

Health and Human Services Committee March 6, 2019

HOWARD: Welcome to the Health and Human Services Committee. I'm Senator Sara Howard. I represent District 9 in midtown Omaha. This continues a series of briefings that the committee has been conducting over the course of this session, and today we'll be hearing from the Office of the Inspector General of Nebraska Child Welfare and the Foster Care Review-- Review Board. Before we get started, I'd like to invite my colleagues to introduce themselves.

WALZ: Lynne Walz, District 15, Dodge County.

ARCH: John Arch, District 14, Sarpy County.

HOWARD: And so with that, I'd like to invite our Inspector General Julie Rogers to give us an overview of her work.

JULIE ROGERS: OK. Good afternoon, Chairperson Howard, members of the Health and Human Services Committee. My name is Julie Rogers. I'm Inspector General of Nebraska Child Welfare. Thank you for inviting my testimony about our office and annual report. Entering our seventh year, we continue our work providing accountability related to multiple governmental agencies: those in licensed day cares and group homes, those receiving services through the Department of Health and Human

Services, whether through alternative response noncourt services, or as a state ward, those held in juvenile detention, those supervised by juvenile probation, and those at the Youth Rehabilitation and Treatment Centers. As has been historically true, of the 520 cases that our office received as intakes in fiscal year '17-18, the majority were handled competently by system professionals with no major violations of policy or law. DHHS and Probation Administration, as well as the private agencies they work with, are staffed with many highly capable, professional, and caring people who do complex and sometimes heartbreaking work with families and children on a daily basis. This not only shows in the voluminous information we review, but especially becomes apparent in our conversations with caseworkers, juvenile probation officers, and other front-line staff across the state. But as we're charged with investigating problems, we work to not only uncover wrongdoing but also in every instance look for systemwide problems and issues. We have a unique perspective. Because the office does not provide any aspect of service-- service provision, we are free from the sorts of biases that affect almost all other players with access to confidential information. In other words, every agency and service provider has a natural incentive to place their work in the best possible light. Our annual report is released annually

on September 15, and it's included in your packet, and highlights sometimes very difficult issues and at times it may raise more questions than gives answers. Our report summarized the work of our office from July 1, 2017, to June 30, 2018, and I'll provide you with some of the highlights both in terms of tragic incidences as well as the continuing and emerging-- emerging topics facing the child welfare and juvenile justice systems. In fiscal year '16-17, we received 45 reports of suicide attempts. Of these, 23 children were state wards, 6 were supervised by juvenile probation, 4 were served by both juvenile probation and DHHS, two were placed at a YRTC, and 3 had no system involvement at the time of their suicide attempt. Those numbers were higher than the year prior. In fiscal year '17-18, attempted suicide numbers reported to our office rose again. Of the 52 suicide attempts reported, 24 were state wards, 21 were supervised by juvenile probation, 6 were served by both juvenile and DHHS, and 1 was placed at the YRTC. This year the numbers are on track to be even higher. In the past we have reported on continued caseload and workload issues that have troubled the child welfare system, and we have highlighted that statutory requirements have not been met but progress has been made over the past year. DHHS has repurposed 24 full-time positions from within the Division of Children Family Services to caseworker

positions. DHHS has been exploring a teaming approach to cases. Turnover is slowly decreasing. DHHS reports an average of 93 percent caseload compliance as of last month, January of 2019. DHHS continues to be out of compliance with statutorily required caseload standards but caseload numbers are better than years prior. A monthly caseload report can now be found on DHHS's Web site, so transparency related to this area has improved. DHHS has called a working group of internal and external stakeholders to look at the current caseload standards to come up with an improved way to measure caseloads for all caseworkers. In addition, they are working towards increasing work force stability by enhancing retention and filling vacancies in a timelier manner. We will continue to watch the status of statutory caseload compliance as well as the substantive case workload of caseworkers. As caseloads continue to stabilize, the changes in the child welfare system that are coming could have an impact on workloads. DHHS will need a balance-- to balance caseload and workload so the important work of caseworkers can be done most effectively. Our office reported-- issued a report: Sexual Abuse of State Wards, Youth in Adoptive or Guardian Homes, and Youth in Residential Placement. And that was made available to the public December of 2017. The report contained 18 DHHS recommendations and 7 action items for child welfare

system as a whole. DHHS except 11, rejected 4, and requested modification of 3 of the recommendations. As you can see on page 61 of the annual report, DHHS has made progress on 12 of those recommendations and has completed 2. As with any of our recommendations that are not complete, timeliness of completion is a concern. Our office went from receiving 29 reports related to child sexual abuse in fiscal year '16-17 to 45 in '17-18. After our investigation on sexual abuse of child welfare-involved children and youth, the Legislature passed a provision requiring that all allegations of sexual abuse of state wards, juveniles on probation, juveniles in detention facilities, and juveniles in a residential child-caring agency be reported to our office. Since the fall of 2017, Children and Family Services has undergone significant modification in child abuse/neglect practice. Some of these practice changes include more stringent circumstances when suspected drug-endangered children are drug tested, fewer child abuse/neglect hot line and being accepted for initial assessment. Entries into the child welfare system for noncourt services, those are increasing and entries into the child welfare system for court-involved youth or state wards decreasing. The number of youth served through the child welfare system, whether through noncourt or court involvement, has remained about the same. During fiscal year '17-18, our office

received-- received multiple complaints related to the safety and well-being of children directly connected to these changes in practice. Practice and philosophy has changed and formal written public policies that should accompany changes are crucial to the success of the system. Our attention to these issues is ongoing. In addition, over the past year, the Child and Family Services review of Nebraska's child welfare operations was released and DHHS created and submitted a performance improvement plan, or PIP, based on the findings. In addition, the Family First Prevention Services Act was passed as part of the Bipartisan Budget Act at a national level in February of 2018 which reforms federal child welfare financing streams. Change in practice and policy based on these requirements is also expected. The issue of child safety is paramount to the child welfare system. Changes in DHHS practice and/or policy over the past year are to support caregivers in making every effort to keep children stable in their homes and I applaud those efforts. But if the system is unprepared to respond to whole changes with little planning and buy-in that includes all of the stakeholders, there is a significant risk that children will fall through the cracks while the rest-- mental health providers, county attorneys, the court system, to name a few-- make the necessary adjustments. As always, I

genuinely appreciate your support of transparency in the search for truth in government and in the-- the administration of our child welfare and juvenile justice systems. Thank you for your time and attention and I'm happy to answer any questions.

HOWARD: Thank you. Are there questions? Senator Arch.

ARCH: So how do you receive reports.

JULIE ROGERS: So receive criti-- what we refer to as critical incident reports of bad things happening, like death or serious injury or sexual abuse of children or youth. We receive them from juvenile probation or from Children and Family Services Division at DHHS. So that's one way we hear about instances. The other way is we're required through statute to have a kind of hot line or phone so people can make complaints about the child welfare, juvenile justice systems. We also have an on-line complaint form, so we take complaints about those-- any issues or events that have happened.

ARCH: So-- so the providers-- I'm going to call them providers, very broad-- they're not-- this is not mandatory reporting to you. They have mandatory reporting to CPS. They have mandatory reporting to licensure--

JULIE ROGERS: Right.

ARCH: --if a child is injured or something like that--

JULIE ROGERS: Right, and--

ARCH: --but to you not mandatory.

JULIE ROGERS: Right, and then DHHS would tell us if something bad happens so--

ARCH: OK, so it comes through-- it comes through them to you.

JULIE ROGERS: Yes. Yes.

ARCH: OK.

JULIE ROGERS: Yep. We don't have any private detention centers, for example, but detention is also supposed to tell us directly when something bad happens.

ARCH: And then when you receive a report you-- you don't go-- do you go back to the provider themselves or do you go back to-- and take a look at how it was handled by either CPS or licensure?

JULIE ROGERS: It depends on what level of investigation we do. First we do a review of all the documents that we have access to. And I'll just speak to the child welfare side. So we have access to N-FOCUS and we look at all the documentation. Then we

staff that review and decide whether a full investigation should be opened. If a full investigation is opened, we will always reach out to the private service provider and-- and get documentation from them and then do interviews as needed, depending on what the documentation says or if we need verification. The interviews are really important because sometimes something might look one way on paper but maybe something was left off of paper or the reasoning behind certain decisions can be gained.

ARCH: And who are you interviewing?

JULIE ROGERS: So we-- we--

ARCH: Do you go back-- you go back to the original source of the report or are you interviewing the-- the agencies?

JULIE ROGERS: Like-- like the-- we could be interviewing-- it depends on the situation so we could-- let's say a child dies and is placed in a foster home by a private child-placing agency. So we would interview the caseworker that placed the child there. We might interview the specialist that that private agency that was supporting that foster home. It just depends on the circumstances.

ARCH: OK. Thank you.

HOWARD: Other questions? Julie, do you want to talk a little bit about-- so there's been a broader conversation about some of the drug-testing policy changes and how that might impact families overall the-- or maybe some of the systemic changes that that might impact?

JULIE ROGERS: Yes. So in the past year there was a change in how caseworkers-- they weren't allowed to drug test parents in-- in cases. I mean this is oversimplifying what happened, but there was a change in when caseworkers can drug test parents in child welfare cases. And the practice was put into place and then a policy came out in October. So the concerns that our office ran into is getting buy-in and feedback from stakeholders to see how this change will affect different players in the child welfare system because there's lots of stakeholders. Whether DHHS caseworkers, if they do not-- if they're not able to drug test to see if parents can parent a child safely, how they are trained with figuring out whether a parent is-- is on drugs and whether the child is safe, we have a-- we still have a big turnover in caseworkers, so those were-- those have been some of our concerns. Senator Hansen.

B. HANSEN: Thank you. Thank you. Just curious, when you say you have to help monitor to see if a child is safe in a home, does

that entail you going in there and looking through the home at all and writing anything down?

JULIE ROGERS: So DHHS would-- if a call is accepted for abuse/neglect allegation, then an initial assessment worker would go out to the home where the child is living and either they would-- sometimes there's a law enforcement welfare check, but it should include going out to the home.

B. HANSEN: OK. Does that ever happen in just like random instances on a child that might be with a-- with the foster parent or is there any other kind of monitoring that's done?

JULIE ROGERS: So if a child is with a-- placed in a foster home, the caseworker is supposed to go visit the child in the foster home. I believe it's once a month.

B. HANSEN: Do they ever like walk through the home?

JULIE ROGERS: I-- I mean--

B. HANSEN: Just from a privacy issue, I'm always just kind of curious--

JULIE ROGERS: Right.

B. HANSEN: --because I've heard a couple different instances on maybe where someone has walked through the home and looked through stuff and wrote stuff down.

JULIE ROGERS: OK.

B. HANSEN: And it might just be a completely random thing because that's not the norm. So I'm just kind of curious if they make-- a privacy concern.

