

HOWARD [00:00:02] [RECORDER MALFUNCTION] to the Health and Human Services Committee. I'm Senator Sara Howard. I represent District 9 in midtown Omaha and I serve as Chair of this-- of this committee. Today we'll be continuing our series of educational briefings for the committee and the general public. And we have invited Director Matt Wallen from the Division of Children and Family Services at the Department of Health and Human Services to give us a brief overview of the work that he does within the agency. Welcome, Director Wallen.

MATT WALLEN [00:00:27] Thank you. As Chairperson Howard mentioned, I'm Matt Wallen, the director for the Division of Children and Family Services. I've provided the-- the senators-- I have a PowerPoint which I'll walk through today. And then behind the PowerPoint I've included a CQI packet, a draft of our five-year prevention plan as it relates to the Families First Prevention Services Act. I've also included some caseload compliance metrics, turnover statistics for our team in the field, and then some-- some factual information with regard to our drug-testing policy which has been referenced here more recently. I-- I-- before I get into my PowerPoint, I would just like to mention a couple of things. I know yesterday you had a briefing by the Office of Inspector General and the Foster Care Review Office. During that briefing, and then after the briefing as well, there were a few comments that were-- were fairly critical of our teammates across the state and that's our caseworkers. And I just-- you know, I support them 1,000 percent in everything that they're doing. They're the most dedicated, passionate team we have. They're walking into some pretty tough situations day in and day out. And I just would ask if there is any criticism, it's directed towards me. Our team is in the field. They're doing everything they can. They're following a lot of policies and procedures that we wrap around them and provide them support and resources to carry out and implement. So I would just want to-- want to mention that and to reference that. We think they're doing just a great job and-- and just families in Nebraska are lucky to have that, that team that's out there in the field. I also want to mention that we hear oftentimes in some briefings that their safety concerns and particular cases and, you know, weather cases should be closed or not or-- or, you know, raising flags around safety, if anyone ever has a safety concern, I would encourage them to first and foremost report that safety concern to the hot line or bring it directly to my attention or anyone on my team's attention. I hear a lot that, oh, my office had heard this safety concern or that safety concern and we don't know about it. If we don't know about it, we can't do anything about it. And I certainly want to encourage-- we're all mandatory reporters, so if there is a safety concern, please bring it to-- to someone's attention. And then the third thing I'll mention before I jump into my PowerPoint is there has been recently a lot of discussion around the department's drug-testing policy. And I-- I want to just say first and foremost, right up-front out of the gates, the previous policy and this policy are about child safety, so safety is never compromised and safety comes first and foremost for anything that-- that we do. When we change a policy, like we did with the drug-testing policy, we shared it in advance. We talked with-- with folks about it. And again, I always have an open door if there continue to be concerns around our drug-testing policy that I would welcome the opportunity to talk to anyone about those concerns that they might have. But again, it's a policy that focuses on child safety and it's-- it's a policy that's

centered on safety and if we go in and are assessing a home and in that family home and the child is in an unsafe situation, we're going to take appropriate action to either remove that child or establish a safety plan. Before or after, regardless of what-- what takes place with any drug testing or no drug testing, we are assuring the safety that child and that child's not going to-- going to remain in a home that's not in a-- in a safe situation. We really centered and updated our drug-testing policy around, you know, better understanding what are the safety concerns around any potential drug use in the home. And that's why we-- we-- we look at, first and foremost, is the child safe. Secondly, we look at can we get the-- the-- the adults or the parents to an assessment diagnosis and then really into treatment and recovery. And that's what it's truly about is treatment and recovery. And when we talk about drug testing, we can drug test at any point along that course of action but we want our drug tests to be clinically driven based on a medical professional's recommendation that that is in the best interest as far as treatment is concerned for-- for that adult. So I think that's important because we have instances across the state where drug tests were being conducted and ordered on parents when the-- when the report or the allegation was head lice and truancy, and we were drug testing those parents, both parents. We also have instances across the state where we were drug testing both parents every single day for 90 consecutive days and withholding a visit from their child based on passing 90 consecutive drug tests. That's not clinically driven. That's not very good practice. That's where our drug policy really, again, it focuses on safety, but we try to strike that balance out of safety but also the treatment of the adults, the treatment of the parents, so we can meet their needs, understand the depth of their disease. Drug testing itself doesn't tell us the extent of that disease. So I just wanted to mention those couple of points before I jump into my PowerPoint. I'll leave ten minutes at the end, I promise, so we can-- so we can talk about-- and I'd be happy to answer any questions that we have in the-- in the PowerPoint as well. So the first slide in-- in my presentation is really where our CFS priorities lie, and you'll see, first and foremost, something that we're uncompromising on when it comes to our priorities is child safety. So we're trying to ensure everything we can for child safety and we want to try to do everything we can to assure that child safety is possible when-- when at all possible in-- in the family home. We certainly have a practice priority where we want to work to engage parents and through family engagement we can certainly preserve and strengthen, you know, the ability for parents to raise their own-- their own children and safely raise their own children. I'll mention that we-- we really focus on those as-- as philosophies in a couple different areas. When we'll talk about the Children and Family Services review, the CFSR, one of the areas that was identified in the CFSR is that we don't engage parents that well and we don't engage parents well when we're working with families in their home. And in particular, we're not engaging the noncustodial parent that's associated. So we've really focused our practice on addressing some of those things that we know children do better in their lives when they have both parents that are part of their lives that they can interact with and communicate with. So we've really tried to focus on improving our-- our family engagement. So I've also provided some supplemental data but when we think about caseloads, our team, in our caseloads, we're as close as we've ever been to meeting the caseload standard. And it gives our team a lot more time to work with, engage, and interact with families to meet their needs, to establish the right services, to

strengthen those families, preserve those families, so they can safely raise their own children in their own home. Parents truly make the best parents, we believe. So just wanted to touch on a few of the priorities there, but it's really driven first and foremost by safety. On the second slide, I want to mention we talk about prevention initiatives. We talk about serving children in their family home. Serving them in their family home also is serving them in their communities. We've really done great work in reaching out and collaborating with community-- excuse me-- community resources through Bring Up Nebraska, through different foundations so we can try to provide those prevention services in people's communities to-- to meet their needs without a formal entry into the child welfare system. And I think that's-- that's really important that-- that these communities have really stepped up and have really taken a lot of responsibility on to do that primary prevention work, to-- to do everything they can do to-- to stop families before the point of crisis and before that point of entry into the child welfare system. So we're-- we're big supporters and big participants and partners in any and all prevention services. And one of those prevention services, on your next slide, slide 4, is Bring Up Nebraska, and that highlights a lot of the prevention work over this last year. We recently celebrated our one-year anniversary of the Bring Up Nebraska initiative and it's really a community-led effort. It's working with local partners to identify and coordinate resources to serve families. It's building community "capable" in a sustainable way to support families. So when-- when families may or may not be system involved, they have that community support network that-- that's still in place to endorse and to wrap around that family to-- to serve them and meet their needs in the community. And that's where the prevention work is. And what we've looked at through prevention services is we've touched 1,500 families and roughly 10,000 children through that prevention work. And you'll see that after those 10,000 children that had some form of interaction through the Bring Up Nebraska and through community initiatives, we've only had about 20 that have-- that have been identified at a later time and entered the child welfare system formally. So I think that's pretty significant prevention work. On your fifth slide, I would just like to note that I kind of highlight here a couple of different courses for entry into the child welfare system. And this is where you talk about court-involved cases. You know, we-- we have that philosophy of trying to serve children safely in their-- in their family home when it's safe to do so. But in certain instances, we do have court-involved cases. It's really when a safety concern can't be mitigated through safety planning. It's when law enforcement, you know, has to-- has to come into the home and-- and conduct a removal based on immediate safety concerns; parents aren't willing to-- to step up and take necessary action to-- to meet the needs of the child. And that's-- that's really some of our harder cases, if you will. Some of our more severe occurrences of-- of maltreatment are involved on-- on really the court end of side-- the things-- court end of things. On the noncourt cases, these are the ones where the parents are displaying some protective factors. Families acknowledge that they want to work and want to want to improve their family functioning. I mean, they really need some support resources. Most of these are neglect cases but they-- it helps them identify a safety network that can really help them assure the safety of their children. And with that safety network and some services from the department, we've seen great success and we'll talk about some of the success here in a couple later slides. The-- really the third route of entry into our system, if you will, on page 6 is

alternative response, and alternative response is a formal intake. Alternative response are cases that are lower risk cases and it's part of IV-E waiver, if you will. And we're under a IV-E waiver until the end of September, September 30 of 2019. But it's-- it's an alternative response to serving families that are much lower on the spectrum of the risk factors. So we've-- we have alternative response. We rolled it out county by county, but we're-- we're currently now in-- in all 93 counties. The last county was Thurston County. So we have alternative response. We have a review of alternative response that will be completed here by the end of December, December 30, December 31 of 2019. So that'll be an evaluation as part of our IV-E waiver, so we've seen good results in the alternative response category as well. So on the next slide, slide 7, you'll see here is some historical data around abuse and neglect. In calls to the hot line, you'll see we've had a steady uptick in calls to the hot line, 34,000, 35,000. In 2018, we had 38,000 calls to the hot line. Accepted intakes are around 12,758. You'll see that that's gone down just a little bit, but I think that that's evidenced by a lot of our work in the community response side of things. That's a lot of our work around identifying poverty and neglect cases and making those referrals for kind of direct resource support, if you will. We also have-- you know, we utilize structured decision-making model which is an evidence-based practice for intake tool which guides our decision-making model. We do CQI around that as well and we have great fidelity to our-- our SDM, so every year that we utilize SDM we get much better at it. In the interest of time, I'm going to kind of buzz over a couple of slides here and there. This is really just showing another look at accepted reports for abuse and neglect and what those trend lines look like over time. You'll notice on the-- kind of the court and noncourt entries, how that's-- it's flat and it's kind of come up and down and now we've flattened back out again and then alternative response has been steadily increasing as we've done it. On slide 9 you'll see those are our out-of-home numbers. Over this past year, we've had a 12 percent reduction in our out-of-home from December to December. That's 3,494 down two to 3,067. I think that's really good work by our team. It's important that-- I mean that's over 400 kids that got to spend the holidays in their family home and it was safe to do that. So that-- that's important work. And we-- we talk about-- you know, I want to talk about the middle graphic, if you will, and-- and that identifies that between January and December of 2018, 46 percent of our state wards that were age 0 to 5 have one or both of their parents as a former state ward. And that's-- that's-- I think that's the cycle that we look at. And if we could have done much better work on the parental end, we might not have seen their children enter that system. So that is where we're trying to do this prevention work. That's why we're doing so many in-home services in people's homes. And that's why we're trying to strengthen and preserve and protect that family when it's safe to do so. Again, safety always overrides everything we do, but we're trying to-- trying to assure that safety and strengthen the family because we know we get much better outcomes. And we say, you know, we get much better outcomes for children in their family home but, I mean, the research shows that. And nationally about 75 percent of children with a-- with an allegation of abuse and neglect is really neglect. And one of the recent research studies that we've-- that we've looked at and focused on is MIT studied about 15,000 kids in Illinois that were identified for abuse and neglect between 1990 and 2002. And of those 15,000 children, if you will, 44 percent of them-- you know, the ones that went into foster care-- 44 percent of the ones in foster care had at least

one arrest, and those kids that stayed in their family home, that percent was 14 percent of one arrest. So, I mean, that's-- that's pretty significant in an outcome in what it means to-- to have a family in their home. When you look at teen pregnancy, the numbers of 56 percent in foster care from that group versus 33 percent who stayed in their home for that group, so again, another significant-- we know kids do better when they stay in their home, when that home is safe and when that home has the right supports that they need. So it also proves forward on the-- on the employment side of things once they reach adulthood. So the research is there and what we're doing is there to support our practice. So on the next slide-- I think we're up to slide 10 now-- you'll see that that-- there's a lot of discussion around court versus noncourt and what it means and who's watching noncourt cases, things along those lines. You'll see with our noncourt cases what we've seen over 2018, 91 percent of those cases had a-- had a great success. And when I say had a great success, it means that six months after the court case closed, they didn't return as a court case. And those are, you know, thousands of families that had the opportunity to not be devastated or inflicted that trauma or the crisis of a removal. So that's-- that's what our practice model looks like for those noncourt cases with really 91 percent success rate over 2018. And we'll certainly get better at it as we continue, but 91 percent is very strong. On the next slide you'll see, for those-- for those 9 percent that-- that ended up re-entering through the court system within six months of case closure, those are the reasons they did-- they-- they entered the-- the system six months later. So we track that so we know, so we can identify are there better services that can be put in place moving forward, so we can alleviate and improve our practice, if you will. So on the last-- on the slide number-- I think we're on to-- is it 11? Eleven or twelve? Court and noncourt children served, these are the slide I really want to focus on and this is our court children and our noncourt children. And when we look at the court children, we're looking at 6,094 kids, and when we look at noncourt it's 4,236 kids. Those are the kids that were served safely throughout 2018 in court or noncourt cases. So you'll see the recurrence of maltreatment for court cases and noncourt cases is virtually the same. There is, from a-- from a recurrence of maltreatment standpoint, virtually no difference in court and noncourt cases. And that's why, I mean, we're such big advocates of working on these cases and engaging families and encouraging families to-- to-- to-- to stay in their homes to-- to meet the needs of their children. So when I think of noncourt cases in the family home, it's really a precursor to Families First. We'll hear testimony today around the importance of Family First and the implementation of Families First. Well, Families First emphasizes in-home services for up to 12 months to-- to strengthen the family, to prevent out-of-home removals. If we're struggling kind of with that philosophy of court versus noncourt and in-home services, I mean, that's what Families First is all about. I'm sure we'll hear plenty of testimony today about the importance of Families First for Nebraska and why it's a good thing for Nebraska to implement Families First. And what I'm trying to identify here is that our practice around the noncourt side of our cases is-- it mirrors. It's synonymous to what we-- what we will see in Families First. So I think this slide is-- is a-- is really a tribute to the excellent and good work that's done by our team throughout the field to work with, engage families, keep children safe and get parents the necessary services in their home. I'm running close to 1:20, by my count, so what I'll identify here on the next slide is that moving towards permanency This is the time in care for noncourt

cases are that yellow bar, and court cases are that red bar. So you'll see the importance of trauma inflicted on a family being system involved. When you're in the court system, you're going to be in the court system for-- for close to two years or longer. And when you're in a noncourt system and working with-- with our team directly, it looks like, you know, on average, about 100 days across the state. So the time in care is important as well for families. I've got a number of other slides here I'd highlight. We-- we-- we talked about the three tracks: court, noncourt, and alternative response. I've got a slide that shows, regardless of the course that you come into the system, we provide all sorts of services for our noncourt cases. The only difference with Families First in the noncourt cases, we should be able to draw a IV-E match and use federal funds for prevention services through an evidence-based practice for prevention services in the future. We're not able to do that now. I've got a couple of slides where I talk about all that we're doing for our team, how we focused on turnover, what we're doing to-- to focus those resources to better support our team in the field. And then my last few slides are kind of Families First. I'll mention that it's a game changer really in child welfare as far as a focus is-- focus has always been on federal dollars for foster care. This focus is really on prevention and in-home services in their communities and then utilization of evidence-based practices. My second-to-last slide includes some comments from families that were served throughout Lincoln, Nebraska City, Kearney, and Omaha through alternative response are your first two columns, and then the noncourt process are the last two columns. And those are comments from families. So with that, I covered a lot. I know that's about 25 or so slides and then I provided you also with a bunch of additional information. My-- by my clock, it's 1:25. You, of course, have the official clock, but I'd be happy to answer any questions you might have.

