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March 2, 2005 LB 264

File, 2005 senator priority bills. Mr. Clerk, LB 264.

CLERK: LB 264, Mr. President, a bill by Senator Howard. (Read title.) Bill was introduced on January 10 of this year, at that time referred to the Health and Human Services Committee. A public hearing was held. The bill was advanced. There are Health and Human Services Committee amendments pending. (AM0499, Legislative Journal page 592.)

SENATOR CUDABACK: Thank you, Mr. Clerk. Senator Howard, you're recognized to open on LB 264.

SENATOR HOWARD: Thank you, Mr. President and members of the house. Friends, mentors, and colleagues, a few weeks back I told the Health and Human Services Committee that we have to do something different. I told them that we cannot continue on the same policy path in our state's child welfare system. After 34 years of serving children at the Department of Health and Human Services, I am convinced that we are failing too many children to not take a long hard look at what we are doing, and that is why I've introduced several bills this year dealing with child welfare, and we are calling these bills the "New Future" for Nebraska's children. All of this is a package of which part LB 264, as amended by AM0499, is a part. The "New Future" bills shift the focus of our child welfare policy away from the band-aid approach we now employ, where the need overwhelming that we simply patch the most pressing problem, without being able to solve the underlying problem. We need to focus on how we can prevent kids from entering our system, and if they are in our system, how we can swiftly find permanent And I'll refer you to the first handout which is resolutions. The "New Future" bills have four goals. the LB 264 summary. The first is prevention; the second, accountability; the third, performance; and the fourth, greater focus of our limited resources. LB 264, with the accompanying committee amendment, is the first step in implementing these principles. It does so first, empowering Health and Human Services to offer preventative services, such as home visitation and secondary preventative services; second, considering national standards in establishing child welfare caseloads; third, increasing Health and Human Services caseload reporting for both state and state