JULIE ROGERS: Yeah, I-- I have not heard--

B. HANSEN: OK.

JULIE ROGERS: -- of a privacy concern. I know they go to make sure that the condi-- living conditions are-- are adequate to keep the child safe. But I hadn't heard that specific concern.

B. HANSEN: Yep. Thank you. Appreciate it.

JULIE ROGERS: Sure.

HOWARD: Any other questions? Seeing none, thank you for visiting with-- oh, Lynne? Senator Walz.

WALZ: That's OK. I was just curious off of his question that caseworkers are supposed to go one time a month. Are they able to meet that requirement?

JULIE ROGERS: Usually, I-- I believe they are.

WALZ: OK.

JULIE ROGERS: Sometimes we'll get a concern that the caseworker will see the child not in the foster home but somewhere else, like on a visit with-- with a parent or at school. But usually, and depending on their caseload-- again, if their caseload is-- they are sort of putting out fires and trying to handle all the priorities, which might not be visiting the child once a month, but generally I think that that's-- that is happening.

WALZ: All right. Thanks.

HOWARD: All right. Thank you.

JULIE ROGERS: Thanks.

KIM HAWEKOTTE: I always feel so low when I sit here. Good afternoon, Chairman Howard and members of Health and Human Services Committee. My name is Kim Hawekotte, it's K-i-m H-a-w-e-k-o-t-t-e, and I am the executive director at the-- the Foster Care Review Office. And coming out is a-- a handout with regards to what the Foster Care Review Office does, and then also, hot off the press, our March 1 quarterly report with the-- the data. So some of the questions you did ask Julie, I'll-- I'll be able

to answer based upon some of the-- the current data. Just very quickly a little bit of background about myself, I'm an-- an attorney by trade. I spent many years in private practice representing attorneys, doing guardian ad litem work in juvenile court. I was also in the Douglas County Attorney's Office doing prosecution for many years. I've been the administrator for the Office of Juvenile Services and ran the YRTCs in Kearney in Geneva. I have a little PTSD but I was also one of the vice presidents for one of the lead agencies for many years, and now we've been at the Foster Care Review Office, so very varied background. But the Foster Care Review Office is a unique entity, I have to tell you. We're the only state in the nation that has it set up this way and we are the envy. In this past year I've probably heard from four other states that would love to have it set up the way we do, so that's kudos to our Legislature back in 1982 for having the foresight to set this agency up as an independent agency. So we are run by a five-person board. We do not operate under any of the branches of government, which gives us the freedom and the ability to make recommendations that impact all stakeholders within a system, not just pieces and parts of it. The types of cases that we review under statute, we are to review all children in out-of-home care. It's termed "foster care," but probably the better

way to think of it is out-of-home care. And on page 2 of the handout, I do put out what that all includes because it is out-of-home care, whether it is through Probation, whether it is through Child Welfare, whether it is a voluntary placement by a parent into out-of-home care, whether it's into a residential facility. We review all of those children. We review children who have been relinquished by their parents to a child agency. Lastly, we-- or two, we also do all the reviews for children-- youth and young adults in the Bridge to Independence program, the B2I program, and we review all children that are considered in a trial home visit. Those are children that were placed out of home and then are being placed back home for a trial home visit with the court case remaining open. So we do all of those reviews. In a given month, we do over 370 individual case file reviews statewide. We look at about 28 Probation individual case file reviews. We have 54 local boards across the state that meet each and every month that are made up of about 325 volunteers that look at these cases. So we look at a lot of them. Our goal is to really-- and our mission is to ensure that that best interest of that child is being taken care of, and it's to ensure that all stakeholders are doing what's in the best interest of the child. So our statutory duties really come down into four things. First, we are to track all children in out-of-

home care and we do that by having a very robust database where daily input is being inputted and outputted into that database as to children in out-of-home care, where they are, who their case manager is. All of that type of background goes into a database on a daily basis. We were very blessed about two years ago through our Appropriations Committee to get extra funding to create what we call our FCTS database, which is automatic downloads now from Health and Human Services directly to us so that we don't have to manually enter thousands and thousands of - of things. So we track. Second thing we do, we do that individual case file reviews, those 370 that we do every month. That individual case file review-- review is done by our staff. They have full access to N-FOCUS for the department. They also look at any documentation from providers. They talk to any provider out there. They gather all that information together. It goes to one of our local board meetings and then our local boards sit down, review the documentation, hear from the participants, and then from there issue their recommendations and findings. That final document, that recommendations and findings document, is sent to all the legal parties and to the judge on a case so that everybody knows what we are finding, what the concerns are. And if anybody wants, I'll gladly show you what that document looks like because it's a very detailed

history of the case and also the current situation with regards to the case, along with our recommendations. At the time that our staff are doing those individual case file reviews, they also complete a very extensive data form on these youth. That data is what is used to go into our quarterly reports so we can tell you what are the issues with these children and the concerns and the positive things. Third thing we do is we advocate. After that final recommendation and report is done, our staff and our management team are-- are advocating for what's in the best interest of the children. And that might include meeting with attorneys, it might include advocating within Health and Human Services with the case manager. The one thing that every state is jealous of-- of us is that we have the ability as an agency to take legal standing. So there's-- there's cases where we get very frustrated and feel it is not moving the way it is supposed to and we have the ability to take a legal standing, and I do, and appear in those courtrooms to advocate for the best interest of children. Last thing that we do is we do reports. We take all of that wonderful data. We have a research director and a research analyst that pore over it every day, and that is what is used to create our annual report and our quarterly report. Also under statute as part of that is we are to make recommendations as to the areas or the-- the need

within the state from all relevant stakeholders. So if you look on-- on page 7 of-- of the handout, those were our 2018 recommendations from our-- our annual report. And there were a couple of legislative ones that I in particular wanted to-- to touch on. And some is also within our quarterly report. But before I do that, I'd like to just give you some numbers and then-- so you know why this is important. So we know as of December 31 of 2018, we had 4,200 children and youth in out-of-home care in this state. And in our quarterly report, on page 25, it's broken down. About 80 percent of those are within Child Welfare. So about 3,340 of those children are within Child Welfare in out-of-home care. Six hundred and twenty of those youth, or about 15 percent, are by the Office of Probation. One hundred and seventeen of them are what we call duly involved; in other words, they're within Child Welfare and the probation system. And then we had about 110 youth that were placed at either YRTC, Kearney or Geneva. We know with regards to the Child Welfare population, that 3,340, that about 42 percent of those are under the age of five, five and under. We know that about 34 percent are ages 6 to 12. So when you look at-- at our current Child Welfare population, the vast majority of them are 12 and under. We also know we have still within the state a very large, disproportionate minority issue, that disproportionality-

- Native American, multiracial, and black youth are in a much higher percentage, more than double the percentage of being in out-of-home care than they are within the population or census of our state. We also have seen that 97 percent, which is a very positive thing, I'm going to say that, are in family-like settings, so they are in foster homes, they are with some type of family-like setting rather than in a group. About 38 percent of them are with relatives. We are one of the higher states in the nation with regards to that. We've really done a great job of trying to place children with their relatives if at all possible. And about 34 percent of them are in agency-based foster care. One of the issues that I do want to mention here that was one of our recommendations, as part of our federal IV-E funding, in order to get that federal IV-E funding with regards to these foster care placements, these youth have to be-- children have to be placed in licensed foster homes. One of the issues we have within our state is when it comes to these relative foster homes, only 22 percent of them are licensed. So that means that 78 percent of them are not licensed relative homes, which means once our IV-E waiver ends, we cannot draw down federal IV-E funding for. It's an area of the state we have to work with HHS and improve licensing of those homes so we ensure that we are maximizing our federal dollars. OK. The other

big thing that we have seen, and I know, Senator Howard, you touched upon it, in the past year there has been a 15 percent decrease in children in out-of-home care, which I cannot sit here and say that isn't a positive thing. That could be a very, very positive thing. But we know in -- in looking through the data, and it's spelled out in our-- in our quarterly report, that the reason there's been such a large decrease in our out-of-home care is because of entries. Whenever you look at out-of-home care, you have to look at how many have exited that were in out-of-home care and how many entered. We know that our entry rate has gone down drastically; in fact, it's gone down 25 percent in the past 14 months. Would you-- I know we're running out of time.

HOWARD: No, keep going, yeah.

KIM HAWEKOTTE: OK. So in 2016 on an average there was about 225 children placed in out-of-home care every month. In 2017, there was about 213 placed in out-of-home care. For 2018, that number dropped to 160. Now again, that might be a very positive thing. We don't know. But what we have seen, going to your question, Senator Howard, is that there has been a 37 percent increase in your noncourt, voluntary cases. So that number went from a little bit over three-- a little bit less than 3,000 to over

4,000 in one year. So we know most of the cases are being now worked in a noncourt, voluntary situation. One of our recommendations that we had is there-- we need to ensure that as a system we have oversight over that. We also know that within those noncourt cases we have children that are being voluntarily placed by their parents outside of their family home. We as an agency have worked very hard with the department trying to say under statute they have to report those to us. They started reporting the end of December. So we have gotten one report on those, but we don't know what type of placements those are, are those children safe or not safe. So that is part of the reason, as you will hear tomorrow with a couple of bills, as to why we really need to look at the-- the beginning, that front end of the system, because there has been a drastic shift in how we are handling cases. I know my time is up. The last thing I want to say in that report, in our quarterly report, there is a special study on children that re-enter care due to a disruption in their adoption or guardianship. And about 5 percent of the children in out-of-home care during 2018 were-- were previously in an adoption or guardianship and came back into care. We know they're about 13 to 14 years of age. And from our standpoint, I can't imagine a more traumatic experience for any child than I was removed from my parents and then I was adopted and now I'm

back in out-of-home care. So that's what the special study is about and goes into much more detail as to what it is we found.

HOWARD: Thank you. We're going to start the hearing at 1:35, so we do have a few minutes for questions if anyone has any questions. How are-- how are things going working with-- so you talked about noncourt, voluntary, and then we'll have alternative response.

KIM HAWEKOTTE: Correct.

HOWARD: And then we'll have traditional response, and traditional response is what you-- you see the most or you deal with the most.

KIM HAWEKOTTE: We don't deal with any traditional responses.

HOWARD: Oh, for out-of-home placement, I apologize.

KIM HAWEKOTTE: We deal with out-of-home placement. But the traditional responses would be those noncourt, voluntary cases.

HOWARD: And then you won't have any oversight necessarily over the new population for Family First then?

KIM HAWEKOTTE: No, not under current statutes, we don't, unless the parent voluntarily placed that child in an out-of-home placement.

HOWARD: OK.

KIM HAWEKOTTE: So in other words, an example that-- that we see in some cases, and they're doing the traditional assessment, they go into-- the initial assessment worker goes into the house tonight. Let's say that mom or dad have a methamphetamine concern or an issue, they don't feel those children can safely remain in that home. Then they'll say to the parent, is there somebody you can place your children with while we are working with your drug addiction? Now what our concern is, I don't know what those placements look like. They're being selected by the parents. I don't know because I haven't seen a policy that says what the department is even looking at when those children are being placed there. That's some of-- of the bills and the issues that a system-- system we have to look at how we help shore that piece up.