HOWARD [00:22:59] Great. Are there questions? Basically what I heard was that we need to give you more time. Senator Cavanaugh.

CAVANAUGH [00:23:06] Thank you, Chairwoman Howard, and thank you, Director Wallen. This is a really interesting model and I appreciate the work that you're doing on this. So the community response, which was on your third slide, I believe--

MATT WALLEN [00:23:26] Yep.

CAVANAUGH [00:23:26] --how-- how does that look, and what is sort of the relationship between DHHS and the community response? What I'm trying to get at is, when kids are-- or families are in-- in that model, are you tracking what's happening there or is it-- they're not in our system?

MATT WALLEN [00:23:48] No. Well, kind of both. So what we get is we see some calls that come into us and we're trying to work and-- and focus those calls more to some of these community response. And I'll use, for example, if we get a call of a concern with a child that's-- that's out on a day like today and doesn't have a coat or boots, right, we don't want to have an official intake into the system. That person probably doesn't need to come into the child welfare

system. But depending on what community they live in, we're going to work with a community resource to say we think this resource might be able to help you with a coat, here's some boots, and here are things like that. So to meet some of those kind of more poverty-related concerns, housing concerns, sometimes it's Legal Aid, sometimes it's a whole host of different things. But we're working on all sorts of different referral types through what our caseworkers see from an assessment. Through the hot line, through whole different avenues, we're trying to work with communities on it. And because they're local and community driven, they all look a little bit different to meet the needs of that individual community.

CAVANAUGH [00:24:52] OK. Thank you. I have another question. What is a IV-A [SIC] waiver?

MATT WALLEN [00:24:56] A IV-E--

CAVANAUGH [00:24:56] How--

MATT WALLEN [00:24:56] It's Title IV-E of the Social Security Act. It's how we refer to-- it's our funding source.

CAVANAUGH [00:25:04] OK.

MATT WALLEN [00:25:04] The IV-E is-- is what-- right now we-- we draw IV-E dollars down for foster care maintenance payments and foster care administrative payments.

CAVANAUGH [00:25:12] It's the number four and the letter E?

MATT WALLEN [00:25:14] It's-- well, it's a Roman numeral, IV-E.

CAVANAUGH [00:25:16] OK, Roman numeral, IV-E.

MATT WALLEN [00:25:18] Yeah, IV-E.

CAVANAUGH [00:25:18] Thank you.

MATT WALLEN [00:25:19] But it's-- it's the federal funding source for foster care payments.

CAVANAUGH [00:25:23] OK.

MATT WALLEN [00:25:23] And it's always historically only been, if it's in a licensed foster care placement with a whole-- with a couple other requirements, we can finally use that for the first time for prevention services in people's homes.

CAVANAUGH [00:25:33] OK. I just-- trying to get all the--

MATT WALLEN [00:25:36] Yeah, it's a federal funding source.

CAVANAUGH [00:25:37] Yeah. Thank you.

HOWARD [00:25:39] Other questions? I did want to ask if the alternative response waiver is ending in September, you said?

MATT WALLEN [00:25:46] I said September, yes.

HOWARD [00:25:47] And then is there-- are we going to reapply for the waiver or what's-- what's the plan for continuing AR?

MATT WALLEN [00:25:54] No, our waiver, if-- I'll have to remember the-- the-- the authorization for alternative response, but alternative response, our waiver originally ended June 30 of '19. We asked for an extension to September 30 of '19 so it would coincide with when Families First starts, on October 1, so we wouldn't have a gap in funding, if you will. Alternative response is authorized through-- I believe until January of the following year. So we'll get our-- the waiver ends. We'll get an evaluation by the end of the year and then the actual I think state statute authorizes it through the following year.

HOWARD [00:26:34] OK, so we'll still be able to draw down funds for-- through alternative response when-- after the waiver is done? No?

MATT WALLEN [00:26:42] No.

HOWARD [00:26:42] OK.

MATT WALLEN [00:26:42] That's why that's such important that we have sound implementation of Families First because we won't continue to draw down those-- those-- those dollars that we're getting under the capped allocation of the IV-E waiver.

HOWARD [00:26:55] And help--

MATT WALLEN [00:27:01] It's not an evidence-based practice.

HOWARD [00:27:03] Right.

MATT WALLEN [00:27:04] So it's, yeah, it's one of those things where we'll have the body of research behind it and as a state we'll have to determine how we proceed with alternative response. We've put forward some regulatory changes to-- to alter alternative response that addresses the 22 exclusionary criteria which would make it potentially IV-E eligible for

prevention services because it would be a little bit different alternative response model. It would be an evidence-based practice.

HOWARD [00:27:36] So that's why we're modifying the exclusionary criteria-- criteria for alternative response?

MATT WALLEN [00:27:44] That's one of the reasons why.

HOWARD [00:27:45] So then it becomes an evidence-based model?

MATT WALLEN [00:27:48] That's our-- that's our hope. That's-- that's what-- that's what we've looked at is-- is-- let's take Minnesota has alternative response like we do, except their alternative response is an evidence-based practice. So if we align ours to be more like Minnesota's, which is an evidence-based practice, we think it will be eligible for IV-E dollars for those prevention services in the family home for those lower risk-- lower risk families that come in through alternative response. Does that make sense?

HOWARD [00:28:17] Yeah, I think I'm just having a hard time, and I apologize, colleagues, if you're not familiar with alternative response, because right now there are 22 exclusionary criteria where you can't go into alternative response. For instance, if a child has severe head trauma, that would go into a traditional response because there's harm to a child. And one of the changes to the exclusionary criteria is that you would still be able to get alternative response if that was the case. And so is that a best-practice model then to modify those exclusionary criteria? Is that-- is that what Minnesota is doing? Is it sort of broadening out alternative response?

MATT WALLEN [00:28:50] It is. It's created-- it's making more people eligible for alternative response. And I don't-- I wouldn't-- I don't know if I would categorize it as a best practice, but it's an evidence-based practice, so there's more detail or data behind it and it's research driven. For our alternative response, so for the IV-E waiver, we-- it was a five-year waiver and it means it-- it waives the appropriate criteria to be eligible for IV-E, so you-- so we have a capped allocation and we can draw down against that capped allocation under the waiver. When that waiver ends, we had two interventions under the waiver. One was recall-- results-based accountability, which evolved into PPI, and then we had alternative response. So when that waiver goes away, so does that capped allocation, so does-- then we're back to it has to be IV-E eligible, which are foster care maintenance payments, and you have to go into a licensed foster home, you have to meet financial eligibility, and you have to have the magic court language.

HOWARD [00:29:53] OK. And then I only just had one more, and that was on slide 7. Do you want to comment on-- it looks to me like we're receiving more calls to the hot line, but we're having fewer accepted reports. Can you help me understand why-- why that's happening?

MATT WALLEN [00:30:12] Well, I think we're doing a really good job around awareness of the hot line and awareness around mandatory reporters and that everything must be reported. So I feel pretty good that that-- that number is-- continues to go up a little bit. I think we've done much better work around the community side, much better work around different resources and trying to identify, if you will, poverty and neglect cases that maybe typically would have-- would have come into the system where we would say we don't-- we need to get you food stamps and childcare services through the public assistance benefits versus bringing you into the child welfare system. So I think that's where we're seeing a drop. And we're doing better with collocating with our partners with public benefits with our child welfare workforce. We're working better and collaborating with the MCOs. We're doing a whole host of different things through the community to try to meet the needs of those families without formally bringing them into the system.

HOWARD [00:31:21] Thank you.

MATT WALLEN [00:31:22] Sure.

HOWARD [00:31:23] Any other questions from the committee? Senator Cavanaugh.

CAVANAUGH [00:31:28] Sorry. I actually had that same question about the slide 7. But to Senator Howard's question about the exclusionary criteria for alternative response, you've said that it's an evidence-based model not a best practice. Is there an existing best-practice model that is also evidence based that we could be using?

MATT WALLEN [00:31:49] Well, what I would say is, if it's an evidence-based model, it means it works and you might categorize that as a best practice. But it's-- I think best practice is overused, but there's a number of different states that do alternative response, and everybody's alternative response is a little bit different. Our alternative response, like I said, it includes those 22 exclusionary criteria.

CAVANAUGH [00:32:19] Right.

MATT WALLEN [00:32:19] And I think it excludes a significant population that would benefit from that alternative response. We continue to look. I know Iowa has an alternative response which-- which is very good. The key is what is on the California Clearinghouse, what is an evidence-based practice, what is well supported, so we can utilize that practice to claim IV-E dollars, federal dollars, to provide those in-home services.

CAVANAUGH [00:32:47] OK. I guess I'm just-- and I'm also still just really concerned about this number on slide 7 because it's over 25,000 abuse and neglect reports that don't become accepted reports, or calls that don't become accepted reports. That's a-- that's very significant. I

mean I appreciate that you're advertising the hot line more, but that's a big number. Is there any data on what those-- what those rejected calls are?

MATT WALLEN [00:33:17] Right. We-- we-- we track those rejected calls, which seeing in-- in 2018. The percent that we accept is 33 percent. That-- that's what showed there.

CAVANAUGH [00:33:28] Would it be--

MATT WALLEN [00:33:29] The national average is about 40 percent.

CAVANAUGH [00:33:31] Would it be possible to get sort of a breakdown of what the rejected calls are or why they're rejected?

MATT WALLEN [00:33:38] Oh, yeah. Yeah. We-- we-- we-- we have that information.

CAVANAUGH [00:33:43] OK. Could you give it to the committee?

MATT WALLEN [00:33:43] We can-- I can get it for you in more kind of global aggregate-type data so you have buckets of what types of calls.

CAVANAUGH [00:33:51] Sure. Thank you.

MATT WALLEN [00:33:54] Yep.

HOWARD [00:33:54] Any other questions? You mentioned the-- the drug-testing issue, because I've been hearing from it-- about it from a lot of my colleagues as well. With the change in the policy, have you modified your training for your caseworkers so that they're better equipped to identify drug use and draft those safety plans, because if we're not drug testing, then I think identification may be more challenging, and so have we modified our training for caseworkers to help with that situation?

MATT WALLEN [00:34:28] We continue to-- to I guess train our caseworkers on our initial-- our initial caseworker training, if you will. We do in-service training and focus on some additional. I can't say everybody's been-- been-- has enhanced drug-testing training, if you will. But we focus on certainly educational components for our team so they can better identify risk factors, indicators, things like that, so they know if there is a probable cause or a safety concern. They know exactly what to do and how to handle that.

HOWARD [00:35:05] Wonderful. Any final questions? Seeing none, thank you for visiting with us today. Thank you for this briefing. We appreciate it.

MATT WALLEN [00:35:10] Thank you. And as-- I've provided a lot of additional information.

HOWARD [00:35:13] Yes.

MATT WALLEN [00:35:13] So I'm happy to answer any questions on that additional information anytime.

HOWARD [00:35:17] OK. Thank you, Director.

MATT WALLEN [00:35:20] Thank you.

HOWARD [00:35:21] All right. This will open the hearings. OK. Good afternoon and welcome to the Health and Human Services Committee. My name is Senator Sara Howard and I represent District 9 in midtown Omaha and I serve as Chair of the Health and Human Services Committee. I'd like to invite the members of the committee to introduce themselves, starting on my right with Senator Murman.

MURMAN [00:35:38] Hello. I'm Dave Murman, District 38, from Glenvil, Clay, Webster, Nuckolls, Franklin, Kearney, Phelps, and southwest Buffalo County.

ARCH [00:35:47] John Arch. I only represent a portion of one county, Sarpy, District 14.

WILLIAMS [00:35:54] Matt Williams from Gothenburg, Legislative District 36, Dawson, Custer, and the north portion of Buffalo Counties.

CAVANAUGH [00:36:01] Machaela Cavanaugh, District 6, west-central Omaha, Douglas County.

B. HANSEN [00:36:06] Ben Hansen, District 16, Washington, Burt, and Cuming Counties.

HOWARD [00:36:10] Also assisting the committee is our legal counsel, Jennifer Carter, and our committee clerk, Sherry Shaffer, and our committee pages, Maddy-- is Erika coming? Maddy and Erika. A few notes about our policies and procedures. Please turn off or silence your cell phones. This afternoon we will be hearing three 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 up to testify. 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. the day prior to the hearing. Any handout submitted by testifiers will also be included as part of the record as exhibits. We would ask 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; and 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-- 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-- 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 do have a strict no-prop policy in this committee. And with that, we will begin with the gubernatorial appointment of Lynette Kramer to the Nebraska Rural Health Advisory Commission. Welcome.

LYNETTE KRAMER [00:38:04] Good afternoon.

HOWARD [00:38:05] Good afternoon.

LYNETTE KRAMER [00:38:08] Good afternoon.

HOWARD [00:38:09] Thank you for-- thank you for coming on such a snowy day.

LYNETTE KRAMER [00:38:13] Yes. You're welcome.

HOWARD [00:38:14] We were hoping you could tell us a little bit about yourself and your interest in serving on the commission.

LYNETTE KRAMER [00:38:18] My name is Dr. Lynette Kramer. I'm a family practice physician in Albion, Nebraska, at Boone County Health Center. I've been there for 20 years. Grew up in a small town in western Nebraska. And so rural health is-- rural living is kind of our thing. We've been glad to raise our family in a small town. I went to Nebraska Medicine and I was a recipient of a student loan, helped me with the National Health Service Corps to help with loan repayment. And I saw the opening on the appointment opportunity for the Rural Health Advisory Commission. And my practice has evolved or maybe my interests have evolved to be a little more curious about policy and population health and helping frustrations in rural health. And we need to keep rural health providers. And so the Rural Health Advisory Commission is an opportunity for us to designate shortage areas and to help with student loan repayment for rural healthcare professionals. And so I felt like that was a good opportunity for me to serve and so I appreciate the appointment.

HOWARD [00:39:42] Thank you. And this is a reappointment, so you've served on the committee for how long? No, this is your first time.

LYNETTE KRAMER [00:39:47] No, this is a new appointment.

HOWARD [00:39:47] Oh, my goodness, that's wonderful. All right.

