of their calls. Of your 5,600, do you keep any recordings for going back for if there are some disputed pieces? [LR513]

DOUGLAS WEINBERG: I believe we do. [LR513]

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SENATOR RIEPE: You do, okay. That's all that I have. Thank you. [LR513]

SENATOR CAMPBELL: Okay. Senator Crawford. [LR513]

SENATOR CRAWFORD: Thank you. So in your testimony you discuss some of the demand side reasons for the high caseloads increasing in number of cases and work considerations that are needed to be met. But I wonder if you would talk to us a bit about what you see as the key obstacles in really pushing to bring these case numbers down. What do you see as the key obstacles to pushing to getting a higher number that are in compliance? [LR513]

DOUGLAS WEINBERG: Right. And we're really approaching it from two ends. One is, you know, through our own work force development, trying to increase retention, reduce turnover, get vacancies filled as soon as possible. We're making progress there. But we're also looking at that front end. We're looking at service array. What can we do from both a prevention standpoint as well as, you know, once that case has been identified to the hotline, you know, what services are necessary to try to better keep those families at home? [LR513]

SENATOR CRAWFORD: So that addresses the steps you're taking to make improvements. [LR513]

DOUG WEINBERG: Yes. [LR513]

SENATOR CRAWFORD: It doesn't still get to my question which is what's the main obstacle to getting to compliance? Is it you can't find people to hire or is it... [LR513]

DOUGLAS WEINBERG: I don't think there's a single significant reason. It's a multitude of factors. You know, one is recruitment. One is competition for these potential employees with other providers and even other states. We lose people to the state of Iowa and we compete against the state of Iowa, for example, as well as other states depending upon geographic area. There's a training issue that's being evaluated. There is a retention and employee satisfaction issue that we monitor on a regular basis. We identify why people leave. We do employee

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satisfaction surveys. We try to address all those concerns. But it's probably no one single reason. [LR513]

SENATOR CRAWFORD: So the recruiting and efforts you feel are sufficient but just not able to be successful because of these efforts in terms of competition and available work force. [LR513]

DOUGLAS WEINBERG: You know, I think we're seeing improvements and we hope in good time that we will be more successful and be able to address those issues and be more successful in meeting the caseload standards. [LR513]

SENATOR CAMPBELL: Okay. Director Weinberg, one of the questions that I have...I have a number of questions. In the Inspector General's report, she talked about the fact that it's important to look at the fidelity of the SDM's mechanism that's used by the hotline. And in the report, it talks about the department is looking for an outside consultant to review this. [LR513]

DOUGLAS WEINBERG: Yes, there... [LR513]

SENATOR CAMPBELL: Can you tell us where you are with that? [LR513]

DOUGLAS WEINBERG: Absolutely. They are under contract. We are going back to National Center for...I'm going to mess up the acronym, NCCD I believe, who actually developed our structured decision-making tool that we use not only in the initial assessment but ongoing case management to assess both risk and safety. They will actually be on-site next week for the entire week doing a deep dive into case reviews and assessing, you know, our implementation of that evidence-based practice. [LR513]

SENATOR CAMPBELL: My second question has to do with at this point in time the statutes require the department to give us an annual report on caseloads, which is sort of like a point in time. [LR513]

DOUGLAS WEINBERG: Um-hum. [LR513]

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SENATOR CAMPBELL: Two points off of that. In that report, I'm not sure that we get a real sense, we may know that 60 percent are meeting the caseload standards. But what about the other 40 percent and how far are we off? I mean, are there 10 more than they should have or 20? That's...it seems to me that's the problem with that report at one point in time. [LR513]

DOUGLAS WEINBERG: And that was the information that Senator Howard requested. That's an attachment to my testimony... [LR513]

SENATOR CAMPBELL: Right. [LR513]

DOUG WEINBERG: ...that shows, you know, what percentage of caseworkers are over by two or two to four or four to six. [LR513]

SENATOR CAMPBELL: Good. [LR513]

DOUG WEINBERG: But you're right--that is a point in time. It literally changes from day to day based on caseload and vacancies and turnover. It's a calculated computation. You know, that attachment which you have had to be manually calculated. So we do not report that on a daily or even weekly basis. [LR513]

SENATOR CAMPBELL: Okay. One of the things that we talked about when we put that requirement in the statute was whether we ought...whether that was enough. And in the Inspector General's report, one of the suggestions I think that's made in here is that the report be done on a monthly basis so that you can kind of track and see where you are. You want to make a comment about that? [LR513]

DOUGLAS WEINBERG: Well, we actually do. We have, you know, not to the level of detail that's in the handout you have, but we do track caseloads on a monthly basis, part of our CQI process. [LR513]

SENATOR CAMPBELL: Okay. [LR513]

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DOUGLAS WEINBERG: So we have an internal document which I believe is publicly available on our Web site... [LR513]

SENATOR CAMPBELL: Right, right. [LR513]

DOUGLAS WEINBERG: ...that does look at average caseloads, you know, across the service areas. [LR513]

SENATOR CAMPBELL: Okay. We'll come back but (inaudible). Senator Baker, you want to? [LR513]

SENATOR BAKER: Thank you, Senator Campbell. Dr. Weinberg, as I look at this page, you're talking about out of compliance, being out of compliance with some number of what caseloads should be. [LR513]

DOUGLAS WEINBERG: Pursuant to the statute, yes. [LR513]

SENATOR BAKER: Okay. I'm probably a minority of one up here, but I don't like hard numbers in policies and statutes. And I like what I'm seeing here when you talk about developing a weighted case assignment tool. To me, assigning work, it's kind of a management prerogative and based on best practice. I mean, obviously you don't want to overload someone. But in my previous life as school superintendent, you know, we avoided numbers like that because, first of all, who gets to decide what a proper caseload is? Can you answer that? [LR513]

DOUGLAS WEINBERG: Well, you know, ultimately it's the supervisor and area administrators that do manage case assignment. [LR513]

SENATOR BAKER: All right. But going back, I have no idea when this went into state statute, some number. Who got to decide what that right number was? [LR513]

DOUGLAS WEINBERG: It was based on the Child Welfare League of America. [LR513]

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SENATOR CAMPBELL: Right. [LR513]

DOUGLAS WEINBERG: It's a little more complicated that CWLA standards. But that I can't say. [LR513]

SENATOR BAKER: Right. [LR513]

DOUGLAS WEINBERG: That was before my time here in Nebraska. [LR513]

SENATOR BAKER: So that would be my comment that I like the idea of management being able to look at things other than just strictly numbers, you know, look at what you're developing, the weighted case assignment tool and making assignments that make sense... [LR513]

DOUGLAS WEINBERG: Right. [LR513]

SENATOR BAKER: ...based on that data. [LR513]

SENATOR CAMPBELL: I was there. [LR513]

SENATOR HOWARD: Yeah. [LR513]

SENATOR CAMPBELL: Senator Baker, when we did the report on LR37--and this is certainly prior to Director Weinberg's time--in 2011 and we looked at this, we were not meeting any caseload standard at that point. And the Legislature looked at this issue and said, we have to have some benchmark. We have to have some idea of whether the department is getting close to that because caseloads, as it was spoken on the floor of the Legislature, caseloads are the most important indicator here of how the system is working. Do we have enough people to protect the children in the state? And the department, it seems to me, in five years has come a long way on many, many fronts out of that report and what was put into the legislation. But we still keep coming back to where are we on the caseloads? If you read the Inspector General's report, that's part of the concern here on the 11 serious deaths...serious injury and deaths. And you're very empathetic to the worker who has such a challenge and so forth. But the comment in here was

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made by someone in the staff saying, you know, we know at times there were shortcuts made. Shortcuts are made when you don't have, in my estimation, enough people. And so, Senator Baker, that may not be the right measurement now. There may be a different. But that was the Legislature's best national standard that it looked at to say how do we know that they have enough people to protect the children and work with families? And in my opinion, you don't have enough people. And I'm not going to be here, but one of the toughest questions I want to know is in the budget projections and submissions, did you ask for more people? [LR513]