HOWARD: Thank you. Any other questions? Seeing none--

KIM HAWEKOTTE: Thank you.

HOWARD: --thank you for briefing us today. We appreciate it. All right. All right. Good afternoon and welcome to the Health and Human Services Committee. I'm Senator Sara Howard and I represent the 9th Legislative District in Omaha and I serve as Chair of this committee. I'd like to invite the members of the committee to introduce themselves starting on my right with Senator Walz.

WALZ: Hi. Lynne Walz, District 15, Dodge County.

ARCH: John Arch, District 14, Sarpy County.

WILLIAMS: Matt Williams from Gothenburg, Legislative District 36, Dawson, Custer, and the north portion of Buffalo Counties.

B. HANSEN: Ben Hansen, District 16, Washington, Burke, and Cuming Counties.

HOWARD: Also assisting the committee is our legal counsel Jennifer Carter and our committee clerk Sherry Shaffer. And we are joined by two committee pages, Maddy and Erika. A few notes about our policies and procedures, we ask that you turn off or silence your cell phones. This afternoon we'll be hearing two bills and we'll be taking them in the order listed on the agenda outside of the room. On each of the tables near the doors to the hearing room, you will find green testifier sheets. If you are

planning to testify today, please fill one out and hand it to Sherry when you come out to testify. This will help us keep an accurate record of the hearing. If you are not testifying at the microphone but want to go on record as having a position on a bill being heard today, there are white sign-in sheets at each entrance where you may leave your name and other pertinent information. Also I would note, if you are not testifying but have written testimony to submit, the Legislature's policy is that all letters for the record must be received by the committee by 5:00 p.m. on the day prior to the hearing. Any handouts submitted by testifiers will also be included as part of the record as exhibits. We would ask that if you do have any handouts, that you please bring ten copies and give them to the page. We do use a light system in this committee. Each testifier will have five minutes to testify. When you begin, the light will be green. When the light turns yellow, that means you have one minute left. When the light turns red, it is time to end your testimony and we will ask you to wrap up your final thoughts. When you come up to testify, please begin by stating your name clearly into the microphone and then please spell both your first and last name. The hearing on each bill will begin with the introducer's opening statement. After the opening statement we will hear from supporters, then from those in

opposition, followed by those speaking in a neutral capacity. The introducer of the bill will then be given an opportunity to make closing statements if they wish to do so. We have a strict no-prop policy in this committee. And with that we will begin today's hearing with LB59, Senator Cavanaugh's bill to change investigation and reporting provisions under the Children's Residential Facilities and Placing Licensure Act. Welcome, Senator Cavanaugh.

CAVANAUGH: Thank you, Chairwoman Howard. Good afternoon. Members of the HHS-- Health and Human Services Committee, my name is Machaela Cavanaugh, M-a-c-h-a-e-l-a C-a-v-a-n-a-u-g-h, and I'm honored to represent District 6, west-central Omaha, here in the Nebraska Legislature. I'm here today to in-- introduce LB59 which establishes some time lines for investigations into allegations of abuse or neglect of a child placed in a licensed group home or a complaint about a group-- the group home itself. Specifically, LB59 would require that if an allegation is made, the department must decide within five business days whether or not to conduct an investigation. If an investigation is conducted, a report must be issued within 30 days of that determination. I bring this bill because of a report issued in 2017 by the Inspector General of Nebraska Child Welfare which found a disturbing shortcoming with regards to investigations of

allegations regarding sexual abuse of children at residential facilities. Specifically, the Department of Public Health issued zero reports on these allegations between 2013 and 2016, none for three years. There were no reports on investigations of substantial-- of substantiated or unsubstantiated cases of sexual assault of children at licensed residential facilities. Furthermore, there were not records of investigations even being conducted. The Inspector General recommended the adoption of clear, defined time lines on the tracking and investigation of these allegations. And that is precisely what LB59 seeks to do. Not every allegation of abuse made will bear out, but we owe it to our children to take these allegations seriously and ensure we are holding everyone responsible for them accountable. Establishing clear investigation and reporting deadlines is an important step in that process. I would like to note that I spoke with Darrell Klein from DHHS and we are working together to bring an amendment of the time line from 30 days to 60 days with the potential to extend to 90 days if an interim report-- sorry-- wait for it-- is issued at the 60 day deadline. Thank you for your time and I'm happy to answer any questions from the committee.

HOWARD: Thank you. Are there questions? Seeing non, will you be staying to close?

CAVANAUGH: I will.

HOWARD: Fantastic. All right. Our first proponent testifier for LB59. Good afternoon again.

JULIE ROGERS: Good afternoon. Chairperson Howard and 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. Our office investigates concerning incidents, including deaths and serious injuries, and allegations of wrongdoing and improper performance of individuals and agencies responsible for the care and protection of children in Nebraska the Child Welfare and juvenile justice systems. LB59 ensures that complaints and allegations of child abuse, neglect in Nebraska's residential child-caring agencies-- these could be privately run group homes, shelters, and other facilities-- are investigated in a timely manner by the DHHS Division of Public Health, which licenses them. LB59 relates directly to a report of ours during our investigation into sexual abuse of state wards and youth in residential facilities. We discovered that Public Health was not adequately investigating and responding to cases of sexual abuse at residential facilities it licenses. I have included that section of our report with my written testimony. We discovered cases

where investigations remained open for over a year, leaving facilities without a clear answer on what must be addressed and improved and children and facilities that were not able to be kept safe. A relevant excerpt can be found on page 66 of the attached report, which is the case of what is referred to as group home Z. It illustrates the repeated failure to investigate and take timely action, a pattern of concerns about abuse and neglect of residents, and clear evidence that the facility had violated Nebraska's Statutes on reporting abuse allegations were not addressed for over three years. Our corresponding recommendation to DHHS was to ensure adequate staffing for residential child-caring agency licensing operations, which was rejected. Though the tracking of in-- investigations has greatly improved within the Division of Public Health, one staff is inadequate to license all of the residential child-caring agencies as well as child-placing agencies, discipline such agencies, complete investigations, follow-up, in addition to other duties. Duties are currently not completed in a timely manner, in our experience. By adding time frame for investigations of these residential child-caring agencies to Nebraska law, LB59 will help ensure that appropriate action is taken to keep children safe at these facilities. Thank you to Senator Cavanaugh for introducing the bill, and thank you,

Committee, for your time and attention. I'm happy to answer any questions.

HOWARD: Thank you. Are there questions? Senator Walz.

WALZ: I just have a question. I didn't understand. Senator Cavanaugh was talking about an amendment regarding 30, 60, and 90 days. What-- what is that?

JULIE ROGERS: I don't-- I'm not aware of the amendment, but I-- sometime-- I know that sometimes investigations that licensing does is-- they can be very complex and they can include Probation or Children and Family Services Division or law enforcement. Especially when law enforcement is-- is involved, they might ask Licensing to hold off on their investigation until law enforcement can complete those interviews.

WALZ: OK.

JULIE ROGERS: That's-- but some of them are quite complex, some of these investigations.

WALZ: All right. Thanks.

HOWARD: Other questions? Seeing none, thank you--

JULIE ROGERS: Thank you.

HOWARD: --for your testimony today. Our next proponent testifier for LB59? Seeing none, we do have one letter for the record, Nick Juliano from the Nebraska-- and Family Coalition of Nebraska-- from the Children and Family Coalition of Nebraska. I apologize. Is there anyone wishing to testify in opposition to LB59?

DARRELL KLEIN: Good afternoon, Chairwoman Howard and members of the Health and Human Services Committee. My name is Darrell Klein, D-a-r-r-e-l-l K-l-e-i-n, and I am deputy director of the Division of Public Health for the Department of Health and Human Services. And I'm here to testify in opposition to LB59 which proposes changes in the child-- Children's Residential Facilities and Placing Licensure Act as written, and did speak with Senator Cavanaugh either late this morning or early this afternoon and we-- we have-- she heard our concerns and I believe there will be an amendment coming forward that would address ours. So briefly, the act provides standards for that residential child-caring agencies and child-placing agencies. And residential child-caring agencies are programs that perform-- provide, excuse me, room, board, and responsibility for care and safety on a 24-hour-per-day basis for children who are in out-of-home placement. A child-placing agency is a program that receives a child for placement or arranges for the placement of

a child in an out-of-home facility, a foster home, or an adoptive home. Currently there are 30 licensed child-placing agencies and 19 residential child-caring agencies in Nebraska. In 2018 the department received 35 complaint investigations for these facilities. Most of the-- those investigations involved law enforcement and the Division of Children and Family Services due to the allegations involving abuse or neglect of children. LB59 sets a five-day time frame after receipt of a complaint for review to determine whether to investigate. The Division of Public Health would be able to meet this requirement. Currently complaints received by the division are typically reviewed in two or three business days. However, the agency's concern is the requirement to issue a report on an investigation within 30 days of the determination to investigate. As stated above, most of the recent investigations involve law enforcement and the Division of Children and Family Services due to the allegations involving abuse or neglect of children. The involvement of these agencies may impact the Division of Public Health investigation for reasons beyond our control. And as-- as stated by the Ombudsman, an-- an investigation of a large residential child-caring agency can be complex and could involve interviews of as many as 20 staff and other witnesses, posing scheduling problems to meet the 30-day time frame in many cases. And I would be

happy to address any questions you or the committee may have,
and I appreciate your time today.

HOWARD: Thank you. Are there questions? Thank you, Senator Williams.

WILLIAMS: Thank you, Senator Howard. And thank you, Mr. Klein. I just want to be sure that-- that we are clearly understanding that the part-- the-- you would remove any objection that you have with the amendment that you and Senator Cavanaugh have talked about so that--

DARRELL KLEIN: Yes, it-- it's-- it's--

WILLIAMS: --that would--

DARRELL KLEIN: It's not absolutely certain we would make the standard in any circumstances. But I did talk to program staff and the-- frequently when it's Children and Family Services or a CPS, Child Protective Services, investigation with the Division of Public Health, many of those investigations are joint investigations and there probably wouldn't be any problem with the time line. What we actually run into is when law enforcement is involved and there are different standards that they need to meet to prove their case, they're investigating a criminal case, and so I will say frequently, and it may probably round up to

usually, they kind of ask us to back off so that they can complete their investigation. Part of the reason for that is if they have-- the-- the type of investigation that they will conduct for a criminal case will also serve our purposes. So after their investigation is complete, we can use the information that they have obtained. And the-- the converse is not necessarily true because we use different techniques, we're looking at different standards. And so typically when-- when there's an allegation of abuse or neglect that law enforcement is involved with, they may ask us to just wait in the wings. And so that's the primary concern that we don't have control. We believe that 60 days might be a reasonable standard. And in our-- in my conversation with Senator Cavanaugh, we allowed for the possibility that if there's a complex or ongoing investigation by law enforcement, that at the 60-day mark we could issue an interim report. It might be very sparse. If law enforcement is worried about us compromising their investigation, our report at that point might simply be that that final report is pending receipt of the final law enforcement results.

