

Judiciary Committee
Amendment to LB503
February 12, 2014

Vicki Maca, Deputy Director
Division of Children and Family Services
Department of Health and Human Services

Good afternoon Senator Ashford and members of the Judiciary Committee. My name is Vicki Maca (V-I-C-K-I M-A-C-A), and I am the Deputy Director of Children and Family Services with the Department of Health and Human Services. I am here today to provide testimony in support of the amendment to LB503.

This amendment calls for renaming the Child Protection Act to the Child Protection and Family Safety Act and authorizes the Department of Health and Human Services to develop an Alternative Response implementation plan, in consultation with the Nebraska Children’s Commission, and to implement the Alternative Response plan in up to five demonstration sites on or after October 1, 2014. Additionally, the amendment reconciles the Central Register / Registry language currently used in Statutes.

Nebraska currently has one response or pathway for accepted reports of child abuse and neglect received by the hotline, which is to investigate. This investigation is an assessment focused on child safety with a determination made as to whether or not child maltreatment occurred and includes the identification of who is responsible for the maltreatment. When child abuse and neglect allegations are substantiated, the responsible party’s name is placed on the Central Register for Child Abuse and Neglect. This investigatory practice, which is often conducted with law enforcement, continues into the future with the majority of reports received.

The amendment to LB 503 authorizes the Department to pilot an alternative response to reports of child abuse and neglect. Alternative Response, often referred to as AR, is a non-adversarial family assessment process that avoids determination of fault and identification of victims and perpetrators. Alternative Response is rooted in strong family engagement with family assessments conducted to include the assessment of child safety, but also the assessment of a broader array of family needs by soliciting the input of family members and engaging families in the decision-making process about the supports and services they need. If a child is determined to be unsafe any point during the Alternative Response assessment, the assessment will immediately transition to an

investigatory pathway. The Alternative Response pathway is designed for low-risk reports of child abuse and neglect.

Historically, over 50 percent of child abuse investigations completed each year have resulted in an outcome of “unfounded,” meaning the evidence does not support the allegation. These cases are closed and generally there is no further service provision delivered. While there was not child abuse or neglect with these specific families, data show that many of these families are experiencing significant stressors related to poverty, which left unaddressed, could later result in a serious report of child abuse or neglect. Alternative Response provides the opportunity to provide concrete supports and services designed to reduce stressors, promote parental protective factors and strengthen families.

Alternative Response will also be a vehicle to strengthen the existing service array through facilitated collaboration and coordination with local providers. The supports and services offered should match each individual family’s needs and identified goals. It is anticipated that the majority of supports and services needed by families receiving an Alternative Response will include financial support with rental payments, housing services, emergency food, transportation and assistance with basic household needs. Alternative Response will also seek to improve access to medical/dental services, daycare and family counseling. The success of AR will be directly related to the availability and accessibility of services in local communities as well as DHHS workers and community providers knowledge of those resources, both existing and new services as they are developed. It is imperative that counties and communities have a strong network of providers that work closely together to identify and fill service gaps, avoiding duplication, and have the adequate capacity to serve families.

Alternative Response is one of the strategies identified in Nebraska’s Title IV-E Waiver Demonstration Project which was awarded to DHHS on September 30, 2013. The Title IV-E Waiver Demonstration Project allows Nebraska more flexibility with the use of federal funds in order to test new approaches to service delivery and financing structures. Title IV-E Waiver funds will continue to be used for children placed in eligible out-of-home services such as foster care, but will also be available to fund the development of services that have been missing and to enhance existing service capacity.

Over the past 18 months, the Division of Children and Family Services has been working in collaboration with members of the AR Statewide Advisory Committee and the AR

Director's Steering Committee to learn how AR works in the 23 states that have implemented this alternative pathway, as well as to design an AR model that will best serve Nebraska's children and families. Our planning efforts have been comprehensive, methodical, collaborative, and have been informed by data. Child safety will continue to be our number one priority. Child safety will be assessed in all cases regardless of the response pathway.

The Division of Children and Family Services supports the proposed amendment to LB 503. Alternative Response invites greater participation by community agencies in supporting families and focuses on partnering with families. The result will be to provide services that meet their needs while dismissing the labels of perpetrator and victim and removing the determination or finding that is currently required by statute.

DHHS would like to thank the over 40 members of the AR Statewide Advisory Committee and the Director's Steering Committee for their time, expertise and commitment to designing Nebraska's Alternative Response pathway.

Thank you for the opportunity to testify today and I am happy to answer any questions.