LYNETTE KRAMER [00:39:50] Yeah. So honestly I haven't been to a meeting yet, so.

HOWARD [00:39:53] OK. Well, you'll have to tell us how they go.

LYNETTE KRAMER [00:39:55] Yeah. But--

HOWARD [00:39:55] Are there questions from the committee? Senator Cavanaugh.

CAVANAUGH [00:39:58] Thank you, Chairwoman. Thank you for being here. How big of a population do you serve in your family practice?

LYNETTE KRAMER [00:40:05] So our community is about 1,800 people. But we serve-- we have five satellite clinics in a 25-mile radius, so our active population is somewhere probably between 13,000-15,000.

CAVANAUGH [00:40:21] Do you travel quite a bit?

LYNETTE KRAMER [00:40:24] Um-hum. Well, I used to. But, yeah, we travel to the satellite clinics and-- yeah.

CAVANAUGH [00:40:30] Well, thank you for doing that. I know family-- we have a shortage of family practice physicians and I very much appreciate your work out there.

LYNETTE KRAMER [00:40:38] Thank you.

HOWARD [00:40:40] Thank you. Senator Arch.

ARCH [00:40:42] Thank you for volunteering to do this. Having-- having practiced there for quite a while, what-- what are some of the bigger challenges that you face in practicing medicine in a rural area?

LYNETTE KRAMER [00:40:52] Great question. Right now we're struggling with reimbursement. And I guess I have to be honest, right? Medicaid's tough. Medicaid's really tough right now. We're struggling with coverage. We're struggling with authorizations. We're-- we're just struggling, period. So that's probably one of our bigger frustrations. Medicare I think is going to get better, but authorizations and prior authorizations and some of the red tape and the time we spend going through trying to justify why we want to prescribe a medication, you know, those are big challenges. The electronic health record has been a great tool, but it has slowed us down a lot. It's a great opportunity to capture patient data and have things documented and, you

know, in a chart and it can't be lost. But, you know, when we-- when we moved to that, we dropped our capacity in-- from 100 percent to 80 percent and we'll-- we'll never get it back. So unfortunately then with all of this red tape and regulations, it takes more people to do less work and we are just not able to see as many patients in a day, so access becomes a problem. So those are just a few.

ARCH [00:42:28] OK. Just one other question. Are you-- are you able to access specialty services?

LYNETTE KRAMER [00:42:33] You know, we're pretty fortunate. And I'm not sure if you're aware where Albion is located, but we're like two hours from Omaha, two hours from Lincoln, 70 miles north of Grand Island. We have several specialists come in once a month and that's very-- it's very good for them to do that for us. You know, they don't-- it's kind of a volunteer thing. I mean they do get some reimbursement but it's-- it's time out of their clinics. But so we have several specialists that come in and then we're not terribly far to reach specialists. Psychiatry, and I'm sure you're-- you've heard that, you know, psychiatry is a big issue for us. But we are-- we're pretty fortunate because we're able to access--

ARCH [00:43:23] You're close enough.

LYNETTE KRAMER [00:43:24] We're close enough and we have enough that come up to see us.

ARCH [00:43:27] Yeah.

LYNETTE KRAMER [00:43:27] And we'll do surgery in our facility and that just helps with our bottom line and helps us stay successful. And so--

ARCH [00:43:37] Thank you.

LYNETTE KRAMER [00:43:38] Yeah. Thank you.

HOWARD [00:43:38] Thank you. Any other questions? Seeing none, we're so glad you're willing to serve on this commission and we will-- on the advisory commission. And then we will vote for your confirmation, send it out to the floor, and then the entire Legislature will consider it as a whole.

LYNETTE KRAMER [00:43:54] OK.

HOWARD [00:43:54] So you'll have to watch on NET when that comes up.

LYNETTE KRAMER [00:43:57] [LAUGH] OK.

HOWARD [00:43:57] But thank you so much for your willingness to serve.

LYNETTE KRAMER [00:44:00] Sure.

HOWARD [00:44:00] We're very grateful.

LYNETTE KRAMER [00:44:00] Yes. Thanks for having me.

HOWARD [00:44:01] Thank you.

LYNETTE KRAMER [00:44:03] All right.

HOWARD [00:44:04] All right. This will close the gubernatorial appointment for Lynette Kramer and we will give Senator Bolz a few minutes. Oh, she is coming? Tami, is she coming?

TAMI SOPER [00:45:18] Yes, she's [INAUDIBLE]

HOWARD [00:45:18] OK. Perfect. All right.

WILLIAMS [00:45:21] We lost two of our people here.

HOWARD [00:45:23] We-- we did.

WILLIAMS [00:45:34] I think Arch is-- I-- I'll look in the hall.

HOWARD [00:45:35] No, I think he left and then she's [INAUDIBLE] she's gone. Yeah. OK. So this will open the hearing for LB332, Senator Bolz's bill to change eligibility requirements and other provisions of the Young Adult Bridge to Independence Act. Welcome, Senator Bolz.

BOLZ [00:45:42] Thank you, and thank you for your patience, HHS Committee. I am Senator Bolz; that's K-a-t-e B-o-l-z. I'm here to introduce LB332 which revises provisions of the Young Adult Bridge to Independence Act, also referred to as B2I. The time between ages 17 and 21 is a period of significant importance for young people. Think back to that time in your lives. It's the time when we finish up high school, find a college or career, find a residence, and learn to stand on your own two feet. Youth who get-- age out of foster care often lack the support networks that many of us take for granted. They don't always have that person to listen, to answer questions, to help them bounce back or to make decisions. The Bridge to Independence program has for several years been helping folks who age out of foster care transition into adulthood successfully through supports related to a person to talk to and education access and housing support. The program also extends adoption and guardianship subsidies for youth who were adopted or entered into guardianship at age 16 or older. Importantly, the Bridge to

Independence program provides an Independence coordinator which helps those folks access resources and help them with planning to achieve their life goals. Also importantly, it ensures healthcare coverage if they are eligible for Medicaid. The Bridge to Independence program has been successfully administered by the Department of Health and Human Services and receives guidance from the Bridge to Independence Advisory Committee, a subcommittee of the Nebraska Children's Commission. Currently youth are eligible to start the Bridge to Independence program if they are 19 to 21 years of age and have aged out of the foster care system and an out-of-home placement or-- and discharged into independent living for foster care, were adopted from foster care at age 16 or older, or entered into guardianship at age 16 or older. LB332 as amended by AM557 would revise the eligibility for participation in the Bridge to Independence program in a couple of ways. And these recommendations are brought by the Bridge to Independence Advisory Committee. First, they would limit participation to only youth who are Nebraska residents. Second, they would eliminate duplicative financial benefits to young adults with disabilities whose residential costs are provided through other public funding. And third, they would add youth who were adopted or entered into guardianships from the juvenile justice system at age 16 or older as Bridge-to-Independent [SIC] eligible. I think this is thoughtful legislation. I do want to provide just a little bit more context with the fact sheet and with a-- a couple of brief technical things and then a couple of-- of brief personal things. When we introduced this bill and per the recommendations of the Bridge to Independence Advisory Committee, there was a recommendation around youth with disabilities, thinking that there might be some duplication between the Bridge to Independence program and youth who are accessing services through the developmental disabilities waiver. What we found was that it's simply not necessary to include that amended language. The young people who are eligible for the developmental disabilities waiver have actually a more robust, I would argue, a more robust set of supports that they receive if they are waiver eligible. So that's in the amendment in front of you. The other piece that is in the amendment in front of you just clarifies something that was missing in the original draft of the bill that is in the recommendations of the Bridge to Independence Advisory Committee. The last thing that I want to share with you is a little bit more personal, and that is that when the bill was originally introduced and conceptualized, the juvenile justice population who had a previous experience with the child welfare system were originally conceptualized as a part of the Bridge to Independence program. So we brought a similar bill last year and we bring it this year because we sort of think of it as something making right what should have always been a part of this program. They weren't included partly for a compromise to-- to make the funding work. The second piece is-- is a little bit more personal. Another reason that we started taking a look at this issue was two or three years ago, I was sitting in my office and got a phone call from a very upset social worker who reached out to me because I'm also a social worker. And she was working with a very difficult case of a young woman who was involved in the juvenile justice system, who had a very difficult history and experience with the child welfare system, and she did not qualify for developmental disability services but had a very low IQ. She was being-- she was aging out of the juvenile justice system and had nowhere to go. She had previously been living with some grandparents whose age and fragility made that a placement where it was no longer sustainable. That family eventually

stepped up and the community eventually stepped up and there was-- they eventually found a place and a home for this young woman, not easily and not without a lot of tension and anxiety. And I always think of her when-- when I talk about the Bridge to Independence program and why the juvenile justice population needs to be included. So as quickly as I could do it, that's the introduction to LB332. I'd be happy to answer your questions.

HOWARD [00:51:22] Are there questions? Senator Arch.

ARCH [00:51:24] Could you walk us through the fiscal note? Could you-- could you help me understand? As I-- as I see the fiscal note, it appears as though there's-- there's some General Fund impact. I know that there's some that are-- you're reducing something and adding something as well but--

BOLZ [00:51:43] OK. Well, let me-- let me maybe slow down and say there of course is a cost for the Bridge to Independence program. Specifically, there's a stipend of \$760 per month and there's the cost of the Independence coordinators, so there's--

ARCH [00:51:56] Right.

BOLZ [00:51:56] --there is a cost.

ARCH [00:51:57] Sure.

BOLZ [00:51:57] There's a-- the-- the individuals who are defined as newly eligible under this bill of course also have a cost. That's a very specific and targeted group of young people and not a very big number. And that is because those folks need to be-- kids who are-- have a previous experience with the child welfare system are aging out of the juvenile justice system. And in most circumstances the juvenile justice system is working as hard as it can to get that young person stabilized and in a place where they need to be, need to go before they turn age 18. That's already their practice because they don't have the Bridge to Independence program. I am sorry to give you a long-winded response but the point is--

ARCH [00:52:39] No, please. Yeah, it's good.

BOLZ [00:52:39] --the point is that it's a pretty-- it's a pretty targeted demographic of young people. In addition to being those folks, those kids that have experience with the child welfare program and are aging out of the juvenile justice system, it also has to be a kid, a young person, a young adult who-- who isn't developing a plan on his or her own. Someone who needs the help is what we're trying to focus on. So that's the cost side of the ledger. The reason you don't see a fiscal note is because I guess a couple of things. One is we're doing a better job in the Bridge to Independence program of drawing down federal funding. And I think-- I don't know if there's a representative from the Department of Health and Human Services behind me, but

they deserve some credit for that and may be able to talk about that further. So that's part of the story. The other part of the story is by saying that we are not going to continue eligibility for non-Nebraska residents, we're creating some cost savings in this bill. And the logic there is just that if you are independent enough to make the choice to move out of state and start your life in Florida or Oregon or wherever you go, you are probably independent enough not to need the Bridge to Independence program and/or you're making that choice, and that's part of being an adult. It does not end eligibility for young people who are placed out of state by the Department of Health and Human Services, so it is only folks who are-- who are of their-- you know, under their own steam moving out of state. Forgive me for the long answer. The point is that the reason you don't really see a fiscal note-- and we've worked very closely with the department; I believe they're coming in supportive today-- is because when you-- you kind of move the pieces of the puzzle around, you can better target the funds to those who need them.

ARCH [00:54:28] OK. Thank you.

BOLZ [00:54:28] Thanks for asking.

HOWARD [00:54:29] Other questions? Seeing none, will you be staying to close?

BOLZ [00:54:32] I sure hope so.

HOWARD [00:54:33] OK. Thank you.

BOLZ [00:54:35] Thanks.

HOWARD [00:54:35] We'll now invite our first proponent testifier for LB332. Good afternoon.

SARAH HELVEY [00:54:47] Hi. Good afternoon. My name is Sarah Helvey, S-a-r-a-h, last name H-e-l-v-e-y, and I'm a staff attorney and director of the child welfare program at Nebraska Appleseed. Nebraska Appleseed was a strong supporter and very involved in the creation and implementation of the Bridge to Independence program in Nebraska which, as Senator Bolz mentioned, includes service-- extending services and support, including a monthly stipend, healthcare, and case management support for young people who age out of foster care at age 21. Currently there are about 250 young adults in the program; and since the program's inception in October of 2014, about 1,300 young people have participated in the program. Nebraska is 1 of 22 states and the District of Columbia that has taken this option under federal law and it was based on research showing that these types of programs can improve otherwise poor outcomes for this population, where, for example, nationally over 50 percent experienced homelessness and less than 2 percent finish college. So it is a prevention program in that regard. I've also served on the Bridge to Independence Advisory Committee since its inception but I'm testifying today solely in my role with Nebraska Appleseed. About a year ago, the Advisory Committee convened a policy and finance work group to examine budget issues within

the program and I actively participated in that work group as well. As Senator Bolz mentioned, this bill reflects the recommendations of these groups and is intended to address some identified budget issues and gaps within the program. Specifically, we support that the bill permits those who were adopted at age 16 or older to enter the B2I program or receive extended adoption assistance to age 21. Several years ago, in 2015, the Nebraska Legislature fixed a similar gap by permitting young people who entered into a guardianship at age 16 or older to do the same, and that places young people who were adopted rather than guardianship with-- in a similar position of having the opportunity to maintain their relationship with their parents but live independently and receive a monthly stipend directly, as well as to receive that supportive case management . And we believe that this is consistent with the original intent of the program to treat young people in the program as adults and will better serve more young people who need the program. We also support that LB332 includes young adults whose guardianships were disrupted or terminated at age 16 or older and whose cases were filed under this sub (8) of 43-247. That is a specific filing under the juvenile code for young people whose guardianships were disrupted or terminated. And young adults in this situation are very similar to young adults who age out without permanency, but the fact of this adjudication currently makes them ineligible for the Bridge to Independence program. And I just want to note related to the fiscal note that-- that we understand that that subset, those filings under sub (8) are rather rare. And so it's a smaller subset of young people, not just that who had their guardianship disrupted but also who had that sub (8) filing under 43-247. In addition, we're supportive that LB332 makes reasonable changes to protect the budget of the Bridge to Independence program into the future. The bill includes a reference in the Bridge to Independence Act to a reasonable efforts finding that is required for juvenile court judges to make in order for us to draw down federal funding for the program. That was just an oversight in existing statute, and so including that in should enable us to get federal drawdown in more cases and reduce our General Fund expenditure within the program. In addition, as mentioned, it includes a compromise that adds that residency requirement to the program. And while we want to be supportive of young people who move out of state to support job-- to pursue job opportunities or family relationships, we originally anticipated that the monthly required caseworker meetings could be accomplished electronically. And we understand that our federal partners have required in-person visits, which has increased it, the cost under the program, and because that was an amendment that is not that savings of those travel costs and that population are not reflected in the fiscal note and, therefore, we support the amendment today. And with that, I just want to thank Senator Bolz and the committee for your commitment to older youth aging out of foster care. And I'd be happy to answer any questions.