WILLIAMS: Thank you.

HOWARD: Senator Hansen.

B. HANSEN: Thank you, Senator Howard. Just a quick question about some of that Mr. Rogers said that maybe you can shed some light on about the investigations being done in a timely manner. She said Public Health did not complete investigations, take any disciplinary action, or require any corrective action related to allegations of sexual abuse cases licensed-- within licensed residential care facilities between July 2013 and October 2016. Is there a reason why there wasn't anything done or is it because it's more-- it was put more on law enforcement than Division of Child-- Children Family Services?

DARRELL KLEIN: I really can't speak to it. It's-- it's both before my time and I believe it's before the responsibility for the investigation was within the Division of Public Health. And we have made improvements and I believe those were spoken to as well so--

B. HANSEN: Yeah. I'm just curious to get your thoughts. Thanks.

DARRELL KLEIN: Yeah.

HOWARD: Mr. Klein, may I clarify a point?

DARRELL KLEIN: Yes.

HOWARD: Wouldn't the responsibility for investigating whether a license is still appropriate remain with Public Health?

DARRELL KLEIN: I believe that-- I-- and I could be wrong. I didn't study the legislative history. I believe it was moved within divisions. I know the responsibility was. I'm not absolutely sure of the statutory scheme. The-- typically the licensure of-- of facilities and folks touching on the provision of healthcare are within the Division of Public Health. There are some other areas where there's kind of a-- you know, the lines are a little bit blurred. But we do routinely investigate facilities so it's logical to be with Public Health. So, you know, I-- I will contact you if I'm in error and-- and just spoke out of turn. But I do know that we've made strides toward addressing the issues to-- to be more complete and timely in our investigations, so.

HOWARD: Would you actually follow up with the committee and let us know if-- if this has been in your purview, because I believe it is, but I could also be wrong.

DARRELL KLEIN: Yeah.

HOWARD: Any other questions? Seeing none, thank you for your testimony today.

DARRELL KLEIN: Thank you. Thank you.

HOWARD: Our next opposition testifier? Seeing none, Senator Cavanaugh, you're welcome to close.

HOWARD: Oh, is there anyone wishing to testify in a neutral capacity? Thank you. Yes. Seeing none, now you're welcome to close. Thank you.

CAVANAUGH: Just want to be thorough. Thank you, Chairman Howard, and thank you to the committee. As Dr. Klein stated that we will work on an amendment, and I will make sure that the language is run past him before I bring it to the committee. We just wanted to make sure, based on the Inspector General's report, that we have deadlines so that we have an expectation of when we can get this information. And I do understand that with law enforcement that can complicate things, which is why at the 60-day, if they're not able to issue the report, we will put into statute that they can have a 30-day extension if they tell us, is the long and short of it. And with that, I-- I don't think I have anything else unless you have questions.

HOWARD: Are there any other questions? Seeing none, thank you, Senator Cavanaugh.

CAVANAUGH: Chairwoman.

HOWARD: This will close the hearing for LB59 and open the hearing for LB518, Senator Linehan's bill to adopt the Support for Trafficking Survivors Act. Welcome, Senator Linehan.

LINEHAN: Good afternoon, Chairman Howard. Good afternoon, members of the Health Committee. My name is Lou Ann Linehan, L-o-u A-n-n L-i-n-e-h-a-n. I represent District 39, which includes Elkhorn Valley and Waterloo. I'm here today to introduce LB518. The intent of LB518, the Support of Trafficking Survivors Act, is to prevent, identify, and respond to sex trafficking and to support the safety, well-being, and economic stability of its victims. Sex trafficking is a violent crime and a form of exploitation that occurs within our Nebraska communities. For adults, Nebraska law defines sex trafficking as any incident in which someone causes another person, without consent, to engage in sexual activity for anything of value. Anything of value could include money, food, shelter, protection, and more. For a minor, a causing of sexual act in exchange for anything of value is sex trafficking. A child cannot consent to commercial sex. Traffickers are often known to and trusted by their victims before the trafficking begins. Traffickers use tactics to maintain power and control over their victims and to gain their trust, including promises of love, safety, also threats and physical and sexual violence. The immense trauma experienced by

these victims causes physical and emotional harm long after the abuse ends and often requires supportive services. We know that trafficking occurs in Nebraska and in rural and urban communities across our state. In fact, every month in Nebraska, 900 individuals on average are advertised for sex, with a majority of those individuals showing signs of trafficking. Ninety-nine percent of sex trafficking survivors experience physical health problems, 80 percent are raped, and 42 percent attempt suicide. Victims of sex trafficking endure multiple traumatic experiences, often impacting whether they feel they can trust others and our system to safely end their victimization. Evidence for other successful jurisdictions across the country has shown that when we invest in services, it is not only an investment in safety and healing for the survivors, but it is an investment in making our communities safer through increased trafficking prosecutions. The Nebraska Human Trafficking Task force has done tremendous work over the past few years. But as federal funding ends in the fall of 2019, the state must invest in services to continue this work. LB518 is needed to ensure survivors of sex trafficking have access to services across the state and that law enforcement has access to funding for trauma-informed and victim-centered trafficking investigations, operations, and prosecutions. LB518 creates the

Support for Trafficking Survivors Advisory Board to help oversee and coordinate the statewide multiagency trafficking response. Membership includes trafficking survivors, service providers, and representatives of law enforcement and the criminal justice system. LB518 also establishes the Office of Support for Trafficking Survivors within the Department of Health and Human Services to coordinate and implement a state plan developed by the advisory board. The plan will include strategies to develop and support services for victims of sex-- sex trafficking and across the state. The plan will additionally develop and implement a screening and reporting system for the department and other state agencies to identify incidents of trafficking. This office will collaborate with other state agencies to ensure a statewide multisystematic response, something that is currently missing and thus results in a fractured response for survivors. Alongside the state plan, LB518 creates the Support for Trafficking Survivors Fund to provide competitive grants for services for trafficking victims across the state. Currently, domestic and sexual violence programs which span the state will be eligible for funding. These programs adhere to a set of rigorous standards and are positioned well to enhance their programming to provide services to victims of trafficking. Finally LB518 creates a program to reimburse state and local law

enforcement for costs associated-- associated with victim-centered, trauma-informed sex trafficking investigations, operations, or prosecutions. These investigations are complex and are often long term. Law enforcement need resources to carry out these investigations and hold offenders accountable. Without LB518, victims are often arrested for their own abuse and exploitation and charged with prostitution. They are held in police custody for their own safety because we lack enough services to provide-- otherwise provide for their safety. We then hope these individuals will tell us who their trafficker is and self-identify as a victim. This is not how trauma response looks, and this is not justice. We know from other states that once their legislature has invested in services and victim-centered law enforcement investigations, they experience increased prosecutions of sex buyers and traffickers. The intent of this bill is ultimately to build a strong system response to successfully fight this crime in our state. Today you will hear testimony from survivors, service providers, and law enforcement regarding the critical need for this bill. I ask that you please listen to this testimony today and consider the needs of trafficking victims and advance LB518. Thank you.

HOWARD: Thank you. Are there questions? Seeing none, will you be staying to close?

LINEHAN: I will, probably.

HOWARD: OK.

LINEHAN: OK. Thank you.

HOWARD: Thank you. Our first proponent testifier for LB518. Good afternoon.

MEGHAN MALIK: Good afternoon. Chairperson Howard and members of the Health and Human Services Committee, my name is Megan Malik, M-e-g-h-a-n M-a-l-i-k, and I'm the trafficking project manager with the Women's Fund of Omaha. This Legislature has made incredible strides in modernizing our laws to bring traffickers and sex buyers to justice. Our state must now invest in a clear plan and services to ensure those who have been sexually exploited have the safety, well-being, and economic stability needed across the state. In the past four years we've been strongly committed to the Nebraska Human Trafficking Task Force, currently operating under a federal grant which ends in the fall of 2019. With the transition of the current task force structure imminent, it is now the time to ensure that our work continues and is sustainable with leadership and a clear state plan for connecting trafficking survivors to needed services and supports. LB518 will formalize a structure of services for

trafficking victims, providing funding for such services, and will also support law enforcement to successfully investigate and prosecute traffickers. Unfortunately, our current system often criminalizes those it should be protecting. I'd like to tell you a story about "Jenna." Jenna suffered abuse as a child, was in the child welfare system, and eventually recruited by her trafficker. As is true for many survivors, her trafficker was known to her, trusted, and the most consistent person in her life. The beatings, threats, and mental abuse became her normal as she was sold over and over to men in our communities. Law enforcement identified Jenna during a trafficking operation. As Jenna interacted with law enforcement officers, she responded as many survivors who experience trauma do. She did not identify as a victim and she was scared to comply with law enforcement as a result of the fear of her trafficker. With insufficient victim resources, law enforcement had limited options in their response. Jenna was arrested on prostitution charges, believing criminal detention could at least provide her some safety in the absence of adequate resources and safe housing. Law enforcement officers were hopeful that perhaps after a night in jail she would tell them she was a victim, only she didn't. The next day Jenna's trafficker bailed her out, she was more distrustful of law enforcement, and the cycle of trafficking continued. What if

we could do it differently? Imagine, instead of arresting Jenna, she's connected to services by law enforcement. Imagine an advocate minutes away. In this scenario, the system that is supposed to protect her actually did. Instead of arresting Jenna, leaving her with a criminal record, and instead of law enforcement being forced to be social workers, Jenna could access services through a community provider and law enforcement could focus on traffickers and sex buyers who have victimized her. This is the promising practice popping up across the country in places like Minneapolis, Portland, Seattle, and many others. All of these locations have invested in services and are providing law enforcement an alternative to arresting victims. As a result, trust between victims and law enforcement increases, cooperation increases, and prosecutions of traffickers and sex buyers increases. After investing in services, in five years the state of Minnesota increased charges of sex traffickers by 100 percent and increased convictions of sex traffickers by 500 percent. The Women's Fund conducted a survey in the past December of 100 service providers and 80 percent responded that they do not believe that we have the statewide resources to meet the needs for victims of trafficking. Now is the time for our state to take the next step and build a sustainable system for trafficking services. LB518

creates an advisory board to develop, oversee, and coordinate a statewide multiagency trafficking response, primarily through the creation of a state plan and strategies to address the provision of services for victims. The bill creates the Office of Support for Trafficking Survivors within the Department of Health and Human Services to coordinate and implement the state plan developed by the advisory board, building a "no wrong door" response for victims that are identified through our child welfare, juvenile justice, and criminal justice systems. The bill also creates the Support for Trafficking Survivors Fund to implement competitive grants for services for trafficking victims across the state. This would be the first time that state funding would be invested to support victims of this heinous crime. And finally, this bill creates a program to reimburse state and local law enforcement for costs associated with trafficking investigations and operations. We respectfully request the Health and Human Services Committee to advance LB518. Thank you for your time. I'd be happy to answer any questions, and I've also included a fact sheet to my testimony.