DOUGLAS WEINBERG: Well, I think I want to go back to a comment I made earlier about this internal review, especially of non-case manager positions. Just as we learned in our review and analysis of ACCESSNebraska, there were a lot of inefficient processes, a lot of redundant tasks that really didn't add value and, if anything, (inaudible) detracted from value. And I am very confident and strongly believe that as we do that deep dive into protection and safety in child welfare we'll find many practices that just don't make sense. I think there will be opportunities to redeploy resources and staff into front-line case management positions. Whether it's enough to meet caseload standards, I don't think we have an answer yet. But, you know, we will complete that process in the coming months and see where we are. [LR513]

SENATOR CAMPBELL: And I appreciate that. I think the department has made a lot of strides, but I worry, I truly worry that we are....you know, sort of like Senator Krist used to sit here all the time and say, what do you need? Tell us what resources. We are willing to put those resources in the budget for you to do your job. I think that we all feel that way. If you need something to protect kids in the state, we need to know that. [LR513]

DOUGLAS WEINBERG: I think we'll have a much better answer for that six months from now. [LR513]

SENATOR CAMPBELL: All right! Senator Howard, you had some follow-up questions. [LR513]

SENATOR HOWARD: Well, I suppose my first question is what's happening in six months that you'll have a better idea? [LR513]

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DOUG WEINBERG: And that is, you know, kind of that deep dive into operational efficiencies within protection and safety. You know, one thing I've noticed in my 12 months here is that there are some inefficient processes that don't add value. And I think there are star staff resources that can be redeployed, can be repurposed to address overall caseloads. [LR513]

SENATOR HOWARD: Okay. So where to begin? What's your current turnover rate? [LR513]

DOUG WEINBERG: Last numbers I looked at, it's probably not current as of today, we were in around 20 percent. [LR513]

SENATOR HOWARD: Okay. [LR513]

DOUG WEINBERG: And it varies from the high teens to the low twenties. [LR513]

SENATOR HOWARD: Okay. And then in your remarks you mentioned that you're doing a lot around training. Is there anything specifically that you're doing in regards to retention? [LR513]

DOUG WEINBERG: Well, one thing we saw in exit surveys, exit interviews is that one reason why a lot of people leave is inadequate supervision or poor supervision. So as a retention strategy, we are redesigning our entire supervisory training program to make it more focused on social work and case management. So hopefully, that new program will make a difference in providing the type of leadership and supervision that our front-line caseworkers need. [LR513]

SENATOR HOWARD: So thank you for putting together the numbers for us. I really appreciate it. And thanks for giving us an idea of the numbers and the percents that are out of compliance with our current statute. Do you know of any other area of law where an agency or an organization can remain out of compliance with the statute and there are no penalties? [LR513]

DOUG WEINBERG: I don't know if I can answer that. [LR513]

SENATOR HOWARD: Is there something within the statute that we could clarify to help you meet those standards? Because we know that they're out of compliance and you're telling us that

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you can't definitively say that you need more caseworkers. But what can we do as a body to better clarify those caseload sizes for you? [LR513]

DOUG WEINBERG: I'd like to give some thought to that and maybe, you know, get back to you. [LR513]

SENATOR HOWARD: Sure. Can you tell me a little bit about where the weighted case assignment tool is coming from? [LR513]

DOUG WEINBERG: Being developed internally. [LR513]

SENATOR HOWARD: Oh, you're developing it internally. [LR513]

DOUG WEINBERG: Yes. [LR513]

SENATOR HOWARD: Okay. So it's not a best practice from another state. [LR513]

DOUG WEINBERG: It's based on experiences with other states. We had the same type of approach when I was in Indiana. [LR513]

SENATOR HOWARD: Okay. [LR513]

DOUG WEINBERG: So it's a similar type approach. [LR513]

SENATOR HOWARD: And then you mentioned that you're implementing additional support staff so is that additional case aides or are they new FTEs? [LR513]

DOUG WEINBERG: Again, part of that is, you know, kind of repurposing some existing staff... [LR513]

SENATOR HOWARD: Okay. [LR513]

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DOUG WEINBERG: ...you know, maybe out of certain functional areas into more front-line support for caseworkers or even caseworkers themselves. [LR513]

SENATOR HOWARD: Okay. And help me remember, when the department put in a recent budget request, I remember reading this and I don't have it in front of me, but they indicated that they could reduce their staff size by 25 FTEs but that it would prevent them from meeting caseload statute standards. Do you remember that? [LR513]

DOUGLAS WEINBERG: I don't recall off the top of my head. [LR513]

SENATOR HOWARD: Do you feel the loss of 25 FTEs would make a difference in regards to caseload statute standards and meeting them? [LR513]

DOUGLAS WEINBERG: A loss of 25 FTEs would be difficult to absorb. What impact it would have on caseloads is hard to say. It could depend where those 25 positions came from. [LR513]

SENATOR HOWARD: Certainly. And sorry, this is my last one. And I very much apologize for taking up so much of your time. [LR513]

DOUG WEINBERG: No, that's okay. [LR513]

SENATOR HOWARD: One of my main concerns is around initial assessment being conducted by an individual who is also performing ongoing case management. Are we still doing that in areas of the state? [LR513]

DOUGLAS WEINBERG: We do in some of the rural areas where it's difficult, you know, to assign specialized caseworkers into a small local office. [LR513]

SENATOR HOWARD: Is there a specific service area? [LR513]

DOUGLAS WEINBERG: Primarily in the Western Service Area. [LR513]

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SENATOR HOWARD: Okay, not in the Southeast Service Area. [LR513]

DOUG WEINBERG: That's not the normal practice in the southeast or even the central or northern. [LR513]

SENATOR HOWARD: Okay, great, thank you. [LR513]

SENATOR CAMPBELL: Has anything been looked at, Director, in relation to the salary of a caseworker in relation to maybe a similar job in other places? I mean, do we do salary comparisons here? [LR513]

DOUGLAS WEINBERG: Yeah. We've done, you know, national...we've looked at national surveys and things like that. Our caseworker salaries are not out of line so that does not jump out as a red flag. So I don't know. I can't...it's hard to answer that. Salary pay typically is not the primary reason why people leave. It's often a consideration and sometimes it is the primary reason, but that's the exception rather than the rule. [LR513]

SENATOR CAMPBELL: Okay, and... [LR513]

DOUGLAS WEINBERG: And it's more along the lines of workload and supervision and things like that. [LR513]

SENATOR CAMPBELL: Right. Because one of the things that we paid attention to in working with the probation, and Ms. Brandner is going to follow you so she can give us some information, but as I remember, we were paying the probation officers more than we were caseworkers. And my concern was do we not need to look at some equalization here to ensure that two systems that are out of state government are comparable in the same coming forward? And I'm not advocating that we cut the probation officers. But I think that's something that ought to be looked at just overall. [LR513]

DOUG WEINBERG: Okay. [LR513]

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SENATOR CAMPBELL: And that's probably more from our side in the budget side in appropriations than it is from your side. But I worry about that. And I do want to compliment the agency once again: Through the Intergenerational Poverty Task Force the department has been there. Doug's been there almost every meeting. We really appreciate it. Would you take just a little bit of time because I'm very impressed with your pilot project that you're doing in terms of the management with your families and trying to help them (inaudible). [LR513]

DOUGLAS WEINBERG: Sure. If I can just comment on a couple initiatives, one is the pilot. We call it Family-Focused Case Management. We are currently piloting that program in North Platte and Omaha through our Employment First contractors. And it's been an attempt to bring, we call them family coaches. We have a representative from the Employment First contractor, from our economic assistance unit, and from our child welfare unit to together, in a sense triage some of these complex, difficult families--try to better connect them to the types of resources and supports they need to be successful. Because what we found is so often families in ADC or TANF have needs that go far beyond education and training. They can get all the education and training they can get, but yet there's some underlying factors in that family...those family dynamics that keep them in poverty. So that's one initiative. The other thing I want to just touch on very quickly which I hold high hope for, and you'll be hearing more about this in the coming weeks, is that we have a program through our collaboration with the Nebraska Children and Families Foundation. It's called Community Response. We have these collaboratives set up now I believe in 12 communities across Nebraska. And it's an attempt to kind of bring together key providers and stakeholders in each community, create a central navigation tool so that families who may not have yet entered either child welfare or economic assistance can be connected to the supports and resources they need. And maybe even more importantly, as families leave economic assistance or child welfare, so they're time-limited interventions, that they have the ongoing support and connections and visibility that they don't come back in to either system. [LR513]