HOWARD [00:59:20] Thank you. Are there questions? Senator Williams.

WILLIAMS [00:59:21] Thank you, Senator Howard. Thank you, Ms. Helvey, for being here. You mentioned in your testimonies that programs like this can improve outcomes and a number of states have them. Is there any documentation on how much we can improve outcomes and what the percentages are? Do you-- do you have information like that?

SARAH HELVEY [00:59:41] There is some good information on that that I'd be happy to provide with you. There's some research out of the University of Chicago, as well as the Jim Casey Youth Opportunities Initiative, that have looked at other states and the cost savings from the program.

WILLIAMS [00:59:55] I think that would be helpful to see. Thank you.

SARAH HELVEY [00:59:57] Absolutely.

HOWARD [01:00:00] Thank you for your testimony today.

SARAH HELVEY [01:00:01] Thank you.

HOWARD [01:00:02] Our next proponent testifier.

JULIET SUMMERS [01:00:19] Good afternoon, Chairwoman Howard. Members of the committee, my name is Juliet Summers, J-u-l-i-e-t S-u-m-m-e-r-s. I'm here on behalf of Voices for Children in Nebraska to support LB332. Youth who've been involved in our child welfare system deserve access to ongoing support in maintaining safety, well-being, and stability. This is particularly important for young people exiting our system on the cusp of adulthood who have not found permanency in a lifelong family. The sudden transition from structural supports to complete independence can be a difficult path to navigate safely. Thankfully, Nebraska has an excellent extended foster care program in Bridge to assist young adults to navigate between foster care and independent adulthood. We support LB332 because it will include additional similarly situated young people in the program while providing statutory clarifications that will eliminate or resolve certain fiscal complications the program has faced. So I've been privileged to sit on the Bridge to Independence Advisory Committee which is tasked with monitoring the program and making recommendations for improvements, and one of our statutory imperatives is to develop specific recommendations for expanding the program to similar groups of at-risk young adults. And though I need to be clear I'm not representing the committee today or the Children's Commission in any capacity, by my reading of this bill, LB332 represents the direct recommendations that the group has made as approved through the Nebraska Children's Commission to include young adults experiencing disrupted guardianships as one of those similar at-risk populations. Additionally, there are some clean-up provisions in the bill that you've heard about which have been hammered out between the Advisory Committee, the Children's Commission, and the Department of Health and Human Services, which we hope should allow us to draw down more federal child welfare reimbursement for program participants through Title IV-E. And additionally there are provisions aimed at fiscal responsibility, as you've heard, balancing the desire of all parties to maximize inclusion in the program with the necessity of prioritizing it for young people who most need and will benefit from it. The work of the Advisory Committee is by no means complete, and I am sure I will be back before this committee in future

years talking about Bridge as we look at further expansions and ways to make the transition to adulthood better supported for the deserving young adults who are in the program. I also would like to thank Senator Bolz for being such a constant champion of this program and the young people who are connected with it, and this committee for your time and dedication to getting our system right for young people. And I would urge you to advance it. I'd be happy to take any questions.

HOWARD [01:02:51] Thank you. Are there questions? Seeing none, thank you for your testimony today.

JULIET SUMMERS [01:02:55] Thank you.

HOWARD [01:02:57] Our next proponent testifier. Good afternoon.

CHRIS JONES [01:03:20] Hi. Good afternoon. Good afternoon, Senator Howard and committee members. My name is Chris Jones, C-h-r-i-s J-o-n-e-s, and I'm the policy analyst for the Nebraska Children's Commission, or "commission." On behalf of the commission, I'm testifying in support of LB332. The commission was created in 2012 following an extensive LR and HHS Committee investigation of Nebraska's child welfare and juvenile justice systems. It was created to provide a permanent leadership forum for the collaboration of child welfare and juvenile justice. A commission factsheet has been provided in your handouts summarizing the commission, its accomplishments, and examples of work previously assigned through the Legislature. The Bridge to Independence Advisory Committee is one of five statutory committees which fall under the umbrella of the commission. The commission provides three-branch leadership and community resource expertise to support transparent policy change at the state level. The commission also provides staffing support to the Bridge to Independence Advisory Committee to help fulfill its statutory requirements. The Bridge to Independence, or B2I, Advisory Committee identified three priorities to guide its work: (1) monitor the ongoing implementation of the B2I program; (2) outcome evaluation of the B2I program and expanding the program to similar groups of at-risk young adults. The collaboration of expert resources, young adults, and state and community representatives serving on the Advisory Committee and the commission have led to many significant improvements of the system. Through this collaboration the state has increased access to federal funding for the Bridge to Independence program. This required cross-system data analysis, judicial branch partnership, and policy enhancements. Not only was the program created and administered, but the implementation has been thoughtfully operationalized and developed through collaborative work with the Advisory Committee and the Children's Commission. Increased access to federal funding through collaboration is just one example of the milestones Nebraska has made since the creation of the Children's Commission and the Young Adult Bridge to Independence Act. Through system partners and membership, the Advisory Committee has made substantial progress towards obtaining an outcome evaluation of the B2I program. This important evaluation is anticipated to be complete later this year and will be used to further refine the B2I

program and the Advisory Committee's work in expanding to similar groups of at-risk young adults. LB332 builds upon the progress made for young adults in Nebraska, continues expansion to similar groups of at-risk young adults, and enhances statutory language to ensure the ongoing permanency reviews and reasonable efforts findings in order to maintain access to federal funding for eligible participants. LB332 highlights some of the recommendations found within the Advisory Committee's 2000 annual-- 2018 annual report to the HHS Committee and ensures a sustainable path forward for the Advisory Committee to continue its work toward other recommendations. Thank you so much to Senator Bolz and the HHS Committee for your leadership and work on behalf of children and families in Nebraska. And on behalf of the commission, I ask that you support LB332.

HOWARD [01:06:18] Thank you. Are there questions? Seeing none, thank you for your testimony today.

CHRIS JONES [01:06:24] Thank you. Have a good day.

HOWARD [01:06:24] Our next proponent testifier for LB332.

RODNEY EDWARDS, JR. [01:06:42] Hello. My name's Rodney Edwards, Jr.; that's R-o-d-n-e-y E-d-w-a-r-d-s, Jr.

HOWARD [01:06:50] Whenever you're ready.

RODNEY EDWARDS, JR. [01:06:54] Sure. Four hundred dollars, that's the cost of a nonrefundable, mandatory fee to apply for housing in the University of Nebraska-Lincoln dormitory. A hundred dollars, that's how much I spent replacing a winter coat that I had to borrow that I could no longer use. I borrowed one when I was in foster care and I needed a new one here. Sixty dollars, that's the cost of groceries that I had to buy for, for two weeks when the dining hall closed and in the gap between my summer job. Fifty dollars, that's the amount of money that I had to spend in a back-and-forth emergency trip to Omaha when I needed to take the bus because I didn't have a car. I say this to show that there are a lot of unexpected fees that young adults in-- that are in the Bridge to Independence program have to face, that all young adults have to face. And I'm here to say that if not for the Bridge to Independence program, I'd have a lot of trouble paying those-- those instances. For me, I'm in support of the Bridge to Independence program not only because it's helped me is-- it's because it's helped a lot of people. As a university student, I know there's a lot of stresses in not only being an adult but learning to manage your time, learning to work with other people, and learning to just become independent. Without the support of not only resources but educational training and knowing how to just use those resources, there's not a lot of kids who would make it, especially coming out of the foster care system. One specific thing in the foster care system is that every single case is different. I know I'm pretty unique and I can tell that a lot of my friends who I know are also in the foster care system are unique as well. Because of this uniqueness, a lot of foster

care parents don't really know how to handle the specifics of each kid. For instance, only some foster parents might have experience with a child going to college, so they might not know of any fees that a kid going to college would have to expect. Likewise, there may not be a student who has aged out before so they don't know whether or not they would have insurance benefits when they come out, whether or not they would have-- what kind of jobs that they can receive, what kind of benefits they can expect. Programs like the Bridge to Independence make sure that students have at least some resources-- or students and all youths have some resources to tackle the world and have some support behind them. I think that the students who have-- the youths who have fallen under the cracks, the students who have simply had their guardianship disrupted at 16, need this program as well because I can say, simply put, if it wasn't for the Bridge to Independence program, I might not know where I would be today.

HOWARD [01:09:34] Thank you. Are there questions? Now are you in college?

RODNEY EDWARDS, JR. [01:09:40] Yes, I'm a student at the University of Nebraska-Lincoln.

HOWARD [01:09:43] Wonderful. What are you studying?

RODNEY EDWARDS, JR. [01:09:45] I'm really-- I'm a business major, but I'm really a political science major. I was kind of scared of taking Spanish class, so-- but not scared anymore, so I may not switch. [LAUGHTER]

HOWARD [01:09:55] That's wonderful. Well, thank you so much for sharing your experience with us. We do appreciate it. Senator Williams.

WILLIAMS [01:10:06] Thank you, Senator Howard. And thank you, Mr. Edwards, for being-- for being here. Can you tell us a little more specifically about what the Bridge program did for you, the specific kind of things that you experienced?

RODNEY EDWARDS, JR. [01:10:19] Sure. So when I became independent, a lot of the--

WILLIAMS [01:10:26] And how old were you when you became independent?

RODNEY EDWARDS, JR. [01:10:28] I became independent at the age of 19.

WILLIAMS [01:10:32] OK.

RODNEY EDWARDS, JR. [01:10:33] So when I was 18, I was still technically in foster care, but I was on the college campus and I was learning how to just be a college freshman, just learning going through school and having to handle the resources of just what I could handle. And I learned that there were a lot of things that I may have scholarships to be able to do, but there were a lot of things that I might not have scholarships to be able to do. So that would include

things like technology, for example, like a technology-- a new laptop could help me but I might not have a scholarship for that, clothes, a new suit to go to awards ceremonies and things such as job interviews. They might be at a discount rate but I would still need money to be able to afford it. Things that the Bridge to Independence program does is it lets you fill the gap between what scholarships can't accomplish, so extra resources that a college student or someone who thinks a college student would need or might take for granted but things that they necessarily do need to be actually successful. Another important part is that a Bridge to Independence worker can help a student and just learn how to go about their adulthood. For instance, when I was sick during this summer, my Bridge to Independence worker taught me how to make a-- set up a doctor's appointment, taught me about copays and all the like. And with the Bridge to Independence insurance-- or the Bridge to Independence money, I was able to handle any unexpected costs, like the amount of copays, for instance, the ride-sharing app, the Uber to the doctor's office and back, and making sure of any emergency medicine that I might need, if I might need a cold medicine at the pharmacy, things that I might necessarily need cash in order to do right away instead of waiting for maybe another benefit that I could possibly get in the future but that would take weeks to apply for, or if I was even able to get it. What the Bridge to Independence program does and why I think it helps me specific-- why I think it help students like me specifically, is that it allows the students the freedom and the-- it allows the freedom-- the freedom-- or it allows students the freedom and the resources to pursue opportunities that they normally wouldn't be able to.

WILLIAMS [01:12:46] Thank you.

HOWARD [01:12:46] Any other questions? Seeing none, thank you for your testimony today. Our next proponent testifier for LB332. Seeing none, we do have some letters for the record-- record: Anne DeVries, representing herself; Terry Werner, representing the National Association of Social Workers-Nebraska Chapter; Nick Juliano from the Children and Family Coalition of Nebraska; Jason Feldhaus from the Nebraska Children and Families Foundation. Is there anyone wishing to testify in opposition to LB332? Is there anyone wishing to testify in a neutral capacity to LB332? Seeing none, we'll give Senator Bolz a minute to come back from Government. Senator Bolz, would you like to close on LB332?

BOLZ [01:14:08] I'll waive closing.

HOWARD [01:14:10] OK. All right. So this will close the hearing for LB332 and open the hearing for LB328, Senator Bolz's bill to adopt the Nebraska Family First Act, provide for non-court-involved response to reports of child abuse or neglect, and provide for a family finding project. Welcome, Senator Bolz.

BOLZ [01:14:26] Thanks for having me back. Again, thanks for the patience as I've got multiple irons in the fire today. My name is still Senator Kate Bolz; that's K-a-t-e B-o-l-z, and I'm happy to be able to talk to you about LB328 today. LB328 is the outcome of a lot of great thinking and

smart work since the federal Family First Preservation [SIC] and Services-- Prevention and Services Act passed on the federal level. I think the Department of Health and Human Services did a nice job of pulling together a number of work groups, which my staff and I participated in, and many of the folks you'll hear from today participated in as well. So this really is a visionary bill and it does three primary things. LB328 integrates the federal Family First Preservation [SIC] and Services Act into Nebraska Statute. You'll be hearing more about those details, but among other things, it was a historic federal law passed about a year ago that permits states the option to draw down federal Title IV-E funding for prevention services, including mental health and substance abuse treatment, for children at imminent risk of entering foster care and their parents or kin caregivers, pregnant and parenting youth. The FFPSA also limits federal funding for congregate care placements, called qualified residential treatment programs, unless certain requirements are met, such as treatment for need for that level of care. DHHS is already planning to pursue their federal option to provide prevention services to prevent children from coming into foster care and draw down federal funding to do so. However, we believe that integrating the FFPSA into state statutes also adds value to its success in Nebraska for several reasons. First, statutory implementation does have the possibility to maximize federal funding. Putting it into state statute as a requirement will ensure that we maximize available federal funding. The Nebraska Child Welfare Financing Primer, which many of you have seen-- we'd be happy to give you a copy if you haven't-- noted that our ratio of state spending to federal funding is the second highest in the nation. Seventy-seven percent of our child welfare spending comes from the State General Fund and only 23 percent from federal sources, compared with an average across all states of 54 percent federal funds and 46 percent state investment. That's due to both a cost shift from Medicaid to child welfare and our low Title IV-E penetration rate, which, as I mentioned on the previous bill, has been improving. Prior to the IV-E waiver, Nebraska's penetration rate was the second lowest in the nation largely because many children in foster care in Nebraska are ineligible for aid because their parents' income does not meet the fairly low eligibility requirements. It's also because other necessary requirements and judicial determinations have not been made as required by federal law. Having these requirements in state statute will ensure that Nebraska meets the requirements to get the federal funds in the cases and will reduce our state investment in child welfare. Statute change, I argue, is needed for the qualified residential treatment program requirements. Starting after October 1, 2019, in order for states to receive any federal child welfare funding for group care placements, after two weeks, the placement, called a QRTP, must meet certain-- meet certain requirements that should be in statute for juvenile court stakeholders, including court hearings and findings. And DHHS must-- must obtain certain assessment-- assessments and document the needed replacements. This is-- the FFPSA is good policy and consistent with best practices. The bill also provides statutory authority for non-court-involved cases and clarifies statutes around the front door to the child welfare system. I think this is critical for Nebraska's children and families, and I think it is within the spirit of the Families First Preservation [SIC] and Services Act because we're talking about how children enter the system and making sure they get the supports that they need, when they do and when they don't. According to the most recent Kids Count report, half of the 5,485 kids who entered Nebraska's child welfare system in 2016 were