HOWARD: Thank you. Are there questions? Senator Cavanaugh.

CAVANAUGH: Thank you, Chairwoman Howard. Thank you, Ms. Malik, for being here today. Could you explain what "no wrong door" response is?

MEGHAN MALIK: That's a great question. So we really modeled that off of Minnesota that-- it means that no matter whether a-- where a survivor is identified, so if they're identified by law enforcement airport in an operation or they walk through one of our domestic or sexual violence programs, we'll provide services to them; whether they're found in maybe one of our foster care placements, they're identified as a victim, again, they can access services, but there is no wrong door.

CAVANAUGH: An additional question. Thank you. That's a helpful explanation. Your-- your case here, Jenna, which I'm not sure if she's an actual person or a conglomeration of people, but you say that she is being trafficked by someone well known to her. Could you give some examples of what-- who that person could be for people being trafficked?

MEGHAN MALIK: Yeah. What we know is that there's-- there's no necessarily profile of a trafficker. Parents traffic their children, boyfriends trafficked loved ones, husbands can traffic their wives, so there's really no profile. But it is fairly common that the person being trafficked is trafficked by

somebody that they have a relationship with, so a boyfriend, a neighbor, somebody that they know that-- that is close to them. I think sometimes we have a false narrative in our head that it's, you know, somebody who-- the trafficker kidnapped somebody off the street. But oftentimes there is a grooming process and the trafficker creates a relationship. We've had in our state parents. One of the worst cases we had was a parent in Kearney who trafficked her-- her children. So there is no profile necessarily of a trafficker, but a common occurrence is often that they have a relationship with those they're trafficking.

CAVANAUGH: I have one more question.

HOWARD: Sure.

CAVANAUGH: If a person that is arrested for solicitation is underage, it-- like let's say that Jenna was underage and she was bailed out. Is there any mechanism in which there-- that she wouldn't have to identify as a victim?

MEGHAN MALIK: So that's a great question. Fortunately in Nebraska, under former Senator Amanda McGill, we were able to pass the decriminalization for prostitution for youth-- for youth. So as a minor you cannot be arrested for prostitution.

CAVANAUGH: OK. Thank you.

MEGHAN MALIK: Thanks. Great question.

HOWARD: Senator Hansen.

B. HANSEN: Thank you for coming. Appreciate it. Thank you, Senator Howard. Sorry. Just maybe some points in clarification. What-- if you know off the top of your head maybe, what-- what's the distribution of victims in the state of Nebraska?

MEGHAN MALIK: So that's a great question and today you're going to hear from Crysta Price, who is the director of the Human Trafficking Initiative, who has really provided us the first empirical data that-- that we've had in this state. They did a heat map across the state of Nebraska and what-- what-- what we saw was that it really goes along I-80, right? But we've also paired that map, and I-- I don't have it with me-- I apologize. It would have been helpful. But we've also paired that map with actual arrests or actual reports of trafficking. And when you look at a map of Nebraska, no community is immune. We've had reports and arrests and-- and prosecutions in really small communities, like the one I grew up in, and of course our large urban areas. Of course, where you have larger amounts of people, you're going to have more trafficking, like with anything else, but trafficking occurs across our state.

B. HANSEN: And I-- and I do appreciate you bringing this bill here. I think it's-- I think it's a good bill and I think it's something that definitely needs to be addressed in our state. So I think this is kind of the rub for me then a little bit. If we're seeing it evenly distributed throughout the state Nebraska, there's a section here on page 10, line 2. It says: Services provided do not allow the free practice of religion, promotion of one religious practice over another, required incentivized practice of religion as a program component. So that sounds like we cannot use any kind of faith-based organizations.

MEGHAN MALIK: No, the--

B. HANSEN: And so I'm kind of-- I'm going to finish my thought.

MEGHAN MALIK: Oh, excuse me.

B. HANSEN: Sorry. And so I would-- I'm thinking maybe unique to Nebraska it's not so much of a problem we probably maybe some-- quite a few non-faith-based organizations that can deal with this kind of problem. But maybe out in-- like you say, no community is exempt from this kind of problem. And so I think a lot of these other-- and especially in western Nebraska that might be the only choice they have is a faith-based organization

to go to, to help, for counseling, and so I think-- I don't know if we ever addressed that or maybe that might be in a little bit of a conflict with this part of the bill maybe.

MEGHAN MALIK: I think that's a great question and what we really tried to do-- and I think you're talking about, yeah, page 10, lines 2 through 5. We tried to include language that would ensure that survivors had the free practice of religion and that absolutely religion can be a component. In fact, this bill would allow for the domestic and sexual violence programs to-- across our state to apply for funding. And one of those programs is a faith-based organization that would be-- that would be eligible. So it definitely would not be that-- that it could not be a faith-based program, but that faith-based component couldn't be required, that it needed to be voluntary by the survivor, that-- and we really-- that's trauma-informed services that participating in programming should always be voluntary and trauma-informed.

B. HANSEN: OK. I mean I've got-- the reason I asked that's because if we do pass this bill, I want to make sure we have every opportunity we can in case there is a smaller community where they-- so they don't have to travel three hours somewhere to get help, they can have somewhere nearby when they do need

counseling in an immediate sense. And I think along those lines, in that same kind of page, . line 4, it says, "In awarding grants under this section, consideration shall be given to factors such as need, geographic location." And so with that, if I'm getting it right, we will keep in mind the entire state of Nebraska when we're distributing these funds responds and maybe not just Omaha and Lincoln so we-- is that kind of what that means right there, we'll be looking at everything, at least?

MEGHAN MALIK: Exactly.

B. HANSEN: OK, just making sure.

MEGHAN MALIK: Yeah. That was really important. I'm from rural Nebraska, from a town of 900, so that was really important. We need to ensure that we have survivors across the state and one of the things that we know about trafficking is that trafficking victims are moved around the state quite often. And so they might be in Omaha tonight and then tomorrow night they may be in Grand Island. And so we-- we do have to have services across our state.

B. HANSEN: OK. Thank you. Can I ask one more question, please?

HOWARD: Sure.

B. HANSEN: And one more thing I'm just-- I was trying to get clear my head. So say-- I-- I'm trying to figure out how local law enforcement distinguished between someone who-- who's arrested for prostitution, like legitimate prostitution on their free will, versus a victim of trafficking, so-- and just like you said, a lot of times people don't say they're a-- because of out of fear that there might be some repercussions if they say they're a trafficking victim. So does that mean everyone who's arrested for prostitution will automatically be transferred to a housing facility where they can get counseling or-- or housing or-- so how do they differentiate between who is a legitimate prostitute who's a legitimate victim right off the bat?

MEGHAN MALIK: Yeah. That's a really great question. What we know is that because of the manipulation, the fear, the violence that trafficking survivors have experienced, it's that they'll-- that first interaction with law enforcement, it is going to be rare that they are going to say "I am a victim." And you're-- you're going to hear a little bit of that today from service providers and also our law enforcement. So what-- what states in-- what we-- what we've been doing nationally is really training our-- our law enforcement to look at other things, right, look at the ads that are posted, look at is somebody dropping off that person, and then asking some questions, but-- but also making

that referral to a service provider so that they can talk to a service provider, because what we know and what research has told us is that the vast majority of individuals in the commercial sex trade, it hasn't been a free choice for them to get into the commercial sex trade. A large majority began under the age of 18 as being trafficked, and so they might be 25 and you might think that they're there free will, but they were trafficked at-- at 16. So is that free will? So I think it's really complex and that makes our law enforcement have a complex job. But we've been-- we've been really training and working really hard. We've had survivors at the table. There's training going on in-- in North Platte actually. As I'm sitting here, they're watching-- hi-- in North Platte they're watching, training our law enforcement on this-- on this very issue and what questions to ask and-- and-- and how to do that. But I think we have to think about is our role to stop criminals that-- you know, from selling themselves into prostitution, or is our role to ensure that those individuals aren't victims and to get them services and-- and go after those that are driving the industry, which is the sex buyers?

B. HANSEN: OK. Thank you. Appreciate it.

HOWARD: Other questions? Senator Arch.

ARCH: Thank you. I-- I apologize if I missed the answer to these two questions. But-- but do you have-- of the 900 that are identified in Nebraska every month, do you have an idea on-- on age distribution on that?

MEGHAN MALIK: Yeah. And Crysta Price, who's going to testify here, can give you the details. But this-- all that data was taken from backpage.com, which is now closed, but there's several other sites now that have quickly transitioned to that. You can't legally post anybody under the age of 18, so how they post is they post keywords like "young," "tight," "fresh meat.:" And so the Human Trafficking Initiative did look at that, and I believe the number was 20 percent of the postings were postings that indicated the individuals were minors.

ARCH: OK. And is it-- is it all-- is it all female?

MEGHAN MALIK: No. And I would say the data is not good on this right now. We're-- we're seeing-- initial national data has said that about 85 percent of individuals sold in the sex trade and sex trafficked were female, but some of the newest data coming out is saying that there's many more young boys that are trafficked than we realize. And so I-- there's-- there was a great study out of the Urban Institute that-- that identified 50 percent of youth that were living homeless or on the streets

that were sex trafficked were boys. So I think that that's something the-- you know, the first federal law was passed in 2000 for trafficking, so the research is catching up a little bit.

ARCH: Thank you.

HOWARD: Any other questions? Seeing none, thank you for your testimony today.

MEGHAN MALIK: Thank you.

HOWARD: Our next proponent testifier.

RACHEL POINTER: Good afternoon, Chairperson Howard and members of the Health and Human Services Committee. My name is Rachel Pointer, R-a-c-h-e-l P-o-i-n-t-e-r, and I am a survivor, leader in the fight against human trafficking, and a founding member of Thriving Warrior. Today I will be reading a statement cowritten by myself and the other founding members of Thriving Warrior Molly Nocita, and Sakura Yodogawa-Campbell, who are unable to be present in person today due to training law enforcement and advocating for victims of crime. We want to begin by offering sincere thanks to the Women's Fund of Omaha for continuing to fight to empower victims and survivors, Salvation Army SAFE-T program, and the Attorney General's Office for spearheading the

work of the Nebraska Human Trafficking Task Force, the organizations and agencies that support the task force, and many of the legislative representatives who have championed significant change in legislation. Excuse me. Over the past few years, the Human Trafficking Task Force has worked across the state to provide the necessary training, education, and resources to lay the foundation for the creation of the Office for Support of Victims-- Support for Trafficking Survivors. It is time the state coordinate the services for the victims and survivors and also bring us together as a network of support not just for each other but for future survivors and the agencies that work with survivors. There are two main ways we see LB518 in helping bring us together, first, coordinated services and funding for services. With all the amazing progress we have made as a state, services for victims and survivors remain limited. LB518 will help open pathways for funding and services which are critical to both intervention and healing for trafficking victims and survivors. And second, an advisory board: Survivors have been at the table since the beginning of the state's efforts to address trafficking and exploitation. We have testified in support of legislation. We have shared our stories of survival with the media in various conferences. We have made our stories and experiences public in order to educate the

community on this very serious issue. Survivor engagement is vital if we are to be safe, successful, heal, grow, and work towards the prevention of trafficking and exploitation of others. Our state needs survivors to help in making the decisions about what we need. Having a fund that is specific to trafficking is very needed. Survivors have complex needs and have experienced complex trauma. Most survivors are intermingled with various systems and have access to funding can mean the difference between receiving medical care and reuniting with their children. Senators, we urge you to pass LB518-- nothing about us without us. Thank you for your time and consideration. I would be happy to answer any questions that you have.