SENATOR CAMPBELL: Thank you for describing those. Okay. Senator Crawford. [LR513]

SENATOR CRAWFORD: Thank you, Senator Campbell. And thank you, Director Weinberg, for your work on moving forward on this issue. I guess I just want to make sure that we have a good

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sense of the size of the problem and the efforts that you're taking to address it. I don't know if you remember, I just don't remember the caseload number, like what is supposed to be the number of cases that's incompliant? I mean, what is the number of cases that a caseworker is supposed (inaudible)? [LR513]

DOUGLAS WEINBERG: Generally speaking, it's 12 initial investigations, 17 ongoing cases. [LR513]

SENATOR CRAWFORD: Okay, all right. And so what I'm hearing from you is discussions about improving retention and discussions about trying to make sure we're using people in the most effective way possible and trying to pull people, a few more people into our case management. But when I look at the numbers, it looks like we have a much steeper climb than those two measures would address because we have in two of our service areas we have 50 percent or more out of compliance. So that seems like a much bigger problem than efficiency gains would make up for and that's my concern. And in our biggest service area, Eastern Service Area, a 40 percent out of compliance. So those are pretty big gaps to me to address through efficiency gains and improved retention. So are there other steps that you're planning to take beyond that or what would you like to see in terms of steps taken beyond that to address that steep climb that we really have to move forward? [LR513]

DOUGLAS WEINBERG: And I think the other thing we're looking at, again, is that prevention feature and, you know, how do we keep families from entering the system in the first place or from returning to the system upon departure? But some of these, you know, areas that are out of compliance, you know, sometimes it's a matter of one or two cases. So it doesn't take a lot of new caseworkers or a very huge reduction in caseloads to get to compliance. Will we ever be at 100 percent compliance? It's hard to say. I don't know any state that is at 100 percent compliance with the CWLA standards. But it's our goal to get as close as we humanly can. [LR513]

SENATOR CRAWFORD: And in all fairness, it is true in the Western Service Area for total caseloads that 23 percent of those are in 6 to 10. [LR513]

DOUG WEINBERG: Yeah. [LR513]

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SENATOR CRAWFORD: And also in our Northern Service Area, 10 percent. So especially that Western Service Area, I realize that's a sparsely populated area, but to have 23 percent are in that I would say highest out of compliance area where kids can be... [LR513]

DOUGLAS WEINBERG: And we've been having a disproportionate amount of vacancies in those two service areas in particular. [LR513]

SENATOR CRAWFORD: Right, right. [LR513]

DOUG WEINBERG: And that's been ongoing. [LR513]

SENATOR CRAWFORD: Does your efficiency approach or your weighted caseload approach put priority in these areas where we have the highest number of cases out of compliance? [LR513]

DOUGLAS WEINBERG: Absolutely. [LR513]

SENATOR CRAWFORD: Thank you. [LR513]

SENATOR CAMPBELL: Thank you. Any other questions, Senators? Thank you, Director Weinberg. [LR513]

DOUG WEINBERG: All right, thank you. [LR513]

SENATOR CAMPBELL: Our next testifier is Jeanne Brandner. Good afternoon. [LR513]

JEANNE BRANDNER: Good afternoon, Chairperson and Health and Human Services Committee members. My name is Jeanne Brandner and I am employed by the Nebraska Supreme Court Administrative Office of Probation as the Deputy Probation Administrator overseeing the Juvenile Services Division. Thank you, Senator Howard, for the invitation to provide testimony and introduction of the legislative resolution related to work force issues today. We are going to be shifting gears a little bit today. We've heard a lot about child welfare. I

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am here to talk about the juvenile justice population. The topic of juvenile justice caseloads has been a longstanding area of discussion. And we know that excessive caseloads have the potential to jeopardize both the quality and supervision of services for our youth and families as well as community safety. Nationally, probation leaders face caseload management challenges as case supervision requirements increase and probation officer positions are limited. The topic of caseload standards dates back to 1917. As you asked earlier, Senator Baker, what is a proper caseload? A consensus of probation administrators is said to have established that ratio for juvenile justice populations at about 1 to 50. In 1967, the President's Commission on Law Enforcement and Administration of Justice lowered that standard to an ideal caseload of about 35. Those standards were endorsed by a large number of professional entities, many of which we've talked about already today, but some others: the American Correctional Association, the National Council on Crime and Delinquency, and the National Council of Juvenile and Family Court Judges. In the early 1980s, during the tough on crime era, there was an urgent demand to provide data for budget justification and support of caseloads and staffing. At this time many jurisdictions moved from measuring based on numbers of cases to units of work. The American Probation and Parole Association has tried for several years to develop a national standard, but has struggled to do so due to the vast variations of practices among jurisdictions. In the early 1990s, an American Probation and Parole Association brief did not recommend specific caseloads, but did recommend that probation agencies adopt a workload strategy similar to what's been alluded here today to determine staffing needs and caseload size per individual agency basis. The importance of caseload size to the effectiveness of probation supervision and service provision cannot be overstated. Those caseloads must be of a size that provides officers with enough time to devote to each individual to achieve those supervision objectives. Caseload standards for probation should be viewed as the first step in a process that involves a thorough review and analysis of individual workload, resources, and policies. The terms "workload" and "caseload" are often used interchangeably and sometimes incorrectly. A caseload is the number of individuals assigned to an officer. Workload is the total amount of time that is required for tasks and activities in a particular caseload that are generated for that officer. In addition to individual case workload, officers also have additional administrative requirements such as training, vacation days, FMLA, vacancies, turnover, some of those items that have already been talked about a little bit today. Agency-specific workload studies drive the details, but the field needs national caseload standards to provide direction for practitioners and policymakers,

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similar, Senator Campbell, as you alluded to earlier. We just need a baseline and then work from there based on the individuality of what we're looking at. The pillars of evidence-based practice for juvenile justice populations are effective assessment, case plans focused on criminogenic needs, effective treatment, and quality assurance processes. Proper risk assessment allows for cases to be grouped or classified into several broad categories based on risk of reoffending, offense type, and criminogenic needs. This case differentiation of relevant criteria is critical and serves as a cornerstone for matching youth with the appropriate level of supervision and services. In Nebraska, Probation supervises not only juvenile justice cases but also status youth. Those are youth whose behaviors are considered problematic simply because of their status as a minor. These include such things as truancy, running away, curfew violations. This was a new population for Probation to take on when LB561 passed. So it's been a little bit of a moving target for us to look at these cases. Research has shown, as well as our own assessments, that these youth tend to assess a little bit lower as far as risk to reoffend. However, their needs are very high and thus sometimes are into the service provision and lots of supervision requirements, so especially in the family and structure and supervision domains. The Administrative Office of Probation is currently piloting in Lancaster County a different assessment tool and different responses for status offense youth. We want to look at this population differently and not treat them similar to those youth who have committed delinquent acts. That was a lot of the history. In about 2006, Professor Bill Burrell of Temple University published a suggested juvenile justice caseload standard that ranged from about 1 to 15 for very high-end cases all the way to 1 to 100 for low-risk cases. That in-between number was about 1 to 30 for what's considered moderate. Nebraska Probation, juvenile probation specifically, used those caseload recommendations to balance their current standards. It should be noted that due to the variance of population served and added responsibilities it is highly recommended that a caseload/workload study be pursued specific to Nebraska for a more definitive approach. Currently, Probation is not funded for this type of assessment; but we constantly look to our national partners for grants and other technical assistance opportunities that may present. So as it sits here today, someone asked earlier, I believe it might have been Senator Crawford, what are our numbers? And our ideals are for a very high youth of 1 to 15 ratio. And then our assessment tool is broken down so we go very high, high, high moderate, low moderate, and low. So ranging from 1 to 15 for very high; our moderate is about 1 to 30. And so our low-risk caseload should be about 1 to 50. But as I said earlier, that's an area that we've struggled with because some of those low-risk kids are showing