non-court-involved and 50 percent were court-involved. This is a pretty big swing from about ten years ago when Nebraska had the highest rate of kids in out-of-home foster care placement per capita of any state in the country. And so it's important to recognize that this is-- this is a positive thing. It is positive to have kids stay in their homes and reduce the trauma of out-of-home placement. But we don't know enough about how these cases are handled and there is currently no statutory authority for these non-court-involved or voluntary cases. To emphasize, there is not currently any statutory authority or regulatory guidance for how half of the cases of our children in our child welfare system is being handled or for how those kids are being kept safe or how taxpayer dollars are being spent. And I don't want to insinuate that that means that good things aren't happening within those families. What I do mean to say is that there is not a clear statutory authority or regulatory guidance. There's also no juvenile court oversight in these cases. I will share with you that one of the reasons for bringing this bill is that my office received a number of calls from concerned stakeholders, judges, physicians, providers, attorneys, family members, and foster parents on the challenges related to voluntary versus-- or non-court-involved versus court-involved cases. In particular, there have been a number of concerns about changes in drug-testing policy, which may-- you may have seen in the news, and how decisions are made about child safety. While LB328 does not directly address the drug-testing issue, LB328 would, among other things, outline the circumstances in which a court-involved case is not the appropriate action-- sorry, in which a non-court-involved case is not the appropriate action, such as when a child is seriously endangered and when notification to law enforcement and the county attorney is necessary. It would clarify the role of relatives and kin caregivers who are often called upon in these cases to care for children informally. It would clarify initial assessment process for investigations of calls made to the hot line and critical initial decisions and clarify the role of investigative and treatment teams through local Child Advocacy Centers. Another major piece that LB328 addresses is that it authorized a kinship navigator program and extends the family finding project. Family connections are proven to improve the outcomes for children in the foster care system and help children and families increase stability and exit the child welfare system. Family finding is the evidence-based process of engagement, searching, preparation, planning, decision making, lifetime network creation, healing, and permanency in order to search for and identify family members and engage them in planning and decision making and gain commitments from family members to support a child through nurturing relationships and to support parent or parents when appropriate, as well as to achieve a safe, permanent, legal home or lifelong connection for the child through reunification or permanent placement. Research shows that long-term outcomes for children placed with family shows significant improvement compared to foster placements. The benefits of family finding are the connection of a lifelong network of support for young people in the foster care system. So I know that this is a complex and large bill, so I want to reiterate the highlights. First, it's important to improve the front door of the child welfare system where the most critical decisions are being made, implementing preventative services to address the core issues, substance abuse and mental health, that most often lead to children being removed from the home and maximizing federal funding opportunities so that we can make the best and most efficient use of state resources. You'll hear some testimony today, I

believe, about how the Family First Preservation [SIC] and Services Act is new and that federal guidance is still forthcoming and uncertain. I want to, on that note, say that our federal partners have been clear that they intend to be very flexible with the states and that these recommendations have been made in partnership with advocates and experts who are also working with federal partners. In addition, LB328 includes a provision recognizing that a state plan amendment will have to be filed with the federal government that will have to reflect both state and federal law. I wanted to make sure I got all of those-- those-- those points on the record, and I appreciate your patience with that. I do also want to speak from the heart for a couple of minutes and say I think that there are two important pieces that we are trying to achieve here. The first is trying to put clarity around voluntary or non-court and court-involved cases. And over the summer I have had so many people call me with concerns about voluntary placements, concerns that people that young people are inappropriately placed in those voluntary placements which don't have the same oversight and protections as those in the court system, concerns about issues that have been brought up, involuntary placements that go unaddressed because we don't have the same regulatory guidelines as we do in court cases, and some-- some really emotional cases about circumstances in which young people weren't protected. And I do think that this is a difficult job and that-- that that is sometimes unfortunately the scenarios that we have to respond to in our child welfare system. But I think that putting parameters around who should and should not be in a voluntary placement is an important choice to make to protect the safety of our kids. The second is that I know and I respect the work of Director Wallen and how hard it can be to manage federal requirements, but I do think that all of the recommendations in this piece of legislation are informed by the Family First Preservation [SIC] and Services Act passed by the federal government. You'll hear from some experts today about how those-- the state-level principles are in line with the federal-level principles, and I think defining those things in state statute provides protections for those services and helps our state make sure that we as a state are also focusing on the Prevention and Services model. I've talked an awful lot. I'm sorry to go on about such a comprehensive bill. I'm happy to take your questions.

HOWARD [01:25:21] Thank you. Are there questions? Just to clarify, because this is a big bill and I-- and I warned you that I spent a lot of time on this, so most of my reading of it is that it really, really focuses on the non-court-voluntary cases, which I guess when I was first reading it, I didn't realize that we didn't have much in statute around those cases and we didn't have much guidance for the department. There was one piece that I-- that I did have a specific question for you about and that was on page 23 of the green copy, which I apologize. I should have told you I had this question before. It's just about the expungement from the central registry when a parent is involved in a noncourt case.

BOLZ [01:26:15] I'm on the same page.

HOWARD [01:26:16] Yeah. So can you give me a little bit of an idea why-- why we're considering an expungement from the central registry for this specific population?

BOLZ [01:26:32] Um-hum. There are probably others who may have a comment on this and I invite their comments as well. While-- while what I articulated a concern to be is those kids who are in voluntary placement who maybe shouldn't be, I think there's also a concern that if a family should be in a voluntary placement-- and I do believe that there is a-- there is a role in our child welfare system for voluntary placements. If that voluntary placement is successful and managed as it should be, then-- then I think there is an argument that if the issues are resolved and-- and it was appropriately nonvoluntary, that should follow through to the expungement process.

HOWARD [01:27:12] OK.

BOLZ [01:27:12] Does that answer your question?

HOWARD [01:27:13] Yes, absolutely.

BOLZ [01:27:16] Thank you.

HOWARD [01:27:16] All right. Other questions from the committee? Seeing none, will you be staying to close?

BOLZ [01:27:19] I sure hope so.

HOWARD [01:27:21] OK, thanks. All right, our first proponent testifier for LB328.

ANDREA PHILLIPS [01:27:32] Good afternoon. My name is Andrea Phillips, A-n-d-r-e-a P-h-i-l-l-i-p-s. I'm testifying today in support of LB328 on behalf of Lincoln Public Schools. As a school social worker and licensed mental health practitioner, one of my primary roles is as a liaison between the school, home, and community to ensure that students are emotionally prepared to learn. A major part of that role is ensuring that students feel safe. I agree with LB328 that when safety is addressed, children do best in their natural home environment. However, when children disclose that they feel unsafe due to abuse or neglect by a caregiver, I rely on other systems to help ensure safety. Over the last several years, my colleagues and I have grown increasingly concerned about the safety of vulnerable children in our community. As school social workers, we regularly make reports to the Child Abuse and Neglect Hotline when children report abuse or neglect to us. We are concerned about the number of reports that are not investigated, unfounded, or open as a voluntary case with no co-oversight when we have significant safety concerns regarding child abuse, domestic violence, educational or physical neglect, and/or drug use by parents or caregivers. We are also concerned that many families participate in voluntary cases repeatedly over the years, failing to make needed changes to provide safety. And if they decide to no longer participate, there is no further oversight. LB328 would establish statutes to develop more structure regarding voluntary and court-involved CFS cases. To give you a clear picture of the types of safety concerns we have, we have prepared

some examples for you. Case one involves two young elementary students with significant attendance issues who reported that they ran the streets during the day, often ending up far from home. They were returned home multiple times by police. My school and other community members made multiple hot line reports regarding educational neglect, drug use by parents, and lack of supervision. The children disclosed that their parents used drugs, slept all day, refused to feed them, and yet a case was not opened. Eventually, after running from police, the family was surrounded and the parents were arrested in front of the kids in a very traumatic way. Case two involves a young girl who was observed to live in an unsanitary home without water or heat who missed over 130 days of school in a school year. The student had significant hygiene concerns and head lice that were noticed by peers. Over the course of two years, LPS intervened to partner with a parent to improve the home environment and made multiple reports of educational and physical neglect. CFS cases were opened and quickly closed and ultimately an LPS staff member called the police from the home, resulting in the removal of the child. Within weeks of the removal, years of sexual and emotional abuse and trafficking by the parent were disclosed. The years of trauma that this girl experienced were unnecessary and life-changing. Case three involves several siblings who reported a long history of domestic violence and drug abuse by their parents. Their mother had been in and out of the hospital and unable to care for herself and the children, resulting in the children often being home, left alone. The children grew aggressive towards each other and in the community and ultimately sold drugs to survive. All the children have missed more than half of the school year. CFS cases have been opened and closed, but the children did not get the help they needed and now they are involved in the legal system. These are just a few of the heartbreaking experiences we have as school social workers. We appreciate your hard work to improve the lives of children in our community. Children count on us to keep them safe, which is a burdensome responsibility that can't be done alone. Please vote in support of LB328 to establish consistency and oversight for our most vulnerable populations.

HOWARD [01:31:32] Thank you. Are there questions? Thank you for the work you're doing for kids. We really appreciate it. And thank you for highlighting this issue for us.

ANDREA PHILLIPS [01:31:41] Thank you.

HOWARD [01:31:43] Our next proponent testifier. Good afternoon.

DAWN ROCKEY [01:31:51] Good afternoon. Senator Howard and members of the Health and Human Services Committee, my name is Dawn Rockey, D-a-w-n R-o-c-k-e-y, and I'm the executive director of CASA, Court Appointed Special Advocates, for Lancaster County, and I'm appearing in support of LB328. In 2018, 106 volunteer advocates in Lancaster County advocated for 236 kids, for their best interests, with the majority of those children being in the abuse neglect system. The last thing that CASA volunteers or staff want to see is more children removed from their homes if there is a way to provide services to the family in the home. It's even better if the family voluntarily engages in services without a case being filed in juvenile

court. However, I am concerned that many high-risk cases are allowed to be voluntary when circumstances that brought the family to the attention of authorities is a clear risk to the children, for example, cases involving methamphetamine use by one or both parents. Methamphetamine is highly addictive from the first use and impairs an individual's ability to parent. It's been my experience that court supervision is necessary to compel parents to complete treatment, remain sober, and engage in services that will help correct the adjudicated issues. As a member of the Lancaster County 1184 Treatment Team, that reviews all noncourt cases, I am very concerned at the number of cases with very serious allegations such as sexual abuse, severe domestic violence, physical abuse, and babies testing positive for meth or other substances that are allowed to be a noncourt case. In some instances, the parents initially agree to services and are a voluntary case and then simply cease contact with the caseworker. They don't answer phone calls. They refuse to answer the door. If all attempts at contact are unsuccessful, a voluntary case can be closed, closed without any assurance that the children are safe or that the needed services were ever implemented. Please understand that many issues that bring families into the system can be handled through a voluntary case. Parents do engage and need help accessing community services or assistance with an unusual circumstance. However, court supervision for cases involving serious allegations can provide the oversight and impetus to keep a case moving and to ensure that identified services are implemented. Another recurring problem is when noncourt cases are not resolved. The parent isn't engaged in services and issues are ongoing, but too much time has passed since in the incident that brought the family into the system. Due to the length of time involved, it then becomes difficult for the county attorney to have enough evidence to file a case in juvenile court, so we may just wait to see if the parent does engage in services or wait to see if more calls come into the hot line and more intakes could be filed. I know there is a continued concern that Nebraska has a higher number of children in care than other states. Voluntary cases are a way to keep that number down. But we shouldn't be sacrificing the safety and best interest of children so that our numbers look better. Parameters, whether they be in statute or in policy, about what can be a voluntary case and what cannot, will go a long way in helping to ensure that children's safety and risk of harm are at the forefront of all CPS investigations. It will also help to provide greater oversight, such as that contained in LB328. CASA volunteers and staff are trained to think outside the box about services and programs that are in the best interest of the children or will help address the adjudicated issues. Our concern is that the reliance on voluntary cases could lead to children suffering further ongoing abuse instead of being removed from the abuse if needed or from receiving the help they need. Court involvement provides oversight and a time frame for families to correct issues. LB328 is a good start toward providing a framework for voluntary cases. I appreciate your consideration and would answer any questions you may have. Thank you.

HOWARD [01:36:03] Are there questions? Seeing none, our next proponent testifier.

SARAH HELVEY [01:36:12] Good afternoon. My name is Sarah Helvey, S-a-r-a-h, last name H-e-l-v-e-y. And I'm a staff attorney and director of the child welfare program at Nebraska Appleseed. I'm a technical resource, so I'll give a little bit of background on the Family First

Prevention Services Act. Most of the provisions are effective October 1 of this year and it is, in our opinion, a tremendous opportunity to maximize federal funding for our child welfare system and also implement good policy to improve outcomes for children and families at the same time. It was passed in February of last year and by Congress and signed by the President as part of the Bipartisan Budget Act, and it was actually-- it was something that national advocates had been advocating for, for many years, for generations, and-- but it was kind of a surprise when it was included in the Bipartisan Budget Act. And Appleseed, among others, were focused on some other aspects of that, but it was included in that and many have considered it a historic reform to federal funding of foster care by, as others have said, permitting states the option to draw down federal funding for prevention services, including mental health services and substance abuse treatment for children at imminent risk of entering foster care and their parents or kin caregivers, as well as pregnant and parenting foster youth. And you heard the statistics on intergenerational foster care involvement. And as I said, advocates across the country have been seeking this for decades because for the first time-- for many years, advocates said there was this kind of perverse incentive where states got the majority of federal funding only when we removed a child from the home. And this allows us to receive federal funding for some of that prevention services for children in home. And as others have said, this dovetails really nicely with where the state has been heading in recent years. While our shift toward serving more children outside the foster care system follows national trends, and there are many good things about that, we think it's critical that Nebraska policy is very clear that children are kept safe and that families are receiving concrete prevention services and support. As others have said, there's a little bit in statute as part of the caseloads provision and there are some regulatory guidance around alternative response cases, but we think this is a really significant issue that there is not clear statutory authority or guidance about how cases involving, you know, half of the children that touch the child welfare system are-- are managed. I've been working at Appleseed for 12 years and when the pendulum began to swing and we began looking at how the state can better serve children in home, that was something-- it was several directors ago. I think the original one may have been the Nebraska Safety Intervention System, if I recall. We sent a letter to HHS and said, we think this impacts families' rights, we think this is important child safety, when do you plan to put this in regulations? They said, six months from now. I calendared to follow up six months and it has never occurred and we have-- with regard now to the system that we have in place. And so we think that that's a really important aspect of this bill to give some clarity around that. We also think it's important because it addresses a longstanding concern that there is currently a lack of clarity regarding the rights of families and the role of caregivers in those informal-- when children are informally placed with them, with the state's involvement. So for example, when there's a safety concern about parental substance abuse is managed by an informal agreement for the child to-- to live with grandma, what authority does that grandparent have when the child is sick; what happens when the parent wants the child to return to the home; what assurance do we have that the grandparents' home is safe; what assistance and support is DHHS providing to address the family's needs that brought them to the attention of the system? And so we support that the bill would require HHS approval of informal placements and provides temporary caregivers-- with care-- those

caregivers with temporary parental authority to exercise powers with regard to the care and custody of children, with certain exceptions. I can see that I'm getting short on time. I'll just say that we all support the other provisions regarding congregate care placements and making sure that when children are placed in those higher levels of care, that we are sure that they have a treatment need for that level of care. We're also supportive of the kinship and family finding provisions of the bill. And I'm happy to answer any questions that the committee may have.