HOWARD: Thank you. And who is with us today?

RACHEL POINTER: This is Patrick, my son.

HOWARD: He's very handsome.

RACHEL POINTER: Thank you. He thinks so.

HOWARD: All right. Let's see if there are any questions. Senator Cavanaugh.

CAVANAUGH: Thank you. Thank you for being here today--

RACHEL POINTER: Yes.

CAVANAUGH: --Ms. Pointer. And just-- did I understand correctly that you are a survivor?

RACHEL POINTER: Yes.

CAVANAUGH: Thank you so much for coming out and speaking with us. I'm sure that was challenging for you and you did a beautiful job--

RACHEL POINTER: Thank you.

CAVANAUGH: --with your beautiful son. How old is he?

RACHEL POINTER: He is three and a half months.

CAVANAUGH: Three and a half months-- ah, I'm really regretting that today wasn't a baby day for me, but I'm resisting taking your child. [LAUGHTER]

RACHEL POINTER: I think my wife would probably have a problem with that too.

CAVANAUGH: Yeah. [LAUGHTER] Just for-- just for the hearing.

RACHEL POINTER: Just for a moment.

CAVANAUGH: I-- I just-- I wanted to thank you for speaking and-- and-- and sharing your view with us. It's important to hear from you, so thank you.

RACHEL POINTER: Thank you. Thank you very much.

HOWARD: Any other questions? Senator Williams.

WILLIAMS: Thank you, Senator Howard, and thank you for being here. Could you describe a little bit in more detail the types of services that-- that you feel would be beneficial to have available?

RACHEL POINTER: Sure. One of the things that I know as a service provider my own self, and-- and as a survivor, housing is one of the really big things that we struggle with. Domestic violence and sexual assault is kind of a different kind of crime. While with trafficking that can be part of it, trafficking takes it a step farther in someone benefited from the violence that we experience, usually financially but sometimes also in status or other things like drugs or money. I was the same thing. So housing is one of those things that we really need, both in terms of emergency housing but also in the long term, sometimes permanent supportive housing. We can experience a lot of different triggers, things that really make it very difficult

for us to function well in society on our own, especially during the healing process, so we need the additional layers that come with a supportive housing type of a situation. Therapy is another one, and then different medical services. There's a lot of therapists-- there's a lot of great therapists in this state, but there's a lot of therapists who don't know how to handle the complex nature of trafficking and all the different layers of grooming and exploitation and really stripping away of the humanity of a person that go into that crime. And so those are the two main things that we see a need for, but then also just really random little things like I might need a ride to a court hearing because today I can't handle it; I may need somebody to take care of my kid for a little bit so I can go take a break or get to therapy or get to a job interview; other things like job skills. For some of us who have been exploited, that might have been the only income that we ever saw. And so just understanding like when you receive a paycheck, I don't hand it off to somebody else to take care of all the things, I have to take care of all the things with the money that I get, so just-- it runs such a huge gamut. The Women's Fund of Omaha put out in 2016, I believe it was, publication that was from a research study called "Nothing About Us Without Us" and I would really encourage you-- and I'm sorry I didn't bring any of them with

me. I would really encourage you to-- to take a look at that. It's really from the per-- perspective of survivors, what our needs are, what the things that have really impacted us have been, and so that kind of goes into it a little bit more in depth, but yes.

WILLIAMS: Thank you.

RACHEL POINTER: Did that answer your question?

HOWARD: Senator Cavanaugh.

CAVANAUGH: I just wanted to state that perhaps someone from the Women's Fund will send that to the committee.

RACHEL POINTER: Not on the spot [INAUDIBLE]

HOWARD: Any other questions? Seeing none, thank you both for your testimony today.

RACHEL POINTER: Thank you. Thank you.

HOWARD: Our next proponent testifier. Good afternoon.

MARTY FATTIG: Good afternoon. Chairwoman Howard and members of the Health Human Services Committee, good afternoon to all of you. And my name is Marty Fattig, M-a-r-t-y F, as in Frank,-a-t-t-i-g, and I'm the CEO of Nemaha County Hospital in Auburn,

Nebraska. I am here today on behalf of the Nebraska Hospital Association as its immediate past chairman to offer our support for LB518. We thank Senator Linehan for introducing this important legislation. The NHA wants to be a partner with this legislative body to address human trafficking. In fact, I'm here to speak to you as the chair of the Nebraska Hospital Association Human Trafficking Council which was just formed, made up of members from across the state. Our council is charged with the development of a concise toolkit for hospitals and providers based on easily operationalized steps, including the role of hospitals and providers in identifying trafficking victims, to provide education related to indicators of human trafficking, identify state resources for intervention and referral of human trafficking victims, and provide implementation tools and a decision tree for the providers to quickly reference and operationalize. Admittedly, and unfortunately, our hospitals are-- have been late to react to the human trafficking epidemic. Learning about human trafficking in Nebraska has been an eye-opening experience for me. Eighty-eight percent of human trafficking victims saw a healthcare provider while they were being trafficked, so why didn't we recognize it? Human trafficking is an increased public health concern many hospitals and health systems are combating every

day. It's not just their-- the role of doctors and nurses in our facility but to be on alert-- to be on alert for possible victims, but every individual in our facilities that we employ, intake nurses to cleaning crew. Last year the NHA published an opioid toolkit for our hospitals, which most of you I think have received. We expect to have a human trafficking toolkit available for our hospitals by this fall and we will disburse those to your offices as well. It is our intention that hospitals work with all interested parties to help individuals that are forced into any kind of exploitation. The NHA encourages legislation that targets human trafficking and offers support for services of the victim-- for the victims. Our commitment to you as we-- is that we will be a partner in directing survivors to the services supported in this bill. Prevention is clearly the best route, but we need to be prepared when those victims are looking for help. LB518 is a step toward expanding services we can offer to trafficking victims and we encourage the committee to support this bill. Thanks for your time and I'm happy to answer any questions you may have.

HOWARD: Thank you. Are there questions? Senator Arch.

ARCH: Mr. Fattig, good to see you.

MARTY FATTIG: Senator Arch, good to see you.

ARCH: Do you happen to know-- I-- I see the 88 percent of human sex trafficking saw a healthcare provider. Do you happen to know if-- what-- what site that would be? Are most of those in emergency rooms?

MARTY FATTIG: I would assume they are, but I-- I can't say that for certain. I think probably some are in urgent care clinics. But I'm sure most of them are emergency rooms.

ARCH: Yeah. So your toolkit, I'm sure, will focus on educating that-- that--

MARTY FATTIG: Yes--

ARCH: --that site in-- specifically.

MARTY FATTIG: Yeah.

ARCH: Yeah.

MARTY FATTIG: Absolutely.

ARCH: Great. Thank you, and thanks for the work.

HOWARD: Other questions? Senator Hansen.

B. HANSEN: Thank you, Chairwoman Howard. And thank you, Mr. Fattig, for coming.

MARTY FATTIG: Certainly.

B. HANSEN: And so just a quick question: What's in your human trafficking toolkit?

MARTY FATTIG: We are in fact developing that as we speak.

B. HANSEN: OK.

MARTY FATTIG: We just had our first meeting of this council about a week ago and we have a number of really well-informed people, one of which works for the Attorney General's Office. We have some forensic nurses, sexual assault nurses that are going to be on the committee to help us develop this kit. If I had to do it, it wouldn't be very good, but these people are incredible. So I'm really happy to see them-- have them on the committee. And the Hospital Association is-- is committed to this project, so we will have it done.

B. HANSEN: Would there be any kind of like medication in it at all for any, you know, purposes or in the-- in the toolkit to help somebody who's been a victim of a crime?

MARTY FATTIG: This is just essentially a kit to inform. Two-- two main things we want to do with the toolkit. We want to inform all of our providers, doctors, PAs, nurses, and as well

as all hospital employees about how to identify and then where to refer. Those are the two main things we can do, you know, so that we don't mess up an investigation any worse. And we really have to be careful but-- but those two things are imperative and we can do those well if we get training.

B. HANSEN: Great. Thank you.

HOWARD: Other questions? Seeing none, thank you for your testimony today.

MARTY FATTIG: Thank you, Senator Howard. Good to see you.

HOWARD: Nice to see you. Our next proponent testifier. Good afternoon.

ANNE BOATRIGHT: Good afternoon, Chairperson Howard and members of the Health and Human Services Committee. My name is Anne Boatright, A-n-n-e B-o-a-t-r-i-g-h-t. I'm a registered nurse and currently serve as the state forensic nursing coordinator with the Nebraska Attorney General's Office. I come here today as a representative for the Attorney General in support of LB518. In my work as the state forensic nursing coordinator, I strive to develop best-practice standards around sexual assault, domestic violence, human trafficking, and strangulation in our state. I've worked as a registered nurse for about 13 years now and

received specialized training and education in the area of forensics in 2009. Since then, I've served over 350 victims of the aforementioned crimes. While caring for victims of sex trafficking, I've seen the tremendous need for services across our state. Services most often needed when victims come forward are mental health services, drug treatment programs, and trafficking-specific shelters in the long and the short term. As we move forward prosecuting these perpetrators, we will need these services to appropriately support victims. We cannot expect victims who have experienced such intense levels of abuse to be able to recover without specialized services. Victims of trafficking experience intense mental, physical, and sexual abuse daily. One such victim that I served needed tremendous mental health support and drug rehab. In working with her over a several-month period, I quickly saw the need for these services. She consistently did not have the needed support. Services provided were not consistent and not specific to trafficking. She would relapse and consistently was shunned from various programs due to the lack of understanding about her victimization. Her trafficker was very quick to lure her back with various drugs, as to continue to abuse and manipulate her. After six months of the cycle, her trafficker attempted to kill her via overdose. She lived but still struggles with addiction

today. If we had additional resources to provide this victim, I think her story could be different. While her trafficker is currently incarcerated, another trafficker can easily take over at any time since we have not helped to intervene with the vulnerabilities that still exist. Through the Nebraska Human Trafficking Task Force, we are committed to the issue of human trafficking and combating it in our state. LB518 provides victims of this crime with the support that they will need to move away from traffickers and begin to heal. Thank you, and I would welcome any questions you may have.