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very high needs. Moving on to a second part that was asked is about current staffing plans and recruiting/retention. Senator Campbell, I was happy to hear you say that you were not suggesting to cut the Probation salaries. Because as was recommended by the Appropriations Committee, in 2013 the Administrative Office of the Courts and Probation did partner with the National Center for State Courts to perform a salary survey. That team collected and reviewed salary information from within Nebraska as well as surrounding states, compared positions and found out that many of our positions fell well below market pay. And increases were prioritized in our branch budget request. A large portion of those recommended increases were able to be implemented. However, they were not fully funded and, thus, the salary for our staff continues to fall below market value. Funding to sustain these increases and implementing the remaining 25 percent of that salary increase is the Supreme Court's top priority in our budget request for our next biennium. As Probation responsibilities have expanded and promotional opportunities increased, strategies that attempt to stabilize our system have been required. And I know this was another question that was asked. We have implemented an employment transfer and reclassification policy to bring stability which is integral to the efficient and consistent application of probation services. This policy mandates that during the first two years of an officer's employment...promotion, self-imposed demotion, change of duties between adult and juvenile, or a move between probation districts must go through a multilayered approval process and may be denied based on the needs of the business. We understand it is important to support our youth and families first. Probation still contends with a competitive market with surrounding states and especially federal probation. We do have a titrated system for our officers so we have some officers that are paid at a higher level. Treatment officers who are professionally licensed not to provide therapy to our youth, but that have extensive skills and training for high-risk population and can help mentor other officers are paid at a higher rate, as well as our intensive officers are paid more as well. So we have that internal desire for officers to move up for more responsibility and more pay. In order to comply with 29-2252.01, Probation publishes a semi-annual report; and additionally, we have monthly reports that our juvenile division puts out for our reform documents that look at some of the triggers such as out-of-home placement, detention, screenings, and those types of things. And also we're looking to publish an annual document as well. We just have received some data for that and are looking to finalize that. So as far as potential amendments, and I think again this was alluded to, those would likely depend on the qualities this committee is looking for. A lot of what we're required to report now is simply numbers--how many youth are supervised, what are the

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numbers of investigative reports that are completed. And that doesn't provide a full picture as has already been discussed today. Evidence-based practice tells us that data should assist to inform and drive decisions. And only with the right data can state policymakers effectively make those critical decisions. Without sound data, individuals speculate, use anecdotal information, or use flawed information to guide those decisions. One must ask how to best invest our financial resources, whether programs and policies are working as intended, and where changes must be made to improve public safety and ensure that youth have real opportunities to contribute to their communities. As mentioned, my testimony covers the three areas that were requested. In closing, I would like to note that the Administrative Office of the Courts and Probation is committed to the successful futures of the youth and families we serve. We strive for excellence every day, which requires a continual process of internal and external evaluation. We are devoted to youth development and community safety and look forward to our continued partnership with Nebraska leaders. I am happy to answer any questions that you might have. [LR513]

SENATOR CAMPBELL: Thank you, Ms. Brandner. Questions from the senators? Anyone have questions? I just have a quick question. And I didn't look on-line today, but have you updated the January figures yet, the one that was supposed to be in August? Did I miss that one? Could you check on that? [LR513]

JEANNE BRANDNER: Yes, I will. [LR513]

SENATOR CAMPBELL: Okay. [LR513]

JEANNE BRANDNER: And I'm not...which...you're not talking about our monthly report. [LR513]

SENATOR CAMPBELL: No. [LR513]

JEANNE BRANDNER: Are you talking about our semi-annual report, Senator? [LR513]

SENATOR CAMPBELL: Semi-annual. [LR513]

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JEANNE BRANDNER: Okay. I will check on that, Senator. I did not look today. [LR513]

SENATOR CAMPBELL: Okay. And one of the things that...this is through December of 2015 I think that I looked at. And a lot of the graphs have to do with rural or urban. So you must be really following that. Could you give us some idea of how you're viewing that differently? [LR513]

JEANNE BRANDNER: Well, I think as was alluded to earlier, there's some different strategies that can be used in the rural areas. We don't always have officers that can specialize. We do have one area that still has some blended responsibilities because, again, of the wide area that you have to cover, the limited resources. And so we do look at that a little bit differently to ensure that not only are they properly resourced, but we can get those strategies employed within a rural area. Because as we know and as I talked about earlier, oftentimes we have pilots and additional resources, and those tend to go where the numbers are. And so we cannot forget about those rural areas that have some challenges that we have to say not only...sometimes, Senator Baker, as you mentioned, just looking at the numbers doesn't do justice. Because when you have to factor in other workload issues that don't happen within the urban areas, it can be a huge consequence if we do not look at those. [LR513]

SENATOR CAMPBELL: Senator Howard. [LR513]

SENATOR HOWARD: Thank you. I want to ask you a little bit about your risk assessment and sort of how you weight youth who are lower risk and do those go to newer probation officers and then individuals who are high risk go to more seasoned officers. Is that sort of how it works? [LR513]

JEANNE BRANDNER: That is correct, Senator. We use the YLS, youth level of service inventory. And what that does is it will then provide a risk level, if you will, as I talked about those areas of low, medium, high that we titrate them a little bit different. And then the higher risk youth are supervised by a more seasoned officer, more skilled. Typically, someone will start out as a trainee and in that standard officer position and work their way up to the intensive position. Or maybe they've come from another state that has some substantial training. So we do

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have those more seasoned officers working with the higher risk youth. And by virtue of there's less youth so the lower-risk youth, with the exception that I mentioned, the status offense youth that we're finding out have been a little bit more complicated than we had anticipated. [LR513]

SENATOR HOWARD: And then are you working with Director Weinberg at all as he's sorting out a weighted case assignment system? [LR513]

JEANNE BRANDNER: We have not worked on that as far as the child welfare side. Where we do partner with the Department of Health and Human Services is more on the YRTC side. Because again, we're talking about juvenile justice populations and juvenile justice populations so not probably wanting to mix the child welfare and juvenile justice issues because I think the standards and weights are potentially different on the workload requirements moving from safety of kids, abuse/neglect to that community safety factor and the permanency issue on the child welfare side. So we don't tend to blend those populations. [LR513]

SENATOR HOWARD: Okay. I think more I was looking at because, as Director Weinberg stated, they're creating a weighted case assignment in-house. And it sounds like you're already using a model that's effective, more about the process rather than the weighting itself. [LR513]

JEANNE BRANDNER: We have not, no. We have reached out to our YLS partners to ask about some of those similar questions. And again, as I've alluded to, their recommendation has been because it's very specific to juvenile justice populations that it would be beneficial for us to undergo our own assessment to look at to see what the differences are specific to Nebraska. And so we're at the point where we would love to do that, but we just need to find that opportunity. [LR513]

SENATOR HOWARD: Thank you. [LR513]

SENATOR CAMPBELL: Any other questions? Before you go, just a quick question. Are the number of youth in the probation, juvenile probation, are they up or down over the last year? [LR513]

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JEANNE BRANDNER: Well, they would be up. And part of that is because we have a different population that we're serving, a little...as far as...okay, over the last year, we're probably pretty steady. One of the things that I was thinking, I was thinking more so since the transition so we're talking about three years ago. So we had a little bit of a spike when we had that transition because of that status population that now comes to us. [LR513]

SENATOR CAMPBELL: Okay. [LR513]

JEANNE BRANDNER: And so we had a little bit of a spike. But we're pretty stable. One of the things we continue to look at is our length of time on probation so that's going to be something that impacts what our population looks like. So as we continue to get new kids every day, unless we get those exits, that population tends to shift slightly. But on any given day we have about 3,500 kids that we are responsible for. [LR513]

SENATOR CAMPBELL: Okay, thank you. Thanks for your testimony. [LR513]

JEANNE BRANDNER: Thank you. [LR513]

SENATOR CAMPBELL: Our next testifier is Julie Rogers. [LR513]

JULIE ROGERS: Good afternoon. [LR513]

SENATOR CAMPBELL: Good afternoon. [LR513]

