

Health and Human Services Committee
LR 261
November 14, 2013

Good morning Senator Campbell, Senator Coash and members of the Health and Human Services Committee. My name is Tony Green, T-O-N-Y G-R-E-E-N and I am the Deputy Director for the Office of Juvenile Services in the Division of Children and Family Services for the Department of Health and Human Services. I am here this morning to provide information regarding LR 261.

The Division of Children and Family Services (CFS) has been diligently working on identified barriers to children involved in Protection and Safety in achieving permanency. Permanency is achieved when a child is residing in a permanent and stable living arrangement with connections to people important in the child's life. When a child is removed from their biological family, efforts are made to locate family members or persons known to the child for placement. When children cannot be placed temporarily with the relative or friends of the child, relatives can provide continued support to the child and family. CFS then works with the parent to build parental capacity so that the parent can care for the child safely and CFS can recommend the return of the child to the care of the parent. When reunification is not possible, efforts are made to find a permanent placement for the child through adoption or guardianship. Older youth may elect to live independently and CFS would provide support and resources to help youth successfully transition to adulthood. CFS is piloting a program called Family Finding in the Southeast Service Area. Family Finding is promising practice designed to identify a minimum of 40 relatives and people with whom the child has a supportive connection. Results of this pilot are expected to be available in the spring 2014. Early identification of non-custodial parents and other relatives is significant in order for children to achieve timely permanency.

CFS achieved statewide implementation of Structured Decision Making (SDM) in July 2012. This evidence-based model guides decision-making with regard to child safety, risk of future maltreatment and plans for permanency. CFS conducts quality assurance reviews to monitor compliance with SDM model fidelity. These quality assurance fidelity reviews provide valuable data that allow us to understand the areas where we have high fidelity and areas where we need to improve as a system. This data is reviewed each month during the Continuous Quality Improvement (CQI) meetings, where strategies are developed to continually improve model fidelity. Evidence shows that when there is strong adherence to the SDM model, permanency outcomes improve for children.

When a child cannot be safely maintained in their home and an out-of-home placement becomes necessary, CFS strives to achieve permanency as quickly as is safely possible. CFS has identified systemic barriers that contribute to delays in permanency. Changes in case management impact the progression of a case. When a family case is transferred between workers, it takes time for the new worker to establish trust with the family as well as with the other professionals involved with the family.

CFS is currently collaborating with the Nebraska Families Collaborative and the Foster Care Review Office to review 300 families in the Eastern Service Area in order to identify specific barriers to permanency. This “Cold Case Project” will provide valuable data that can be used to enhance CFS policy and achieve permanency as soon as possible.

When parental rights are terminated by the court, achieving permanency for the child may be delayed in some instances because the parents have the right to appeal the court’s decision. Pending the decision on appeal, the juvenile court case is “on hold.” Waiting for this decision directly impacts achieving timely permanency for children.

Achieving timely permanency for children in foster care must be the priority of all those who are involved in the child welfare system. Through collaborative partnerships and a shared vision, the barriers to timely child permanency can be significantly reduced.

Coming to agreement on adoption subsidy payments is also a barrier to permanency. Ninety percent of foster care services across the state are currently managed by private contractors. Those agencies pay foster parents a daily rate based on their foster care model. When a foster parent is entering into an adoption subsidy, the Department’s IV-E plan requires the subsidy payment to revert back to CFS’ payment schedule and does not always match the agency’s payment to the foster parent. This can cause discrepancies and foster parents are unwilling to take a lower payment per month to provide permanency for the child. Although this is a current barrier, LB 530 passed during the last legislative session, standardizes foster care rates, and provides for new assessment tools to determine foster care payments for CFS and the private contractors. DCFS is currently piloting the use of the standard assessment tools in an effort to identify child needs and caregiver responsibilities to determine an appropriate foster care rate. The standard rates are set to go into effect on July 1, 2014, as well as using the new assessment tools to determine any additional funding tied to the child’s individual needs. We will continue to collaborate with foster parents and foster care agencies to address these barriers so timely permanency can be achieved.

Thank you for the opportunity to be here today. I am happy to answer any questions.