HOWARD: Are there questions? Do you want to speak to the development of the toolkit with the Hospital Association?

ANNE BOATRIGHT: Yeah. So I'm honored to work with the Nebraska Hospital Association in developing their toolkit. As the previous testifier indicated, we just had our first meeting and I went over kind of a baseline education to get everybody to the same level of understanding around what trafficking really looks like in our state. And from there, hopefully, we'll build policies and procedures around what hospitals need to do in-house. Also to enter-- to answer your question, Senator Arch, most victims are seen through the emergency department. It's about 60 percent are through hospitals and emergency

departments. Some are labor and delivery, too, women's health services as well. But then there's, you know, just under 50 percent that are also clinics, all sorts of various clinics across the state. So there's not really one area that gets a pass, if you will, on not seeing these victims. So we want to make sure everybody is up to date and knows where the resources are. The most crucial thing that I think a healthcare provider can do is really connect that victim to services so that they can begin to heal. Like we've talked about, most people don't identify as a victim. And so when we're looking at the red flags, just connecting them to that service provider is crucial so that they can begin to recognize that maybe they are being victimized and that they need additional help and resources. So hopefully that will be rolled out by fall. And then I will be continuing to do education and training. I've already trained 2,500 year law enforcement and healthcare providers on trafficking and sexual assault since I started about a little over a year and a half ago, so.

HOWARD: Senator Hansen.

B. HANSEN: Thank you for coming.

ANNE BOATRIGHT: Absolutely.

B. HANSEN: So when you say connecting them with services-- and I noticed that was in the bill here, too, on page 9, line 23. I know you have it in front of you, but just to reference it, it says, providing "access to services." What kind of services are we talking about? Is it traditionally like counseling services or would it require some other kind of service?

ANNE BOATRIGHT: I think it's going to be individualized, based on the person. So from my personal experience, what I've seen a lot of people need is definitely counseling but also a lot of, you know, with that mental health help, but also a lot of drug rehab and then just stabilization, too, making sure that they have a safe place to go and connecting them with somebody who's going to follow up the next day. Sometimes victims are interacted with by law enforcement through various operations statewide. And one of the things that the Nebraska Human Trafficking Task Force has done and is really trying to change the narrative around is making sure that when we interact with a victim on an operation, after we make sure that everybody is safe, the first person they get to talk to is a nurse that makes sure they're okay medically, and followed very closely by an advocate who can help make sure that their needs are being met, because if we don't have more resources than that trafficker, they're going to go right back.

B. HANSEN: Could you see referring one to like a women's health center for any reason?

ANNE BOATRIGHT: I think we would-- you know, most of the time when we're interacting with a victim, we're going to refer somebody directly to an emergency room if they need help right then and there because that's going to be the next standard of care, so.

B. HANSEN: OK, thank you.

ANNE BOATRIGHT: Yeah.

HOWARD: Other questions? Seeing none, nice to see you again.

ANNE BOATRIGHT: Nice to see you as well. Thank you.

HOWARD: Our next proponent testifier. Good afternoon.

ROBERT SANFORD: Good afternoon. Good afternoon, Chairwoman Howard and committee members. My name is Robert Sanford, R-o-b-e-r-t S-a-n-f-o-r-d. I am the legal director for the Nebraska Coalition to End Sexual and Domestic Violence. The Nebraska Coalition is a nonprofit organization that supports our member programs and also provides limited direct services. Our member programs include 20 local nonprofit organizations providing direct services in all 93 counties to victims of domestic and

sexual violence, and recently that includes individuals victimized by human trafficking. I have included a map of the network service area with the letter that has been passed out. The Nebraska Coalition became involved with human trafficking nearly a decade ago when we partnered with the Nebraska State Patrol and others to create the Nebraska Network Against the Trafficking of Humans, an ad hoc group that created what may have been the first multidisciplinary training in Nebraska for law enforcement, victim advocates, and other service providers related to this crime. We later worked with Senator McGill as she began the process to change Nebraska's laws around human trafficking, a process that continues in her absence from the Legislature today with LB518. We have also been a member of the Nebraska Human Trafficking Task Force, created through a collaboration of the Nebraska Attorney General's Office and The Salvation Army. We currently have one full-time staff member devoted to providing training and support on human trafficking. The 20 local service providers in our network contract with the Nebraska Department of Health and Human Services to provide comprehensive support services and to provide prevention and treatment programs to aid victims, their families, and those choosing to use violence. These support services include but are not limited to emergency services for victims of abuse, support

programs that meet specific needs of victims, education, counseling, and supportive programs for those choosing to use abuse, programs to aid in the prevention and elimination of violence, and assistance in applying for protection orders. Nebraska law also states that the programs through their contract with the department shall provide emergency services that include the constant access to intake services, immediate transportation to a hospital or place of safety, immediate medical services, emergency legal counseling and referrals, crisis counseling to provide support and assurance of safety, and emergency financial aid and shelter services. That is a tall order for a small nonprofit agency to handle, but our programs have been up to the challenge on a daily basis and have been providing these services for decades. Contracts with the department have been crucial to finance the day-to-day operations of these programs as they provide victims with services and support. Programs also receive funding through discretionary grant programs from other agencies, but as the name implies, those funds are discretionary and come and go based on a number of factors. That lack of consistency makes it difficult for programs to operate, yet they manage to find a way. Many are forced to take out operating loans as they wait for months to receive reimbursement from government agencies.

Times change. Awareness of human trafficking has been spreading across Nebraska. Law enforcement officers are investigating these crimes and prosecutions are taking place. Victims' service programs are asked to provide additional services to a new population of survivors, and now we are asking you as members of the Health and Human Services Committee to show Nebraska's support to these programs and to the survivors by passing LB518. Our member programs are already working with victims of domestic and sexual violence and it takes-- and it makes sense for our member programs to provide services to victims of human sex trafficking. In fact, programs are finding that they have already served some survivors of human sex trafficking, but those survivors have often been-- have often been seen as a victim of sexual assault rather than addressing the nuances related to human trafficking. I believe you have received at least two letters from service providers today indicating that LB518 will help them expand their services to victims of human sex trafficking. It's a logical step but it is a step that needs the support of the state of Nebraska. The coalition is grateful for the efforts of Senator Linehan and thank her for introducing LB518. I ask that you consider the needs of survivors of this crime and advance LB518 to the floor for debate. Thank you.

HOWARD: Thank you. Are there questions? Senator Hansen.

B. HANSEN: Thank you for coming. Just a quick question, would-- and if you don't know, it's OK. Under number 19, Catholic Charities, the shelter, would they be eligible to receive money?

ROBERT SANFORD: If they are a member program under this, yes, they would be able to apply. It would be open to nonprofit, as I understand the bill, to nonprofits who meet the standards under our network.

B. HANSEN: OK. Thank you.

ROBERT SANFORD: And that may change, you know, from time to time based on various aspects. But if they're a member program, they would be able to apply.

B. HANSEN: OK. Thank you.

HOWARD: Any other questions? Seeing none, thank you for your testimony today.

ROBERT SANFORD: Thank you.

HOWARD: Our next proponent testifier. Good afternoon.

TIMOTHY DUNNING: Good afternoon. Chairperson Howard-- or excuse me. My name is Sheriff Tim Dunning, Timothy F. Dunning, T-i-m-o-t-h-y, last name D-u-n-n-i-n-g. Chairperson Howard and members

of the Human Resources Committee, my name is Sheriff Tim Dunning. I serve as the Douglas County Sheriff. I'm here to testify from a law enforcement perspective in support of LB518 increasing support and services to trafficking survivors and increasing investigative resources to law enforcement. We know trafficking occurs within our communities. We understand that trafficking inflicts extreme violence and exploitation on its victims. We recognize that this violence will continue in the absence of creative and aggressive law enforcement response. As an incredibly complex crime, law enforcement response must be equally complex. These investigations require a great deal of time and money but with many of our state's police departments already strained by workload, staffing, and resources, support from this Legislature is need-- is needed. LB518 would provide crucial resources to law enforcement, allowing reimbursement for trafficking investigations and increasing our ability to combat this crime. The benefit of LB518 to law enforcement goes far beyond this reimbursement process. We find the money invested in survivor resources is equally important to our success in combating this crime. The historical approach to trafficking investigations was limited to law enforcement-only response and often did not connect survivors to the full array of needed resources. We are now becoming increasingly innovative in our

response, moving to victim-centered investigations. Under this model we-- we presume the trafficked individual involved is a victim that needs services, not be arrested. Law enforcement needs adequate resources and service providers to connect victims to. Our primary concern has always been the safety of victims and our community. If we do not have the referral resources to ensure the safety of these victims, we find law enforcement stepping into that role, holding the victim in custody to ensure immediate protection. However, law enforcement officers are not service providers and our jails are not housing shelters. We must invest in our state's trafficking resources so that we never have to fill that role. We find that connection to services not only better serves victims but also better serves law enforcement, our investigations and prosecution of sex buyers and traffickers. When a victim is connected to services, their trust in our system increases and their likelihood to cooperate with law enforcement increases. Through this growing relationship, we've learned more about the exploitation and abuse that has occurred and are better equipped to pursue prosecutions that ensure it does not continue or repeat. LB518 and the investment in survivor services would further this growth in combating trafficking. In supporting our communities trafficking survivors and local law enforcement efforts, we ask

this committee to contribute to the fight against this violent crime. I thus respectfully urge this committee to support LB518 and advance this bill to General File. I have nothing further. Be happy to answer any questions you may have.

HOWARD: Thank you. Are there questions? Seeing none, thank you for your testimony today.

TIMOTHY DUNNING: Thank you.

HOWARD: Our next proponent testifier. Good afternoon.