JULIE ROGERS: (Exhibit 2) Chairperson Campbell, members of the Health and Human Services Committee, my name is Julie Rogers, J-u-l-i-e R-o-g-e-r-s. I serve as your Inspector General of Nebraska Child Welfare. Some of this may be repetitive to others who have testified already. Ensuring the safety and well-being of Nebraska's children, particularly those in the state's care, is one of state government's essential duties. Nebraska's child-serving agencies and institutions and their front-line staff, including caseworkers and probation officers, are to be commended for their dedication to some of the most important and difficult work that exists in our state. However, as my office's annual report that was released last month explains,

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formidable challenges remain. Chief among these is a high caseload burden on Nebraska's child welfare workers, the front-line staff working to protect our children who are at risk of abuse or neglect. Over the course of the past year, our office made recommendations for improvement in a number of areas. Such recommendations are based on shortcomings identified in our investigations, as well as additional research into best practices. OIG investigations revealed that high caseloads and workloads were directly contributing to negative outcomes for children and families in the child welfare system. Staff serving Nebraska's vulnerable children and families have extremely important and demanding jobs. When staff have too much work, corners get cut, things get missed, and errors are made. The OIG recommended DHHS take action to ensure it has enough employees to, at a minimum, meet caseload standards for child welfare staff outlined in Nebraska law and meet staffing requirements related to the Prison Rape Elimination Act at the Youth Rehabilitation and Treatment Center in Kearney. The OIG recommended an increase in the number of supervisors at the Child Abuse and Neglect Hotline or Hotline. Also a skilled, stable work force is key to delivering effective services. While reasonable caseloads are certainly part of this effort, the OIG also recommended that the Department of Health and Human Services take additional steps to strengthen its work force. We recommended that DHHS adopt additional training in a number of key areas, including initial assessment, medical aspects of child abuse, engagement of families, and safe sleep for infants. We also recommended that DHHS adopt a plan designed to reduce caseworker turnover and adopt strategies to lessen disruption when cases transfer from one worker to the next. I will give two examples of our completed reports of caseloads or workloads impacting children in the state's care. The first summary is of a serious injury of a child after 11 reports of alleged physical abuse. A 4-year-old child was admitted to the hospital with a skull fracture and bruising all over his body. During the subsequent investigation, the child revealed that his father had been physically abusing him repeatedly and had caused the skull fracture. In the six months before the injury, the Child Abuse and Neglect Hotline had received 11 reports of alleged physical abuse by his father, 5 of which were investigated. In each case, DHHS or law enforcement incorrectly concluded no physical abuse occurred. The child had been diagnosed with special needs and developmental delays, which made it difficult for professionals to communicate with him during investigations into child abuse reports. A few weeks before the injury, DHHS had gotten the family to agree to a voluntary or noncourt case, but services had not been provided. Among the findings in this case were the following related to quality casework hampered by caseload and/or workload issues: (1)

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The hotline incorrectly screened a number of reports of possible abuse. (2) Use of safety and risk assessments was incomplete. (3) Ongoing services and supervision were slow to be put into place. We recommended based on these findings: (1) to develop additional training for IA staff; (2) update and provide additional detail on response priority definitions; (3) expand quality assurance and continuous quality improvement at the hotline; (4) conduct an analysis to determine whether supervisory staffing at the hotline was adequate. DHHS accepted all recommendations pursuant to the particular investigation. The second investigation summary is related to death and serious injury following a child maltreatment investigation. Between June 2013 and June 2015, 11 Nebraska children who had recently been the subject of a child abuse or neglect investigation died or were seriously injured. In all of the cases, the injuries were caused by abuse or neglect. Initial assessment refers to the process of DHHS staff assessing families after a report of child abuse, neglect, or dependency has been accepted by the hotline as meeting the definition of child abuse or neglect. Initial assessment is intended to ensure child safety, determine whether the alleged maltreatment actually occurred, and to decide whether to offer the particular family ongoing services. Every year since 2012, DHHS has completed initial assessments on more than 12,000 reports of child abuse or neglect. While each case of death or serious injury after an initial assessment is troubling, it should be noted that these 11 cases represent only .02 percent of children involved in initial assessments from January 2013 to June 2015. DHHS staff are charged with conducting the initial assessment and adhering to DHHS rules, regulations, and program guidance memos on their own processes while still cooperating with law enforcement directives and the procedures of the local multidisciplinary investigative teams convened by the county attorneys in their area. The 11 cases that we investigated--2 deaths and 9 serious injuries--included in this report were based on the following situations: a near drowning of a 15-month-old; a collapsed lung and multiple fractures of a 3-year-old; a skull fracture of an 8-month-old; abusive head trauma of a 6-month-old; abusive head trauma of a 16-month-old; battered child syndrome, including abusive head trauma, of an 8-month-old; death by abusive head trauma of an 8-month-old; abusive head trauma of a 2-month-old; starvation of a 3-month-old; skull fracture of a 3-month-old; and death by drowning of a 2-year-old. Two major and pertinent findings of our report were that (1) Initial assessment policy and procedure was not consistently followed. Interviews with administrators, supervisors, and initial assessment Children and Family Services specialists indicated that corners being cut during initial assessment was not rare, but fairly standard practice due to caseload and workload challenges.

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And (2) Initial assessment and mixed caseloads do not comply with state law. Nebraska law requires DHHS to establish caseloads, "which provide for adequate, timely, and in-depth investigations," and meet the workload standards established by the Child Welfare League of America. Those standards were adopted in 1999 and specify that workers responsible for initial assessment alone should only have 12 active cases in a month. Workers should receive no more than 12 new cases in a month, and would likely receive a smaller number since some cases take longer than a month to close. Workers with mixed caseloads, both initial assessment and ongoing, should have no more than four active investigations. DHHS has also established a rural initial assessment standard of ten active initial assessment investigations in a month to help account for travel time. More recent caseload recommendations from national entities are even lower. For example, in 2015, the Annie E. Casey Foundation recommended that no more than 8 to 10 new investigations be assigned to a worker in a month and that those with mixed caseloads should have no more than 10 to 12 cases all together. Our investigation found that DHHS is substantially out of compliance with Nebraska law and its own standards for initial assessment and mixed caseloads. The Southeast Service Area reported that its workers were each averaging three to five new initial assessments a week, up to 20 new investigations a month. The Western Service Area workers routinely received 12 to 14 new cases each month on top of what they already had. A number of workers interviewed reported that they had had more than 20 open investigations at least one point in the past few years. While the DHHS caseload report showed in the year prior to this year that 72 percent of initial assessment and 46 percent of combined initial assessment and ongoing workers had caseloads that were in compliance on June 30, 2015, this point-in-time measure likely underestimates the number of workers who have more cases than they should throughout the year. Throughout the course of the investigation, the Children and Family Services employees interviewed--from front-line staff to central office administrators--identified caseload and workload as the primary obstacles for improving initial assessment practice and doing thorough work. A number of service area administrators admitted that corners tended to be cut when it came to gathering documentations, pushing to engage families, and conducting all required collateral contacts in cases that were perceived "as less serious." The reason that supervisors and administrators seem to accept this routine level of nonadherence to policy is an acknowledgement that most staff simply have too many cases to fulfill all the requirements placed upon them. There were three caseload and/or workload-related recommendations based on this investigation. One, increase the initial assessment work force to

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comply with Nebraska law on caseload standards. Throughout the investigation, high caseload and workload were consistently mentioned as the primary obstacle to improving initial assessments, making good decisions, and ensuring child safety. On July 12, 2016, DHHS data revealed that 1,144 initial assessments had not been completed within the required 30 days. High workload and caseload cause corners to be cut, including policy and time frame requirements, and in turn contributes to bad, sometimes tragic, outcomes for children. The second recommendation related to caseload and workload: increase the number of supervisors at the Child Abuse and Neglect Hotline and assess hotline workload and ongoing training and supervision. We continue to come across errors and oversights at the hotline which contribute to poor outcomes for children and families. Visits to the hotline and interviews with the hotline staff, supervisors, and administrators revealed that supervisors do not have enough time to provide proper oversight of all intakes or provide adequate supervision, ongoing training, and assistance to employees. Given the workload, errors and oversights are almost inevitable. We recommended that DHHS create additional supervisor positions at the hotline and recommended that DHHS assess whether the workload of the Children and Family Services staff answering hotline calls is manageable and whether ongoing supports like training, staff meetings, and supervisory feedback provided to them are sufficient. The third recommendation: enhance data available on initial assessment and mixed caseloads at central office and make this information publicly available on a monthly basis. Through our investigation, we learned that caseload data on an ongoing basis is tracked and reviewed almost exclusively by individual service areas. Furthermore, most service areas do not track initial assessment caseloads according to the Child Welfare League of America standards, which cap the total number of investigations completed in a month. Instead, most service areas rely on a point-in-time measure on a weekly basis, while other service areas capture data less frequently. We recommended that central office enhance its capacity to review, track, and analyze initial assessment and mixed caseload data to ensure there is consistent statewide data available. We also recommended that DHHS make information on caseloads of Children and Family specialists available to the public on a monthly basis to ensure that the law is met across Nebraska. DHHS has accepted all recommendations. Their efforts are incomplete though they are in progress. Our report details other investigations completed in the last year that showed the need for better staffing efforts, such as fixes to retention problems of caseworkers after a suicide of a state ward was found to have had caseworker after caseworker after caseworker and problematic staffing patterns at the Youth Rehabilitation and Treatment