HOWARD [01:41:00] Do you want to answer the question around why the expungements from the central registry?

SARAH HELVEY [01:41:06] I can. So as I think Senator Bolz answered-- Senator Bolz answered it very well. I think that if we're having more assurance that children are noncourt cases appropriately and that the family has successfully addressed the issues, then expungement is something to consider. I think it also parallels-- in alternative response cases, those cases, one important provision of that is that the families are not placed on the central registry because that impedes the-- that's kind of a big stick and that impedes the ability of that model for this system to work collaboratively with the family. And so they're not placed on the central registry at all; there's not a determination in those cases. This, I think, in our opinion, seems like kind of a happy medium. They are placed on the central registry but it can-- it can be expunged if they successfully complete it later on.

HOWARD [01:42:01] Thank you for your testimony today.

SARAH HELVEY [01:42:05] Thank you.

HOWARD [01:42:05] Our next proponent testifier for LB328. Good afternoon.

LANA TEMPLE-PLOTZ [01:42:26] Good afternoon. How are you? Chairman Howard, members of the committee, my name is Lana Temple-Plotz, L-a-n-a T-e-m-p-l-e, hyphen, P-l-o-t-z, and I'm the CEO of Nebraska Children's Home Society, otherwise known as NCHS. We use our 125 years of experience to put children's needs first through an array of statewide services designed to build strong, supportive families and nurture children. Our services include adoption, foster care, family supports, and early childhood education. I am testifying in support of LB328 for a couple of reasons. First, NCHS supports the enactment of the Family First Prevention and Services Act and believes shifting funding to treat children and their parents in their homes is in the best interest of children. I would love it if the dollars could be spent on prevention even earlier than when a child becomes a candidate for foster care. But this is a positive step in the right direction. We at the Children's Home have a number of voluntary prevention services that we've seen great success with. Under the leadership of Director Wallen, the department has moved forward on enacting this law while many states are choosing to delay implementation. The director has been transparent and included community stakeholders in the planning process, which we deeply appreciate. Further, Director Wallen and his team have worked hard

to engage providers in a number of initiatives across the state and I support the direction the department is going. NCHS is very interested in the kinship navigator piece of FFPFA. Our state must do a better job of supporting the needs of relative and kinship families, whether they are part of the child welfare system or not. At NCHS, we have a program called Raising Your Grandchildren and through it we have seen the various struggles facing grand families. Our program is a six-week series that focuses on providing support, resources, and parenting strategies. But there is a larger array of services that these families need access to and a kinship navigator program would help do that. In addition to this service, we also provide kinship home studies for kinship families at no charge if kinship families want to adopt their children. Second, NCHS supports LB328 because it makes the family finding program permanent. Family finding is a model used to locate and engage the family members of children in the child welfare system, to provide permanency and lifelong connections. Family finding in Nebraska was started in 2016 as a three-year pilot program. We started as the contractor for family finding in the western, northern, and central service areas, and in fall of 2017 we took over the southeast service area as well. Family finding has been a very successful program. There's a sheet that I passed around for all of you to look at regarding the data. You have that fact sheet in front of you with the data and several success stories on the back. There are three key benefits that we'd like to focus on. First, youth finish the program with on average ten more connections to family and kin than when they started. Many of these lead to permanent placement, but we do not have access to that data at this time as generally our cases close before permanency is reached. Second, with 81 percent of cases identifying a possible home within six months, we believe family finding reduces the amount of time children spend in care. And finally, family finding can be used preventively before children are taken into care so that family members can be identified to support the parents and help to keep the children in their home. So far, we've received a handful of these voluntary prevention referrals but have been-- but have been able to keep ten children safely in their home so far. NCHS believes so strongly in family finding that we have invested our own funding into the program beyond what our state contract covers. This funding is used primarily for travel to ensure that staff meet face to face with family members, thus enhancing the relationship development and engagement of families, which is a primary piece of that program. In the last fiscal year, that amount-- amounted to about \$25,000 of our own funding. Thank you to Senator Bolz for her leadership and support of family finding and I encourage you support LB328 and I'm happy to answer any questions that you might have.

HOWARD [01:46:34] Thank you. Are there questions? Seeing none, thank you for your testimony today. Our next proponent testifier for LB328. Good afternoon.

KATHERINE BASS [01:47:08] Good afternoon, Senator Howard and members of the Health and Human Services Committee. My name is Dr. Katherine Bass. K-a-t-h-e-r-i-n-e B-a-s-s. I'm the research director for the Foster Care Review Office and we'll be testifying on the FCRO's behalf as a proponent with regard to LB328. The FCRO is an independent state agency not affiliated with the Department of Health and Human Services, the courts, or any other child welfare entity. We were created in 1982 and the FCRO's role under the Foster Care Review Act

is to independently track children in out-of-home care, review children's cases, collect and analyze data related to the children, and make recommendations on conditions and outcomes for Nebraska's children in out-of-home care, including any needed corrective action. Over the last 15 months, the FCRO has recognized the rapid decline in children and youth in court-involved, out-of-home care. The reduction in this population of children in out-of-home care and trial home visit is influenced by several different factors. And I know yesterday you had a briefing from our executive director, Kim Hawekotte, who spent quite a bit of time going over a lot of this data, and you'll see that again here in this handout that you've all received. But just to briefly touch on a couple of the key points here, that on December 31, 2018, there were 4,200 Nebraska children who were in out-of-home care or trial home visit placements under either child welfare, Office of Juvenile Services, juvenile probation, or a combination thereof. So we have a few children who are involved in multiple systems. About 80 percent of the children in out-of-home care are from the child welfare system. And then there's the additional 2.8 percent, 3 percent consistently, just under 3 percent that are involved with both the child welfare and the juvenile probation population. One of the things that we've been watching in particular is the decrease in out-of-home care and trying to determine whether that is due to entries into care, are fewer children entering, are more children exiting care, is our length of stay changing, so the amount of time children spend in care. And what we've seen and what Director Wallen confirmed earlier, what we have really been focusing on, is that the entries have changed substantially. So if you look at Figure 2 in the handout that I've provided you, this looked over a three-year period to see by quarter how many entries, because we do know that there are certain patterns within child welfare that occur. Certain times of year our numbers go up; other times of year they go down, for instance, around adoption day. So we tried to map it out by quarter to see what that pattern looks like and you can see here that there was a significant change that started in about September 2017. So you'll see that change in there. In Figure 3 then, you'll notice that the exit pattern has not changed dramatically. So while there has been a little bit of an increase in exits, we have to remember that exits are a product of entries that happened long ago, often, right, that many children are in care for more than 18 months. And so when our population was particularly high, about 18 months ago, we would expect then to see this increase in exits that we're seeing on the data that I've provided you. So while there has been a significant decrease in children in out-of-home care, there's also been a significant increase in the utilization of voluntary or noncourt cases by DHHS/CFS. The definition of a voluntary noncourt case is not currently defined in statute. LB328 would define a noncourt case as a case in which the department has determined that ongoing services are required to address or alleviate the safety risk identified in the initial assessment and the family is willing to voluntarily engage in protective services. This definition is definitely needed. As Director Wallen has pointed out, there has been an increase in the utilization of those voluntary cases, so we'd like seeing this here in the-- in LB328. LB328 also defines a voluntary placement and a voluntary placement agreement, which the department also refers to as an approved informal living arrangement, or abbreviated to AILA, A-I-L-A. This legal definition is important as it seeks to clarify the legal status of the child, as well as the rights of the parents, guardians, child, and department so that all parties are clear. Currently the FCRO cannot provide independent data

on children who are placed in these approved informal living arrangements. We did bring to the department's attention that we are not receiving that information, even though that should be coming to us based on statute, and we're currently working on a solution with the department. So we are ready to receive that. The department is still creating test data for us, so we are not quite-- we are not getting those. We are getting monthly reports currently. One thing that we have expressed in our annual report and continue to express is that for-- at the current time, we can't confidently say that the decrease in number of children in out-of-home care is a reflection of an improved system because we do not have oversight and we do not believe there is sufficient oversight in that area. We know that the same number of kids are coming into care, but we don't know that the amount of services have changed dramatically. And I'll change this here-- or I'll wrap up very quickly. We're concerned about the amount of services in rural areas that are being provided for all families, and especially those who are non-court-involved. And we believe that it's important that there be an external oversight practice for families who are being served in the noncourt system. So with that, I'm happy to answer any questions and we-- I do want to say really briefly that LB328 and LB458 both make changes to 28-710 and our office is happy to work with any-- with anybody who-- as we try to bring those two together.

HOWARD [01:53:18] Thank you. Are there questions? Seeing none, thank you for your testimony today. Our next proponent testifier. Good afternoon.

IVY SVOBODA [01:53:39] Good afternoon, Chairperson Howard and members of the Health and Human Services Committee. My name is Ivy Svoboda, I-v-y S-v-o-b-o-d-a, and I'm the executive director of the Nebraska Alliance of Child Advocacy Centers. I'm testifying on behalf of the Nebraska Alliance, which represents all seven of the Child Advocacy Centers across the state, on behalf of LB328 with some amendments. For those on the committee who may not be familiar with Child Advocacy Centers, I want to briefly highlight our work. Child Advocacy Centers, or CACs, as we call them, are community-based organizations that provide child-focused facilities which provide assistance in conducting trauma-informed investigations of abuse and neglect through specialized forensic interviews and medical exams of children, testify-- testing of children for prolonged exposure to drugs, and coordination of the multidisciplinary teams. Beyond investigation, CACs facilitate healing for children and families by providing victim advocacy and connections to evidence-based mental health services. Since 2012, the CACs and the multidisciplinary teams they coordinate have been charged with reviewing noncourt cases and reporting annually to the Legislature on these. I've distributed the latest report we've provided covering state fiscal year 2017-2018, along with my written testimony. The Nebraska Alliance supports LB328 because it provides Nebraska an opportunity to take full advantage of important federal child welfare reforms that will allow our state to expand services to prevent and reduce the risk of child abuse and neglect and to better serve children and families. It is important to note that many reports of abuse are never investigated or assessed by DHHS or never receive ongoing services. Figure I, attached on the last page of my written testimony, shows the opportunity Nebraska has had to expand preventative services to an even greater degree. As highlighted in the noncourt report, cases on average closed in less

than four months, 107 days. Director Wallen had mentioned 100 days. So with the federal funding, service length can be expanded. LB328 also importantly includes children who are human trafficking victims or determined to be at risk for human trafficking as candidates for foster care, eligible for prevention services. Currently many of those cases are not assessed by DHHS and receive no ongoing services. LB328 also makes updates and clarifications to statute governing the front end of the child welfare system, the process by which cases are assessed or investigated and connected with services. I want to thank Senator Bolz for working with us on some of the technical amendments to language in the green copy of the bill in Sections 25 and 26 which impact multidisciplinary teams and Child Advocacy Centers. The technical amendments better ensure that the CACs and the teams they coordinate will be able to fulfill the underlying intent of the updates in the bill to these functions. The Nebraska Alliance supports ensuring those with expertise in engaging and supporting families in the child welfare system, that they're represented on local teams. CACs are also supportive of efforts to ensure child welfare services and team protocols are culturally competent. CAC members were concerned that the original language requiring teams and CACs themselves to recruit, support, and train advocates to participate on all 112 of the teams would not have been possible without significant additional resources, especially in rural areas of the state. Peer and parent advocate organizations are already included on the teams wherever those organizations exist throughout the state. We've worked out an amendment to address these concerns, as well as some clarifications to the process proposed for public reporting on the protocols, activities, and membership of the multidisciplinary teams as outlined in the green copy. Finally, we have agreed to add back in to the list of cases which teams staff the drug-endangered cases and reports of incest. Drug-endangered child cases have been staffed by these teams since 2012. We thank Senator Bolz and her commitment to improving our child welfare system and for children-- for children and families. We look forward to working with the committee, DHHS, and other stakeholders as we improve the way Nebraska responds to child abuse and neglect and to look forward to advance LB328.

HOWARD [01:57:50] Thank you. Are there questions? Can I ask you a few questions about the report--

IVY SVOBODA [01:57:56] Sure.

HOWARD [01:57:57] --September? On the second-to-last page, you have the-- the case results for non-court-involved cases, and you said that 65 percent of the cases had a case plan. What's-- what's the significance of a case plan? Why would that be important?

IVY SVOBODA [01:58:13] So there is a case plan-- so when the case comes to the department, the worker is working with the family and they develop a case plan. And so the parent would need to meet everything on the case plan when it gets closed or it's generated for that, that case. So--

HOWARD [01:58:32] So if-- so if they don't have a case plan, what does that mean?

IVY SVOBODA [01:58:34] That's-- when we went to close the case with the teams, this is what we found, that those 65 percent of them had an active case plan with identified goals otherwise--

HOWARD [01:58:45] And then 35 percent did not?

IVY SVOBODA [01:58:47] Right.

HOWARD [01:58:48] And then I was just at the bottom of that page. It says there's-- there's a lack of documentation in the case plans that you do have. Why is that important?

IVY SVOBODA [01:59:01] So when they go to do case reviews, the noncourt-- on the noncourt teams, when they go to do the case review, they're finding they're needing that documentation to be able to make a thorough assessment to say that they feel that the family appropriate reached the case plan goals and that they felt like appropriate services were rendered.

HOWARD [01:59:19] Is there a percentage of cases-- of the 65 that do have a case plan, 65 percent that do have a case plan, do we have a percentage of the ones where the case plan doesn't have enough documentation?

IVY SVOBODA [01:59:30] No, we don't have that information.

HOWARD [01:59:34] That's OK. All right. Any other questions? Seeing none, thank you for your testimony today. Our next proponent testifier for LB328.

VERNON JOSEPH [01:59:49] Good afternoon. Good afternoon, Senator. How are you doing?

HOWARD [01:59:53] Really good. How are you?