CRYSTA PRICE: Good afternoon. My name is Crysta Price, C-r-y-s-t-a P-r-i-c-e. I have been studying and working on the issue of human trafficking for about six years. As the director of the Human Trafficking Initiative at Creighton, my research is focused on identifying the scope of the problem and evaluating holistic strategies to countering it. As the founder of HTI Labs, I work alongside anti trafficking stakeholders across the state building data and technology to support these partners on the front lines. As the co-chair of the screening and reporting committee on the Nebraska Human Trafficking Task Force, we've been focusing on identifying and solving gaps across the system, and this multidisciplinary work has made two things very clear. There are incredible members of law enforcement, the service

provider community, survivor leaders, community organizers, and donors who will stop at nothing to solve this problem; and two, we all keep hitting the same wall over and over again, a lack of infrastructure, particularly when it comes to services. LB518 is critical legislation intent on addressing these gaps. Developing coordinated delivery of services will not only greatly assist survivors of trafficking in rebuilding their lives, but it will also assist in identifying situations of trafficking and holding perpetrators accountable. Victims of trafficking rarely self-disclose, as has been discussed multiple times at this point. When they do disclose, it rarely happens immediately and is almost always due to a trusting relationship being built over time as resources are being provided. Self-disclosure is made even less likely because many young people do not recognize their own exploitation. One study found that less than 30 percent of sexually exploited minors understood themselves to be exploited. Many felt that their pimps or exploiters were operating in their own best interests. This is why best practices involve universal screening for risk of trafficking, reporting and information-sharing channels, and a robust--robust network of services. All of these require coordination, oversight, and resources. In the absence of self-disclosure, identifying situations of trafficking often requires painstaking

investigative work over an extensive period of time. In my work with law enforcement, it has been a consistent challenge to build and sustain a case through investigation because there's nowhere to place the victims. We don't have any services to offer them. How do you convince a survivor to trust a system that has regularly failed her over her trafficker who has systematically groomed and manipulated her into believing that he is her only option? Statewide surveys show just how bleak the services landscape really is, with up to 85 percent of respondents stating that they did not have adequate services available for trafficking victims. For service providers and law enforcement alike, the difficulty in referring and finding services for survivors places a strain on already limited resources. Ensuring that a survivor does not fall through the cracks currently takes heroic levels of effort for a community that is already at capacity. In the end, we just don't have the resources to appropriately respond to and investigate trafficking without an immediately cooperative victim willing to take the stand. We're-- and we're really not the only state to have this problem. As Meghan mentioned, from 2007 to 2011, Minnesota average less than ten sex trafficking convictions per year. Over the next five years the state passed legislation to invest in services and to develop a comprehensive statewide

plan. Now the state is seeing 45 sex trafficking convictions each year. In 2009, Georgia developed a statewide system of care and a single point of entry for victims of trafficking. The state went from identifying 101 child sex trafficking victims that they connected to services in that first year to identifying and serving nearly 600 sex trafficking youth in 2017. At present we're really dealing with the chicken-and-the-egg problem. As if it's not bad enough that our community does not have the resources needed to provide services for victims, this also results in limiting law enforcement's ability to hold traffickers accountable. Some promising efforts have been emerging, but they need resourcing, and more importantly, they need the infrastructure underneath them. Nearly all antitrafficking efforts rely on there being a network of services available. LB518 would not only provide some minimum level of necessary resourcing, but it also puts in place an infrastructure for our state's trafficking efforts. Such a structure provides troubleshooting and support as we collectively work toward better identification, response, investigation, and service provision to counter trafficking in our state. I respectfully request the committee to advance LB518. Thank you for your time.

HOWARD: Thank you. Are there questions? Senator Arch.

ARCH: I have a question. Thank you. You-- in the middle of your testimony you used-- you used the phrase "universal screening." Could you tell me what's-- what that concept is to identify-- I'm assuming, identify victims?

CRYSTA PRICE: Yeah. So it really means just the idea of screening for trafficking before you necessarily know that it's trafficking, and different areas in different states implement this differently across the board. In Florida they do universal screening across their juvenile justice system, so at intake every single youth is being assessed. Some places do it in-- in locations where it's a higher likelihood of-- of risk of trafficking, so child welfare, things like that. But universal screening does not mean every single human being we've got, you know, information on whether or not you're a victim. It just means trying to place-- a screening tool essentially, a screening concept--

ARCH: Yeah, where there could be high risk, yeah.

CRYSTA PRICE: Yeah, instead of just relying on sort of gut feelings or the victims themselves disclosing.

ARCH: Thank you.

HOWARD: Any other questions? Seeing none, thank you for your testimony today. Our next proponent testifier. Good afternoon.

ALEXIS STEELE: Good afternoon. Hello, Chairperson Howard and honorable members of the committee. My name is Alexis Steele, that is A-l-e-x-i-s S-t-e-e-l-e, and I'm the policy staff attorney for the Immigrant Legal Center, a nonprofit law firm that represents victim-- immigrant victims of crimes across Nebraska. I am testifying on behalf of our firm, and as a specialist in representing immigrant victims of human trafficking, in support of LB518. The Immigrant Legal Center strongly supports this bill because it provides victims of sex trafficking with much-- with a much needed measure of support and the potential for stability and recovery. Our state desperately needs the systemic statewide response to and support of sex trafficking victims that this bill would establish, coordinate, and mobilize. Nebraska has a well-documented sex trafficking problem. Every month, as cited, over 900 individuals are sold for sex in Nebraska and over two thirds of those individuals sold show signs of being trafficked. Our state needs to commit to addressing this type of especially heinous crime as it affects our community and our community as it sprawl-- sprawls well beyond our state's borders because of our centrality along the I-80 Interstate. The ugly truth is that

your constituents are buying people for forced sex and your constituents are being sold and no constituent is unaffected by the societal harm that this crime generates. We must continue the commendable and phenomenal work that our state government and nonprofits and individuals in the community have taken upon themselves in addressing this epidemic of sexual violence and enslavement. In my specialization of working with immigrant victims of human trafficking, which includes sex trafficking, I have had the great honor of working with these individuals and organizations. But where we have had really vital development and education with law enforcement and community service providers and victims becoming survivors and transforming their communities, we still have a great need for trauma-informed victim support and services that have been detailed before. Identification of a victim is incredibly hard work in itself, whether by that victim or a third party, and it is very devastating to have prevailed against the odds in identification only to watch a victim fall through the cracks for lack of institutional recognition of their suffering and needs. Taking steps to seal these cracks is vital because of how victims who lack support to become survivors are at a high risk of revictimization. This-- this bill provides the structure, objectives, and regular evaluation that we need to continue

supporting victims in ways that they desperately need. Our only request to be taken into consideration with this bill is that it include immigrant status among the bases of prohibited discrimination in Section 2, part (2), subsection (f). Immigrant victims of sex trafficking are at a special risk of never escaping or recovering from sex trafficking for various reasons, including language barrier, fear of law enforcement, and politicized perceptions of them. To make matters worse, word of mouth-- to make matters worse, victimization within the Hispanic community is particularly poorly documented because of word of-- the word-of-mouth nature of advertisement for their sale of sex in contrast with the use of Web sites and on-line advertisements for other victims, as is seen to be common. I have complete confidence that this bill is intended to serve all Nebraskans, not only Nebraskans who are citizens, and I only urge their explicit inclusion out of prudence. We wholeheartedly thank Senators Linehan, Pansing Brooks, and Slama for taking it upon themselves to give this committee, each other Nebraskan senator, and the greater Nebraskan community the opportunity to fortify the work to which Nebraska has already committed and must continue to commit to respond to sex trafficking. We each bear the moral imperative to support, advance, pass, and sign this

bill into law. I welcome any questions and thank you for your consideration.

HOWARD: Thank you. Are there questions? Did you speak to Senator Linehan about this language change before the meeting?

ALEXIS STEELE: No, this is completely on me. I'm, as I mentioned, the policy staff attorney. This is a new position within the firm. So if I had more experience and time, I would have reached out and been excited to have added that thought then.

HOWARD: Thank you. Any other questions? Seeing none, thank you for your testimony today.

ALEXIS STEELE: Thank you very much.

HOWARD: Our next proponent testifier. All right, seeing none, we do have several letters for the record: Jacey Gengenbach and Sherry Helmke from Survivors Rising; Dr. Jonna Holland, professor at UNO; Marcia Blum, National Association of Social Workers-Nebraska Chapter; Sarah Bendtsen, Shared Hope International; Andrea Edwards, Heartland Family Service, Sanctuary House; Linda Olson, Bright Horizons; Becca Brune, Nebraska Appleseed; Jane Thorson, Salvation Army's Fight to End Trafficking program; John Else and Sherry Miller, League of

Women Voters-Nebraska. Is there anyone wishing to testify in opposition to LB518? Is there anyone wishing to testify in a neutral capacity on LB518? Seeing none, Senator Linehan, you're welcome to close.

LINEHAN: I'm jealous of this committee. Is this your last bill? Thank you for being here today. And I want to really thank Senator Patty Pansing Brooks who brought this to me. As we all know, she's worked on this very hard and that's why I'm sitting here, because she's very convincing, as we all know, and I'm sure she will be reaching out to all of you. But listening to the testimony and thinking about this, I mean, what you have here is-- I mean I'm assuming, I'm not an expert in this, but people who-- who grow up in this are the people who end up to being traffickers, so you got to stop the generation to generation. And if we don't step in and help these people, then 20 years from now they're the ones trafficking people. I mean it's just-- people do what they know. So this seems to me to be-- and I'm not, as you all know, fond of spending money, state money, but this is a long-term improvement in people's lives and an improvement in our society. And the other reason I would say I'm here is because I've known Sheriff Dunning for longer than anyone-- either one of us, let's just say our children, who now have children or very small children, when we first knew each

other and we were neighbors across the street. So I know he's dedicated a huge amount of time to this, and I appreciate it very much, and he believes in it. So between Dunning and Pansing Brooks, I-- they're a pretty hard team to beat, so thank you.

HOWARD: Senator Williams.

WILLIAMS: Thank you, Senator Howard. And thank you, Senator Linehan, for being part of the solution on this issue that faces our state. And you brought it up in your-- in your closing, the-- the cost. I know there-- there is a fiscal note on this. It's not a large amount of money, but would you like to talk about that a little bit and what potentially implementing this program could mean as far as drawing down other available funds for funding?

LINEHAN: I'm not an expert at that, but I was sitting here listening. When it was first brought to me, I think they wanted it to be a million dollars and I'm like, oh-ho, let's start a little smaller. And then once I was sitting here, maybe there is a way to get a million dollars because we hear con-- we hear frequently, I should say, and we do know there are many Nebraskans who are willing to help with good causes, so maybe we could write this in such a way as we leverage it with however much state money we use we could-- if the nonprofits can match

it. Sheriff Dunning knows how to raise money, I know he does. So if we can match-- if we could work it in a match, I think it might be easier for the appropriators to-- if we could double our funds might be one way to address it.

WILLIAMS: That addresses I think primarily what I was talking about. You know, we are-- we are going to be tasked again this year with the difficulty of making those choices when-- when bills get through the process and they have that little last thing there.

LINEHAN: Right.

WILLIAMS: And I think that would be extremely important because, as I understand it from discussions I've had concerning-- leading up to this that there potentially are-- not only philanthropy is part of it but grants that could be available if the program was in existence and established that would not be available if we don't pass this to start with, so to speak.

LINEHAN: OK.

WILLIAMS: Is that your understanding?

LINEHAN: That is my understanding, yes.

WILLIAMS: Thank you.

LINEHAN: Thank you very much. And I also would like to distribute-- I was supposed to hand this out when we started but I forgot, so-- we have this other hearing going on that's--

HOWARD: You have a lot on your plate.

LINEHAN: Today, it seems.

HOWARD: Any-- any other questions? Seeing none, thank you, Senator Linehan.

LINEHAN: Thank you again very much for having the hearing.

HOWARD: This will close the hearing for LB518. We will have an Executive Session but we'll take a brief break and reconvene at 3:10? 3:10.