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Center at Kearney needing to be addressed in order to meet the requirements of the Prison Rape Elimination Act. We remain hopeful that these crucial caseload and workload issues can be solved for the betterment of child welfare in Nebraska. I am happy to answer any questions. [LR513]

SENATOR CAMPBELL: Questions? Senator Riepe. [LR513]

SENATOR RIEPE: Thank you, Senator Campbell. There are a number of questions. I guess one of the concerns that I'll have you talk about, I think the four-year-old boy who was...I think that it appears to me--and tell me where I'm wrong--that once voluntarily inside the system was then free to have multiple reports. Because as I think you said, there were...the agency, the hotline received 11 reports for alleged abuse. [LR513]

JULIE ROGERS: Right. [LR513]

SENATOR RIEPE: And my question gets to be...my background is from Children's Hospital. I'm kind of going...it's just incomprehensible to me that you could have that many calls that, you know, my question gets to be were there any staff corrective action plans? Did anyone get fired? [LR513]

JULIE ROGERS: I...we did not look into whether anyone got fired and I don't know of anyone getting fired. [LR513]

SENATOR RIEPE: But it seems to me like if you miss the ball 11 times you're clearly off the team but maybe that's me. [LR513]

JULIE ROGERS: And I...when the hotline is called, it might not be the same person answering the call, but it, I mean... [LR513]

SENATOR RIEPE: Not an excuse. [LR513]

JULIE ROGERS: Right. [LR513]

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SENATOR RIEPE: It's only an excuse. [LR513]

JULIE ROGERS: Yeah. [LR513]

SENATOR RIEPE: There has to be some continuity going on there--11 times, unbelievable. [LR513]

JULIE ROGERS: Some of those 11 calls were screened out so they weren't investigated. Some, as I said, were screened in and investigated and not found. [LR513]

SENATOR RIEPE: But there's a dead 4-year-old boy. [LR513]

JULIE ROGERS: Well, this 4-year-old was seriously injured. [LR513]

SENATOR RIEPE: Okay. [LR513]

JULIE ROGERS: This 4-year-old did not die, thank goodness, but... [LR513]

SENATOR RIEPE: Okay. He could have. [LR513]

JULIE ROGERS: Yes. And the way...we only investigate serious injury when they're in critical condition after the serious injury--that's how we define--and it's caused by abuse or neglect. [LR513]

SENATOR RIEPE: I just, again, my concern would be is sometimes it's easy to get hardened to situations and to...and we just can't get there, I mean, we just can't. I'm sorry. Thank you, Chairman. [LR513]

SENATOR CAMPBELL: Thank you, Senator. Any other questions? Senator Howard. [LR513]

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SENATOR HOWARD: Thank you, Senator Campbell. Can you talk about sort of why it's important that an initial assessment worker is different from an ongoing caseworker, why mixed caseloads are not as successful as segregated caseloads? [LR513]

JULIE ROGERS: Well, there's two...if you think of the flow of work in child welfare, first you have the hotline. So if someone calls the hotline and they say a child is being abused or neglected, after there's a screen in, then they go to initial assessment which is also an investigation about whether there is actually abuse or neglect happening and then what sort of services that family might need before formal system involvement or before a county attorney can get a case filed or something comes into juvenile court. After the hotline is called, the report is screened in, it is investigated by initial assessment, then it goes to ongoing case management so that's what I would say generally people think about as social work. The initial assessment is unique because you are investigating whether something happened, whether a particular bruise, for example, is indicative of an accident or something that's nonaccidental; engaging families to come forward and tell the truth about what happened to a child; knowing exactly how to investigate; and then engage families. I hope that answers your question. [LR513]

SENATOR HOWARD: Sort of. Yes, it's getting there. And I wanted to ask you in your remarks you mentioned that there were four supervisors at the hotline. Director Weinberg mentioned five. [LR513]

JULIE ROGERS: And it could be... [LR513]

SENATOR HOWARD: It could be that they... [LR513]

JULIE ROGERS: So clarifying, we do these reports after the death or serious injury has happened. And then by law we have to wait until there is any other investigation like law enforcement investigation that's completed. So our investigations might be in a timely manner like two years out. So something might have happened and we investigate and then like last fiscal year we may have investigated something in July. They accept the recommendations, make some changes, and then we're reporting on it in our annual report like over a year later in September. [LR513]

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SENATOR HOWARD: Um-hum. [LR513]

JULIE ROGERS: So it very well could be. [LR513]

SENATOR HOWARD: I think more what I was wondering was four or five doesn't really make a difference to me. But if there are 6,500 calls that have to be reviewed, what's a reasonable number for a supervisor to be reviewing on a monthly basis? [LR513]

JULIE ROGERS: Our understanding...I don't know what the reasonable number is. It seems unreasonable for that number of cases to be reviewed in a qualitative manner. I do not believe that that is all the supervisor is doing. I think the supervisors at the hotline have additional duties as well. [LR513]

SENATOR HOWARD: Thank you. [LR513]

SENATOR CAMPBELL: Senator Riepe. [LR513]

SENATOR RIEPE: Quick question. I'm just curious. Isn't there software available that is word sensitive that a supervisor would be able to handle a greater volume if the system, when the recording picks up on key words? [LR513]

JULIE ROGERS: And I don't know that the...I'm not...I cannot say that the supervisors are listening to...I'm not sure how the supervisors are reviewing them, if they're doing a paper review within 72 hours or if they're listening to every single call. I don't know how they do their review so I can't answer. [LR513]

SENATOR RIEPE: Is that something you're recommending that they review their process, if you will, or processes. [LR513]

JULIE ROGERS: Yes. And they review whether, first, if they have enough supervisors to do the quality job of reviewing these intakes. I mean, I don't know that four or five could review...make a quality review of whether 6,500 intakes have been screened correctly. [LR513]

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SENATOR RIEPE: It seems to me, though, one needs to look at the process first before you... [LR513]

JULIE ROGERS: Right. So maybe...right. [LR513]

SENATOR RIEPE: And, you know, I know we talk a lot here about some of the outdated technology that we have and... [LR513]

JULIE ROGERS: And I don't know... [LR513]

SENATOR RIEPE: I'm just curious if that's a contributing factor then that might be a more effective, efficient, and cost...better cost approach than simply going for more FTEs. [LR513]

JULIE ROGERS: Yeah. And we did not look into the process of how they use technology or not when they do the supervisory review. [LR513]

SENATOR RIEPE: Um-hum. Okay, thank you. Thank you, Chairman. [LR513]

SENATOR CAMPBELL: Just a couple of comments for the people who listen to the hearings. The statutes require that if death of a child or youth that the Inspector General reviews that and has to review on a confidential basis with the Chair of the Health and Human Services Committee. And that's been a tough part of my job because I have to read each and every one of these reports, which leads me to my second observation which is thank goodness we have an Inspector General of Child Welfare. I just begin to think of all the things that had gone on before that no one really to the depth saw that. And, Julie, you are to be commended for that. The other point here is I lived through a time when you could make a recommendation to the department and there would be no answer, just kind of like nobody is talking; don't say anything; don't answer that. And so however you view this report, and I encourage everyone to read it from beginning to end, is that you are, I think, impressed with the fact that the department stands up and says, yes, that happened, and accepts your recommendation and works on a process. And your report gives all of that information. It says they accepted it, this is what they did, it's complete, they're working on it. That's a tough thing to stand up and say, yes, this happened;