VERNON JOSEPH [01:59:56] I'm good. Me and Sara know each other. We had the same landlord. Hi. My name is Vernon Joseph, V-e-r-n-o-n J-o-s-e-p-h, and I rise today in support of LB328. I am a former foster child and this act wasn't-- wasn't around when I was a child, and maybe my life would be a different place, but I did enter foster care twice, once as juvenile and once as a teenager, a not very severe situation but it did rise to the level of going in foster care, which there may have been support in the Family First Act that would have saved the trauma from those three events, in addition to my third trauma as I was graduating-- getting ready to graduate college and didn't have the kinship support that I could have had in this bill. And studies do show that kinship care does work and it may be the best choice for the child and the family. Although I did have wonderful foster parents, I wouldn't be here speaking if it wasn't for [INAUDIBLE] who did take time out of her life to care for me as a foster child. The transition to

young adulthood was a little tough because of the lack of support I didn't have from family, friends. I have developed those relationships along the way and glad that I have them now, and could be a different story if I would have had the Family First Act to help along the way.

HOWARD [02:01:22] Thank you. Are there questions?

WILLIAMS [02:01:22] Thank you.

HOWARD [02:01:23] Senator Williams.

WILLIAMS [02:01:24] Thank you, Senator Howard, and thank you, Mr. Joseph, for telling your story. Were you a foster child here in Lincoln or--

VERNON JOSEPH [02:01:28] No, I was a foster child in Michigan and then--

WILLIAMS [02:01:32] In Michigan.

VERNON JOSEPH [02:01:32] --moved to Nebraska.

WILLIAMS [02:01:32] And when did you move to Nebraska?

VERNON JOSEPH [02:01:35] I moved to Nebraska in 2004.

WILLIAMS [02:01:37] What brought you here?

VERNON JOSEPH [02:01:39] No wife, no mortgage. America is a big country and I came out, visited Omaha, and fell in love with it and that was it.

WILLIAMS [02:01:45] Thank you. Thank you for being here.

HOWARD [02:01:50] Any other questions? Seeing none, thank you for your testimony today.

VERNON JOSEPH [02:01:53] Thank you.

HOWARD [02:01:54] Nice to see you. Our next proponent testifier for LB328. Good afternoon.

TIM HRUZA [02:02:06] Good afternoon, Chairwoman Howard. Members of the Health and Human Services Committee, my name is Tim Hruza, last name is spelled H-r-u-z-a, appearing today on behalf of the Children and Families Coalition of Nebraska, also known as CAFCON. We're a 12-member organization that provides services and support to children and families in Nebraska. We appear today in support of LB328. I'm going to make my remarks very brief because I think a lot of the testifiers who have come before me have laid out some of the

technical reasons that this bill is a good bill. We support the full implementation of the Families First Prevention and Services Act and support the effective implementation of the provisions of that act. The other provisions of the bill we are generally in support of. We do think there are a lot of good things in here. We'd like to thank Senator Bolz for her work on the bill. We'd also like to thank her for allowing our member organizations to provide input and taking that feedback in drafting the bill and throughout this process. We look forward to working with her and members of the committee in getting this bill passed. With that being said, I would offer us as a resource. Our member organizations do serve a lot of children and a lot of families in a lot of different ways across the state. We look forward to Nebraska implementing FFPSA and we would appreciate if the committee would advance LB328 to the floor. Thank you.

HOWARD [02:03:27] Thank you. Are there questions? Seeing none, thank you for your testimony today.

TIM HRUZA [02:03:28] Thanks very much.

HOWARD [02:03:32] Our next proponent testifier on LB328.

JULIET SUMMERS [02:03:47] Good afternoon again. Chairwoman Howard, members of the committee, my name is Juliet Summers, J-u-l-i-e-t S-u-m-m-e-r-s. I'm here on behalf of Voices for Children in Nebraska to support LB328. Our child welfare system should ensure that every child grows up in a loving, permanent family, and in order to keep children safe, strengthen families, and minimize trauma through appropriate and timely responses, we have to have adequate and stable resources and we have to have our system be structured to emphasize in-home services and supports wherever they can be utilized to keep the child safe and connected. You've already heard from both the senator and Director Wallen, as well as some others, about how our system has been going down the right path in terms of increasing our use of in-home services and children entering through noncourt, voluntary processes. So I'll skip that but say that, you know, as a-- as a big picture, this is the right path for kids. All the research shows that the trauma of removal can in itself be as great as situations that were going on in the home. And so every step that the department is taking to shift and to realign our system response in that direction is really-- is really positive and-- and we really applaud them for making that concerted effort. So that said, we support LB328 because it will take advantage of this momentum and the change to federal funding streams coming with the passage of the federal Family First Act to ensure that our entire system, not just the department making decisions but everyone else, all the other system players, are aligned to prioritize up-front, evidence-based service provision and efforts to keep more children at risk of removal safely home. And it also makes permanent the family finding project which has greatly contributed to our really impressive kinship and relative placement rates. Nebraska has a high rate of kinship and relative placement once children are removed, and that's something we should be really proud of as well. So implemented-- if implemented successfully, the Family First Acts will bring federal financial resources to Nebraska. I won't bore you with Title IV-E unless you want me to,

so I'd be happy to answer questions about that and how Families First will change that, but I won't do that unless you ask. I'd like to note two particular aspects, though, that I don't think I've heard other people touch very much on that I think are going to be particularly beneficial to Nebraska children. So the first is the ability to draw down IV-E reimbursement for up to 12 months of placement with a parent in a family-based residential treatment program. Parental substance use is one of the major drivers of our child welfare system; it's one of the two highest reasons that children are removed, along with neglect, which is often connected to parental substance use. An addiction is an illness that doesn't prevent a parent from desperately loving and wanting to parent their child within a safe home, and it's generally treatable if you can get the right support at the right time. So family-based residential treatment programs are inpatient treatment settings where children may safely reside with their parents while the parent undergoes treatment and therapy, as well as frequently education and even parenting skills. The parent-child bond can be supported while the parent gets the level of substance abuse intervention that they need in order to address or ameliorate risk, which then prevents the trauma of removal. And this is particularly effective with moms and babies. We currently have three such programs in our state, and the ability to receive federal funding for these will be a huge benefit to Nebraska. I'd also like to touch on funding targeted supportive services to particular populations, like pregnant and parenting foster youth, so children who are already placed in our foster care system who are themselves pregnant or parenting, children at risk of a disrupted adoption. We know that this is something Nebraska has struggled with is later entries into-- back into our child welfare system or even our juvenile justice system because of a disrupted adoption or guardianship, and also to keep children and family-based settings rather than congregate care. Again, Nebraska has a really-- nationally pretty low rates, relatively speaking, of children in child welfare alone placed in congregate care rather than a family-based setting, but it is absolutely something we can continue to strive and work on. So we're-- generally I'd like to say we're on the right path to ensure children are safe and have their needs met swiftly but while remaining connected to family and community. And this bill represents an important next step in continuing down this path and to reap maximum federal financial resources as we do so. So it's good for children and it is also fiscally responsible for the long term. And I would like to thank Senator Bolz for sponsoring it and this committee, as always, for your time and your commitment.

HOWARD [02:08:31] Thank you. Are there questions? Seeing none, thank you for your testimony today. Our next proponent testifier for LB328. Seeing none, we do have some letters for the record: Anne DeVries, representing herself; Terry Werner from the National Association of Social Workers-Nebraska Chapter; Bobby Loud, Nebraska Foster Parent Advocacy Network; Lana Temple-Plotz, Nebraska Children's Home Society; Angelica Hernandez, representing herself; Marlon Wofford, representing the Nebraska Family Support Network; Eve Bleyhl, representing the Nebraska Family Support Network. Is there anyone wishing to testify in opposition to LB328? Good afternoon.

MATT WALLEN [02:09:25] Good afternoon, Chairwoman Howard and members of the Health and Human Services Committee. My name is Matt Wallen, M-a-t-t W-a-l-l-e-n. I'm the director of the Division of Children and Family Services for the Department of Health and Human Services. I'm here to testify in opposition to LB328 on behalf of the department. LB328 adopts the Nebraska Family First Act. The legislation includes numerous additions and changes to current state statutes pertaining to child welfare. Notably, LB328 attempts to implement recently passed federal legislation known as the Family First Prevention and Services Act by inserting some of the federal language into this proposed legislation. Before I explain why DHHS opposes LB328, a bit of background should be provided regarding FFPSA. In 2018, the Families First Prevention and Services Act was signed into law. In the world of child welfare, FFPSA is groundbreaking. Notably, for the first time, states can utilize Title IV-E funds to prevent children from entering foster care, rather than only being able to spend those dollars once a child is removed from home and placed into state care. FFPSA provides a new vision of serving children and families by helping create a child welfare system that begins to see itself as proactive rather than reactive. As we have discussed implementation with our federal partners, they have emphasized their desire to give states as much flexibility as statute permits. DHHS has been committed to ensuring that the path to FFPSA implementation is a collaborative effort drawn from existing strengths of communities, stakeholders, private providers, and other system partners. Ensuring robust communication and shared understanding is a critical component of remaking the service array to ensure positive outcomes during and after this transition. Our division has held external stakeholder meetings to identify the type of prevention services it will be offering throughout the state and including as part of its Title IV-E prevention plan. Stakeholders include those representing legal, legislative, service providers, tribal partners, managed care organizations, and various community organizations. I appreciate those who have participated in our work groups and those who have offered testimony in support of LB328 as we share a similar vision for a child welfare system that is able to meet the needs of children before ever having to experience the trauma of being removed from their home. What concerns me today is I believe LB328 fundamentally runs contrary to the spirit, to the approach by our federal partners to implement FFPSA. LB328 regulates definitions that could tie the state's hand in leveraging IV-E funds. By statutorily defining terms such as "candidate for foster care," LB328 would greatly expand populations CFS would be required to serve yet still excluding some groups that CFS would otherwise identify as a candidate for foster care. LB328 also provides definitions that are different than the law; for example, qualified residential treatment program, QRTP, as defined in LB328 is inconsistent with what is provided in FFPSA. This could lead to developing a program compelled by state statute that does not comply with FFPSA and, therefore, jeopardizes essential IV-E funding. In addition, DHHS is already at work at developing programs required associated with FFPSA compliance. For instance, CFS will be issuing a request for qualifications to help develop a statewide kinship navigator program as part of the grant it received from the U.S. Department of Health and Human Services, something LB328 requires. This means CFS may need to pause work it is already doing if the definition for the program in LB328 differs from that which is required by law. Finally, this bill requires CFS to promulgate an extensive amount of rules and regulations, many of which are not needed or

required. CFS actively engages families in non-court-related cases, often resulting in families being able to stay together rather than ever face the trauma of family separation. LB328 would require CFS to create rules and regulations that describe the process for non-court-involved cases. In effect, CFS loses flexibility to meet the unique needs of different families in implementing policies related to care of noncourt cases if required to promulgate regulations regarding the process for non-court-involved cases. LB328 require such extensive drafting of rules and regulations that I want the community to be aware that it would create the real possibility that CFS would need to delay implementation of FFPSA to comply with the many rules and regulations that would need to be drafted. Again, I'd like to thank those who offered testimony in support of LB328. I know that many testifying today are longstanding members of the child welfare community and I am-- I am thankful for their dedicated service to Nebraska's children. However, I'll reiterate my opposition to LB328. Nebraska is underway in implementing FFPSA. With so much momentum moving forward, we cannot risk a bill that can cause cumbersome delays in providing valuable services to vulnerable children and families. Thank you for the opportunity to testify today. I would be happy to answer any questions that the committee might have. I got it in under five.

HOWARD [02:14:32] Excellent work, Director. All right. Are there questions? Senator Williams.

WILLIAMS [02:14:38] Thank you, Senator Howard, and thank you, Director Wallen, for being here. And in the close of your testimony, you talked about that Nebraska is underway implementing this now. Do you have any kind of a timetable that you are looking at from the department's standpoint?

MATT WALLEN [02:14:57] Well, we've-- we've begun work last summer with our-- with our work groups and task forces and things like that. So our-- our target goal is-- I mean October 1 of 2019 is when we-- when we really have to have a number of initiatives ready to go, ready to implement. So we're kind of working backwards from that October 1, 2019, date and it's kind of a sequencing of making sure we have things in place, making sure we have things ready, while also we're still awaiting some additional federal guidance. So for example, we talked a lot about that evidence-based practices to provide in-home services to prevent the removal from the homes and into foster care is something that FFPSA provides federal funds for. Well, we haven't-- they haven't provided the guidance yet so we know very clearly which programs will be eligible for the federal funding. So I can't engage with a number of my providers and say bring up this service because I'm not sure if it's going to be included. We have a pretty good idea, so we're starting to work with some of the-- the programs identified in the initial list and identify capacity across the state, who might be able to bring up and add capacity by October 1 to meet that requirement. So it's-- it-- it's a moving-- for the most part things have to be ready to go by October 1, but it's a moving kind of target on how we-- how we work on some things. Now we also have to have a draft IV-E prevention plan and we-- a IV-E prevention plan that we have to submit and have approved by our federal partners. So we've got a draft now that I included in your original packet of data which kind of lays out some of the ideas and some of the areas that

we want to-- want to go. It's on the Web site. It's open for public comment for any stakeholders to-- to have input and comment on it and to make sure that we're-- we're all moving in the same direction. We think of Families First as not something that the department has to implement, but it's really something the state has to implement and we need all of our stakeholders, advocacy organizations, providers, everybody on the same page if we're going to have a successful implementation of this.

WILLIAMS [02:17:09] That's one of my-- my follow-up questions then. In the work groups that you talked about, are some of the organizations that were proponents of this testimony-- or this bill today testifying, are some of them involved in your work group?

MATT WALLEN [02:17:23] The vast majority of them make up the majority of those work groups. They've--

WILLIAMS [02:17:26] And my last--

MATT WALLEN [02:17:27] They've put in a lot of time and effort, so we appreciate that.

WILLIAMS [02:17:30] They work very hard for the kids in our state.

MATT WALLEN [02:17:32] They do.

WILLIAMS [02:17:32] We appreciate that. And my last question is, have you enlisted any support of legislators in that process, that work group process?

MATT WALLEN [02:17:43] Yes, legislators and their-- their staff also participated in a number of these different work groups.

WILLIAMS [02:17:49] Thank you.

HOWARD [02:17:51] Other questions? So when I read LB328, and we had a meeting about this because I-- I needed help understanding it, it read more like an outline of noncourt, voluntary cases. That felt like the bulk of the bill. But the bulk of your testimony is around the Families First Act. So if the provisions around Families First were removed, would that remove your opposition?