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we're sorry; how do we move forward. And for that situation, the department should be commended... [LR513]

JULIE ROGERS: Yes. [LR513]

SENATOR CAMPBELL: ...because that hasn't always existed. [LR513]

JULIE ROGERS: May I comment? [LR513]

SENATOR CAMPBELL: Yeah. [LR513]

JULIE ROGERS: In terms of...I just want to comment that they accepted every one of our recommendations except for one. And they can accept, reject, or ask for modification. That's totally up to them. And they really, I feel, they really take this and our efforts very seriously. We are required by statute to report on the implementation status of every one of our recommendations. We have categorized them as complete, in progress, or incomplete. Just because a recommendation is incomplete doesn't mean that there hasn't been thought put to that recommendation. So those would be my...I agree. [LR513]

SENATOR CAMPBELL: Because you do clarify even on an incomplete or in progress what they've done so to that extent. It gives much greater assurance to the senators and to the public that you are watching and paying attention on behalf of us what's happening in child welfare, and we have a department who is working with you and responding. And even though it's .02 percent, you all feel such a commitment that it should not be any percent. And I appreciate that so great work, thank you. [LR513]

JULIE ROGERS: Thank you. [LR513]

SENATOR CAMPBELL: All right. Our last testifier this afternoon is Juliet Summers. [LR513]

JULIET SUMMERS: (Exhibit 3) Good afternoon, Chairperson Campbell and members of the committee. And thank you for sticking with us on this tough but really important issue today. My

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name is Juliet Summers, J-u-l-i-e-t S-u-m-m-e-r-s. I'm the policy coordinator at Voices for Children in Nebraska, and I'm very happy to have been asked to be here today to address you on LR513. Because as we always say, Nebraska children coming into care of the state through our systems, they deserve that those systems be structured and funded in a way that's going to promote a thoughtful yet timely response. Our case managers and our probation officers are the front line of service to our children and families, and we depend on them to use careful judgment and to build strong relationships with children and families to promote those best outcomes. It hardly needs to be said, it's been said in all the testimony prior, that creating a stable, supported, highly qualified workforce is a very complex issue; and it's much more than a simple numerical calculation of caseload or workload. There's a lot of pieces in the puzzle, and I would note personally that as an attorney I've had the opportunity to work with both case managers and probation officers. And I know how very hard that job is, both those jobs can be, and how dedicated these individuals are. They've chosen to go into service to work with children to try to improve outcomes for youth. And so all of the recommendations I bring to you here are with the intent of really lifting up these workers so that they can give their best efforts to their cases and that they will stick with the job, which can be a really traumatic and difficult job. So some possible pieces of the puzzle, and you've heard some already from other testifiers today, but things that can help affect caseload and workload. So streamlining requirements placed on front-line workers: In addition to direct client work--we actually are meeting with the family or attending a court hearing--both case managers and probation officers in Nebraska may also report to LB1184 teams. They may report to the Foster Care Review Office if the child is out of the home. If there's an investigation by the Inspector General, they have duties or responsibilities there. And as was noted before in the prior testimony on the Strengthening Families Act, there's different grievance processes through all the branches of government. And additionally as a state, in efforts to better protect and support children, we've continued to add various notification and reporting requirements. And I want to emphasize this is all to the good. Voices for Children has often been there supporting such reforms and protections, but it has to be factored into the workload if we want the primary role of the worker to remain that direct client interaction. And I would note that Nebraska is not alone in this. National estimates of workload time suggest that only 20-35 percent is actually spent on direct client contact or collateral contact with state providers. So in efforts to protect and support children nationally, we see that workers are "increasingly expected to do more assessments, diligent searches, notifications, visits, team

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meetings, plans, referrals, court testimonies, and documentation." And that's from a report by the Child Welfare Information Gateway caseload and workload management. I only brought one copy today, unfortunately, but I'll at least give it to the Chairwoman and I can certainly e-mail the entire committee if you're interested. There's some great national information in this document, and it's fairly recent from 2016. So one recommendation on the streamlining front, as Senator Howard noted in her opening introduction, our current statute does lay out a system of calculating cases on the child welfare side, based on whether the child is in the home or out of the home. So a recommendation on this front or a possible statutory change to consider would be at least for court-involved cases to simply count cases per child, whether the child is residing in the family home or out of the family home. In-home, out-of-home is not a perfect proxy for the complexity of the case or the family's needs, particularly if there's multiple children involved. And again, due to reporting notification requirements, all the documentation we require of workers, you know, whether the child is in-home or out-of-home, they're still going to be required to make individualized recommendations, you know, referrals, permanency plans for each child. And there is a concern that by saying you have 17 cases--we're not yet meeting that standard, but if we were, in an ideal world, each worker has 17 cases--if you move a child out of the home, you still have 17 cases, right, that you're not going to get an additional case, an additional new case coming on to your caseload. Whereas if the child remains in the home, you might get an additional case so that it could unintentionally incentivize movement toward out-of-home placements because the complexity of the case might remain the same, but the worker's ongoing caseload could decrease on an ongoing basis if a child is moved to an out-of-home placement. I would note, though, that as I think Senator Crawford was maybe concerned about, streamlining alone may not be enough to get us where we need to be given the numbers as we currently see them. And that's why I can't emphasize enough a second bullet point recommendation which is investing in our work force. We have to make sure as a state that we are competitive and that we are adequately funding our systems to attract and retain excellent candidates. Every year we have social work students or criminal justice students leaving our schools. We want to get every single one of them to stay in Nebraska and serve our kids. So the primary set of recommendations coming out of the Children's Commission's Workforce Workgroup regard bringing salaries in line with regional averages and offering greater student loan forgiveness, particularly for workers who opt to take up employment in underserved areas of the state. Research we examined regarding this interim study, national research demonstrated

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the highest correlations between salaries, stability of the work force, and decreased recurrence of maltreatment. So, you know, these go together. If you can keep your workers, they become more experienced, you have greater stability in your caseloads, you have a greater experience and ability to note possibility of maltreatment, and thus decrease that recurrence. So we took our best look that we could get at to look at salaries. These numbers are not going to be as good as if Nebraska were to do either on the child welfare or juvenile justice front of actual contracted survey of regional states. But looking at the U.S. Bureau of Labor Statistics, in 2015 our mean wage for child and family social workers was \$39,440. And that was lower than nearly all of our surrounding states. You can see the numbers in my testimony there. The greatest difference was with Colorado at \$47,960. And then nationally, the mean wage for child and family social workers employed by state governments, excluding schools and hospitals, was \$45,730. So we're out of step there. The same survey, Bureau of Labor Statistics, looking at probation officers and correctional treatment specialists, in Nebraska the mean wage was \$40,360, again falling below most of our neighboring states and some dramatically. Iowa's was \$66,740. Meanwhile, the national mean wage for probation officers and correctional treatment specialists was \$53,930. And I didn't actually look at that broken down federally versus state. But I absolutely believe that there could be competition on the probation side with the federal probation employment as well. Given the Workforce Workgroup's findings that the average tenure for a child welfare worker in Nebraska is only a little over three years, and that the cost on average of training a replacement is between \$30,000 and \$36,000, we have to look at lifting salaries as an investment rather than a fiscal hit. And so I am here today to request and recommend that even if our agencies are being careful with their dollars and streamlining processes as much as possible. I'll gloss a little over supporting the work force through adequate training, support, and supervision because you've certainly heard plenty on that today. But I will note that, you know, some states have seen some improvements through use of innovative technologies or different ways of working, of using workers' time. And telework has worked in a couple states, and I give you the particular example of New Hampshire where they created specialized telework units and found on average that employees in those units had better balance of field time and paperwork; fewer distractions; increased communication with their supervisors; increased sense of team membership; actually less travel in some cases, which could be particularly effective in our rural regions; greater job satisfaction; increased efficiency; and lower turnover. And my final note is just, and I think we've again heard a little bit on this today, is continuing to increase our focus and target funding on

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prevention--prevention, prevention, prevention. If we can continue to decrease the number of children coming in to state care overall, both on the child welfare and the juvenile justice side, through preventive efforts, then we're going to be able to affect these high caseload numbers. And the best way to decrease these caseloads is to amplify our state funding and support for evidence-based preventive approaches. On the child welfare side, we have community response and we have the state's Alternative Response project that's rolling out. On the probation side, we have expansion of community-based resources through the Juvenile Services Community-Based Aid Fund and we have diversion programs that are still spreading throughout all of our counties. We need to make sure that that process continues so that those kids who have a lower risk, either, you know, of being harmed or of being a risk to the community, can get the services and the assistance they need with sort of the lowest touch from the state. That's all I have for you today. Thank you to the committee for all of your time and your work to protect Nebraska's children. And thank you to Chairwoman Campbell and to Senator Howard for bringing this interim study today. I'd be happy to answer any questions I can. [LR513]

SENATOR CAMPBELL: Questions? Senator Riepe. [LR513]

SENATOR RIEPE: Thank you, Senator Campbell. I have a question. I wanted to go back and see if I heard this right. I believe you said there's an incentive--I believe this is in Nebraska--to move children out of homes. [LR513]

JULIET SUMMERS: It could. It could be. [LR513]

SENATOR RIEPE: Okay. [LR513]

JULIET SUMMERS: This is...I don't have definitive proof. And I will note that the statute as it exists now does mirror the CWLA, Child Welfare League of America, recommendation on this front. But when you think about a case, say you have a family that has five children in the home and two need a particular kind of treatment and the other two need a different kind. And one is very young and mom is struggling with parenting skills. That family, that complicated family, is one case for a worker and, you know, 1 out of their 17 cases. If a child is moved out of the home

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and one of those older children who is struggling is moved into, say, group care, treatment care, that 1 case out of the 17 on the caseload becomes 2 cases. [LR513]

SENATOR RIEPE: Okay. [LR513]

JULIET SUMMERS: So next month there's not an additional case being added because that worker is at 17 still, you know, if another case were to fall off their caseload. And by no means do I want to suggest that this would happen intentionally or that there would be workers, you know, trying to push kids into out-of-home care. But we know that these cases are so tricky and they are more time consuming than they seem on first blush. And the point is that being in the family might not be a perfect proxy for how simple or how time consuming a case is, that a weighted case approach would be a better way to look. [LR513]

SENATOR RIEPE: Correct me if I'm wrong, but I recall someplace reading that Nebraska was among the higher states on terms of outplacements outside the homes. [LR513]

JULIET SUMMERS: That would... [LR513]

SENATOR RIEPE: I don't know where I read that, but I read it someplace. [LR513]

JULIET SUMMERS: That's...we've certainly seen...I will say our numbers are, on the juvenile justice front I can tell you, Senator, our numbers are getting better of kids in out-of-home placements. Our numbers... [LR513]

SENATOR RIEPE: That being lower, not higher? [LR513]

JULIET SUMMERS: Lower, better, yes, that we're keeping more kids in their home and community. And our juvenile crime rate has not increased so we're keeping kids safely at home more. There was a dramatic report that came out I think in 2012 to that effect, I think on the child welfare front, about removing kids at one of the highest rates in the nation, making them wards. And, you know, we had seen a decrease in the number of wards; and kids going out of home has doubled up a little bit again in the past year. [LR513]

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SENATOR RIEPE: Okay, thank you. Thank you, Chairwoman Campbell. [LR513]

SENATOR CAMPBELL: Senator Crawford. [LR513]

SENATOR CRAWFORD: Thank you, Senator Campbell. And thank you for your work on this important issue. So we've talked about numbers in terms of caseload numbers. But I guess one of my questions is whether or not you have seen any research in terms of getting assessments completed in a timely manner and how that relates to work force or work force shortages. One of the findings in the Inspector's report was that at one point this summer we had over a thousand initial assessments that hadn't been completed in 30 days. So I guess we can talk about caseload numbers that we are definitely seeing, that there are other numbers that are important as well in terms of whether those initial assessments get done. Do you have any findings about completion of initial assessments in a timely manner? [LR513]

JULIET SUMMERS: I don't, Senator, not offhand. That's not something we looked into. But I will say that, you know, the recommendations from the Child Welfare League of America are based on best practice in each category, so initial assessment, you know, ongoing cases in order to meet standards of quality care. And on the hotline front or on the assessment side, the reason you need those caseloads to be low enough is so that your workers do have enough time to get through their stack, right, and to listen to each call. [LR513]

SENATOR CRAWFORD: So that outcome in terms of timely assessment is what goes into those figures that we're using as our standard. [LR513]

JULIET SUMMERS: As our standard, yep. [LR513]

SENATOR CRAWFORD: All right. [LR513]

JULIET SUMMERS: But I will look into that and if I find any information about how well other states are faring on that front, I will certainly share that with the committee. [LR513]

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SENATOR CRAWFORD: So what's happening to a child in that period of initial assessment?  
[LR513]

JULIET SUMMERS: I'm not sure I'm the most qualified person to answer that so I can speak from my knowledge as a lawyer that my understanding is a case comes into the hotline or a call is made to the hotline. And Nebraska is a mandatory reporting state, which does boost our numbers. [LR513]

SENATOR CRAWFORD: Okay. [LR513]

JULIET SUMMERS: So we see higher numbers than states that haven't adopted mandatory reporting for all people. So then your hotline worker takes that call, makes...uses structured decision making to make a determination of whether it should be screened for assessment or not. So there's an initial decision made about whether to just let it go or whether to move through the process. And then the IA worker, the initial assessment worker, actually goes to the home and checks in with the family and has their own decision-making tool to help them determine whether the family is in need of services, you know, what the appropriate route is to go. I don't know, Senator, what the average time is or should be on that process. But until the initial assessment worker can actually get to the home and actually meet and interview the children or the parents, you know, the children are... [LR513]

SENATOR CRAWFORD: In the home? [LR513]

JULIET SUMMERS: Yeah, are in limbo there. [LR513]

SENATOR CRAWFORD: Thank you. [LR513]

SENATOR CAMPBELL: Any other questions? I would say, Senator Crawford, that Vicki Maca is still here from the department; and she could probably tell you to the exact detail the answer to your question. Anything else? All right. Thank you very much for your testimony today.  
[LR513]

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JULIET SUMMERS: Thank you, Senator. [LR513]

SENATOR CAMPBELL: Senator Howard. [LR513]

SENATOR HOWARD: May I close from here? [LR513]

SENATOR CAMPBELL: Sure. [LR513]

SENATOR HOWARD: Okay. First off, I just want to thank the committee for taking the time to look at this issue. It's something that I've actually...I've grown up with, I've heard about it at the dinner table about how many cases are too many cases and how much caseworkers are working. But I personally found our Inspector General report heartbreaking. The idea that there are 26 kids who died or were seriously injured on our watch is something that I don't think should be allowed in our state. And I think this conversation is about considering what the department needs from us so that we can prevent that serious injury or that death for those children. I see some really important issues that are coming up: issues with the hotline and reviewing those calls--6,500 calls for 5 people is a lot of calls to review to me. I see some issues around initial assessment and ongoing case management and commingling those two very challenging caseload sizes. And I see a need for support for additional caseworkers. Regardless of the process that they're using, it's clear that there aren't enough human beings to do quality casework in this state. And so I'm happy to continue working with all of you on this issue, and I really do appreciate your time today. Thank you. [LR513]

SENATOR CAMPBELL: Thank you, Senator Howard. That concludes our... [LR513]

ELICE HUBBERT: We have letters. [LR513]

SENATOR CAMPBELL: Oh, that is (inaudible) of me. [LR513]

SENATOR RIEPE: You got her. [LR513]

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SENATOR CAMPBELL: I even wrote it down, Elice, and didn't read it. Do we have letters for the record? [LR513]

ELICE HUBBERT: (Exhibits 4-7) We do have letters. We have letters of support from Nebraska Appleseed, Nebraska Association of Public Employees, Nebraska Children's Commission, and Nebraska Families Collaborative. [LR513]

SENATOR CAMPBELL: Okay, they'll be entered into the record and that concludes our hearings for today. Thank you very much. [LR513]