MATT WALLEN [02:18:19] No. And I-- Senator Bolz and some others described the bill kind of in a few different ways and a few different sections. I think the components in the bill that focus on Families First, as I mentioned, the-- the federal partners want to give us as much flexibility. And guidance is still coming out, so we don't want to have in state statutes and things that we need to adjust or can submit to our federal partners for approval with the input from, you know, advocacy and different organizations across the state. So-- and then some of the other areas,

it's-- it's pretty involved with regard to the-- the regulatory requirements and kind of being overly prescriptive and-- and I don't want to say tying our hands but-- but every family is different and every family situation is a little different. And we want to be able to meet the needs and provide the appropriate services to assure child safety and meet the needs of those individual families. So coming and trying to write different regulations and different requirements on how that might happen, we could-- we could probably spend years writing how that would look and then debating what-- what is right and what isn't and who makes-- who makes this happy and what happy. And I think it would be-- we would miss a tremendous opportunity to continue to-- to focus on the Families First and continue to move forward with implementation as we-- as we hit the pause button and really looked at what are we doing. We're basically rewriting a number of things that we know work pretty well.

HOWARD [02:19:56] So the noncourt, voluntary cases, though, we don't have to submit those to our federal partners?

MATT WALLEN [02:20:01] Our federal partners come in and review all the cases that we're working on. They review in-home--

HOWARD [02:20:05] No, but-- but that wouldn't be part of the IV-E prevention plan or Families First, what we have to submit to them in that.

MATT WALLEN [02:20:12] Oh, no. Absolutely. I-- when I think of--

HOWARD [02:20:16] The definition has to be reported to them?

MATT WALLEN [02:20:17] They have to be at imminent risk of entry into foster care.

HOWARD [02:20:22] I apologize. What I'm asking about is what you need to support to the-- give to the federal government in regards to Families First and your IV-E prevention plan. Do you have to include the definition of noncourt cases in that? I'm asking this because we don't have a definition and statute and that's concerning to me and I don't see any policies around them. And so if we don't have anything in statute that defines what they are, which I know you feel is constricting but, for us, it allows us to provide some oversight of those cases, which is the concern that we're hearing from Lincoln Public Schools and some of the other folks. But logistically, as you're working through your Families First requirements and what you need to tell the federal government and give to them on October 1, are noncourt, voluntary cases included in that documentation?

MATT WALLEN [02:21:12] A definition? No. So I would describe it as what the federal government is looking for is those at imminent risk for removal and entry into foster care. So that could include noncourt, voluntary cases; that could include court-involved cases; that could include any combination thereof of those cases. So it's really describing more of the situation

instead of the-- the classification of this is a court case, this is a noncourt case, this is a, you know, a noncourt case. So that's where we want to look at what's going on, and that's what the requirement is, is who's at imminent risk of-- of-- you know, removal into foster care? So that, I mean, a family's risk situation and the family's safety plan, it could-- it could vary. I mean, some-- some families may have a higher risk but-- but many more participants in their safety plan, right? And a family could be at lower risk but not have willing people to participate in their safety plan. So that may be the court-involved case, but they're still a candidate for imminent removal to foster care, so then we could utilize federal funding to provide mental health, behavioral health, or substance abuse services to that family in their home for up to 12 months.

HOWARD [02:22:36] OK. Are there other questions? Seeing none, thank you for your testimony today.

MATT WALLEN [02:22:42] Thank you.

HOWARD [02:22:42] Our next opponent testifier. Seeing none, is there anyone wishing to testify in a neutral capacity? Seeing none, Senator Bolz, you are welcome to close.

BOLZ [02:22:54] Thanks to the committee for your patience and your thoughtfulness today to all the testifiers and to Matt Wallen for doing what is I know a really hard job. Perhaps I should have started where I'm ending. But this bill is-- is a visionary and aspirational bill. This is a bill that articulates and outlines what a number of hardworking, thoughtful people, who are committed to the best interest of children in this state, would identify as the best way to implement the philosophy and the principles of the Family First Preservation [SIC] and Services Act. What does that mean? Well, that means that we identify who a candidate for foster care is, who is vulnerable or susceptible to entering our foster care system, and that we respond to those young people with the right services, including mental health services, substance abuse services, and family support services. It brings more people into the fold, including young people who are at risk for human trafficking and pregnant and parenting teams. That vision includes family navigators and family finding, which we know are two best practices within our child welfare system and help us prevent more traumatization and more struggle within families. And it identifies who is best positioned for a higher level of support within the system and who might be better suited for a lower level. And again, that is also about prevention and the philosophy of prevention, as well as family support. So if we're articulating who we're serving in the court system, we can wrap the correct preventative services around them, and who is not necessarily required to be integrated into the family-- into the court system but who still need preventative services to become more successful as families. I don't expect this committee to adjourn this hearing and Exec and vote this bill out unanimously. What I hope for-- and I don't expect the Department of Health and Human Services to sing my praises. What I do expect is that we as a stakeholder community, as a legislator, as the administrative branch, and in many of the circumstances in this bill the judicial branch, are thinking about the best vision for our child welfare system into the future and integrating that at every opportunity. That may mean that

some of these ideas are integrated into the final materials that are submitted this fall with the Family First Preservation [SIC] and Services Act. It may mean that there are pieces that we pick and choose to move forward legislatively. And it may mean that there are things that we talk about into the future as this committee and as providers and stakeholders and people who care about kids in the state. So forgive me if I'm too 100,000 foot here, but I think this is an important conversation to have about the future of our child welfare system and I very much appreciate your thoughtfulness and your patience about it.

HOWARD [02:26:08] Thank you. Are there questions? Seeing none--

BOLZ [02:26:12] Thank you.

HOWARD [02:26:14] --this will close the hearing for LB328. Do you guys need a break? OK. All right, we're going to take a five-minute break.

[02:36:12] [BREAK]

ARCH [02:36:11] [RECORDER MALFUNCTION] afternoon, and we will now begin the hearing on LB460. And, Senator Howard, you may begin.

HOWARD [02:36:20] Good afternoon, Senator Arch and members of the Health and Human Services Committee. My name is Senator Sara Howard, H-o-w-a-r-d, and today I bring before you LB460. LB460 amends the Children's Residential Facilities and Placing Licensure Act with new federally mandated criminal background check requirements. According to the provisions of LB460, any individual over the age of 18 who is employed by a residential child-caring agency is required to undergo a national criminal history record information check at least once every five years and submit to four other types of background checks. To conduct a national criminal history record information check, the individual being screened must submit to a complete set of fingerprints to-- must submit a complete set of fingerprints to the Nebraska State Patrol. The State Patrol will transmit the fingerprints to the Federal Bureau of Investigation for a national criminal history record information check, and the State Patrol must then issue a report to the Department of Health and Human Services with the information collected during the criminal history record information check. The four additional background checks include a search of the National Crime Information Center's National Sex Offender Registry, a search of three different registries, repositories, or databases in the state where the individual resides and in each state where the individual resided during the last five years, state criminal registries and repositories, state sex offender registries or repositories, and state-based child abuse and neglect registries. The individual being screened must pay the actual cost of fingerprinting and national criminal history record information check and the actual cost of the additional background checks. Due to fiscal concerns by some stakeholders that this bill affects, we are working on language that would alleviate any issues. There are two changes that I'll highlight in the green copy that we're discussing. One is changing the language of "employed by" on lines 6 through 7 and line 28 to

"working in." That means that if you have a large conglomerate, then it's not everybody who's employed by; it's somebody who's working in the residential child-caring agency, so doesn't sort of put the onus on every single person who's maybe an entire agency but somebody who's working specifically in that residential facility. And then on line 20, it talks about the individual being screened shall pay the actual cost of the fingerprinting. There, we're looking at some language that maybe would allow a IV-E drawdown or a match for some of the fingerprinting, so we'll be bringing that language to the committee once we have it all worked out. So with that, I'm happy to try to answer any questions.

ARCH [02:38:44] Are there any questions? Seeing none, thank you.

HOWARD [02:38:49] Thank you.

ARCH [02:38:51] Proponents for the bill? It's nice to be a proponent, isn't it?

MATT WALLEN [02:39:15] [LAUGH] It is. Good afternoon, Vice Chairman Arch and members of the Health and Human Services Committee. My name is Matt Wallen, M-a-t-t W-a-l-l-e-n, and I'm the director of the Division of Children and Family Services in the Department of Health and Human Services. I am here to testify in support of LB460. LB460 is a result of the Families-- Family First Prevention and Services Act which passed on February 9, 2018. The federal law changes how Title IV-E dollars fund the child welfare system and provides additional protection for children when they cannot continue to live safely in their family home. The Family First Prevention and Services Act requires states to implement procedures for obtaining fingerprint-based national criminal record and child abuse and neglect registry checks on any adult working in a-- in a residential childcare institution, shelter care, a residential treatment center or group home. The Nebraska State Patrol cannot provide fingerprint-based national criminal history checks to the Department of Health and Human Services without specific authority to do so. LB460 provides the Nebraska State Patrol with the necessary authority to obtain the national criminal history checks and issue a report of the national criminal history record information to the Department of Health and Human Services. If Nebraska does not implement the checks and be-- become-- and become in compliance with federal law, we could be at risk of losing up to \$39 million in Title IV-E funds. The Administration for Children and Families clarified on July 23, 2018, that the expectation is to have all residential childcare institution staff with their fingerprints rolled and results received by October 1, 2018, unless there is a need for a delay to enact state legislation. Nebraska requested an extension of the implementation until July 1 of 2019. Currently the fingerprint process takes a couple of months to receive fingerprint criminal history reports back from the Nebraska State Patrol. It's critical that this bill become effective as soon as possible so that the Department of Health and Human Services and the residential child-caring institutions can be in compliance. Thank you for the opportunity to testify before you today I believe LB460 will help DHHS continue in our mission of helping people live better lives. I'm happy to answer any questions you might have, and I might add that we are working with Senator Howard and Senator Arch on the-- the couple of concerns

that were mentioned about identifying "employed by" and paying for. So with that, I'd be happy to answer any questions that you might have.

ARCH [02:41:51] Questions? We have had numerous conversations about this and-- and-- and LB459, another-- another fingerprinting bill required. The-- so cost looks like we'll look into the IV-E funds and see if there's some additional that can be drawn down to help-- help with some of the costs. Timeliness of turnaround, that's all-- that's been another part of the discussion that we've had with concern that-- that there could be a delay with the number of-- number of individuals going through the process, particularly up-front--

MATT WALLEN [02:42:27] Yes.

ARCH [02:42:29] --and making sure that we can get those turned around as quickly as we can. And then we-- I don't know that we've had the discussion specific to LB460 as far as when can that employee begin work, but that's-- but that's another--

MATT WALLEN [02:42:46] Right.

ARCH [02:42:46] --that's another question. And I understand that's a-- that's a different program, different set of federal regulations that we'll have to look into with that.

MATT WALLEN [02:42:53] Right.

ARCH [02:42:53] Do you-- do you have any idea at this point on that or is that something you can get back to us?

MATT WALLEN [02:42:57] Yeah, I can-- I can take a look at that and see what specific guidance we received.

ARCH [02:43:02] Yeah.

MATT WALLEN [02:43:02] But I know we-- we've asked about it and we've had several communications with our federal partners on it. I just don't want to confuse LB460 with LB459.

ARCH [02:43:09] Yeah, I agree.

MATT WALLEN [02:43:09] We've had a number of conversations about it.

ARCH [02:43:11] We have, we have, yes. OK. So those are the-- I guess in my mind, those are the three-- the three questions that are outstanding that I'd appreciate some more information on provided to the committee.

MATT WALLEN [02:43:25] Absolutely. We will continue to work on those and try to get answers for you as soon as possible so--

ARCH [02:43:30] OK.

MATT WALLEN [02:43:31] --so you can-- you can take action on this bill as soon as possible.

ARCH [02:43:32] OK. And-- and implementation on this, what's the-- what's the time line for-- it's a two-year-- it's a two-year implementation, right? In other words, these agencies have to have everybody fingerprinted or what-- maybe you could refresh my memory on this one.

MATT WALLEN [02:43:53] Well, we-- right. This is-- this is-- this is one where we're working to-- we were-- we had to have people by October 1 of 2018 and then we had a legislative delay, so we requested an extension to July 1 of 2019, so--

ARCH [02:44:10] So--

MATT WALLEN [02:44:10] --we're trying to get this passed and effective by July 1 of 2019, which I believe there-- there was-- trying to get it passed by July 1 of 2019 to get it into compliance by October 1 of 2019.

ARCH [02:44:25] So October 1 of 2019, as far as the agencies go and their employees, they would need to be fingerprinted by October 1 of 2019?

MATT WALLEN [02:44:33] That's what we're targeting, for October 1 of 2019.

ARCH [02:44:35] OK. And it has an emergency clause, and so it would-- it would--

MATT WALLEN [02:44:37] Yes. That's what I was trying to say is, yeah, I believe there was an emergency clause--

ARCH [02:44:37] --it would speed it up.

MATT WALLEN [02:44:37] --to get it-- get it moving as quick as possible.

ARCH [02:44:42] OK. Any other-- any other questions? OK. Seeing none, thank you very much.

MATT WALLEN [02:44:50] Thank you.

ARCH [02:44:51] Any other proponents for the bill? Welcome.

TIM HRUZA [02:45:02] Senator Arch, members of the Health and Human Services Committee, my name is Tim Hruza, last name spelled H-r-u-z-a, appearing today on behalf of the Children and Families Coalition of Nebraska, also known as CAFCON, a 12-member organization that provides services and support to children and families across the state. We appear today in support of LB460. We understand the need and the requirement that we implement background checks. We appreciate Senator Howard's and Director Wallen's willingness to consider the amendment language because we do have some concerns about the impact that these requirements will have on some of our providers in terms of costs and the ability to hire employees that-- that provide these services for children. We very much appreciate the discussions that we've had so far and we look forward to addressing those issues moving forward. While I have the committee, because some of these-- these costs-- we are always supportive of ensuring safety of children that we work with in our care facilities, but these costs do impact providers when we look at these. And so I'll take the opportunity here to just echo our interest in asking legislators to continue to consider provider rates. When we place requirements on providers, they do impact our bottom line and our ability to provide services and we would continue to support a-- a rate review for how we're paying those providers and ensuring that as we continue to place burdens on providers, we also find ways to pay for it. I understand that this bill is set up a little bit differently than maybe LB459 and there's some-- there may be some crossover there in the interests and the discussions that we're having. But we do appreciate looking for alternative options to pay for this, such as IV-E funding. So with that, we support LB460. We would ask the committee advance it to General File. We appreciate the work that Senator Howard and committee staff have done on this bill with the amendments that we're considering. Thank you. I'd be happy to answer any questions you might have.

ARCH [02:47:10] Are there any questions? Seeing none, thank you for coming. Any other proponents for this bill? We received a couple of letters, one from Wendy Patterson the National Association of Social Workers, the Nebraska Chapter, and Jenni Benson, the Nebraska State Education Association. Are there any opponents to this bill? Seeing none, we received no letters in opposition. Are there-- is there anyone that would like to testify in a neutral capacity on this bill? Seeing none, Senator Howard is waving at us, and so she's waiving closing and that will end the hearing for LB460 and the bills for the day. Thank you very much for coming.