

November 12, 2008

Dear Senator:

We have received several letters from Senators requesting further information on the youth left at hospitals under LB157, the state's safe haven law, as well as requests for information on services currently available to families.

I want to remind you why safe haven laws were created. Nationally, there was an increase in newborns being abandoned shortly after birth in unattended dangerous places, such as dumpsters, which facilitated the creation of safe haven laws in every state. Even Nebraska had two such newborn abandonments. For example, in 2004 a newborn was abandoned in a river diversion in Norfolk and died. In 2007, an infant was found in an apartment dumpster in Omaha. All other states have addressed this specific issue with safe haven laws that range from 3 days to 1 year. Safe haven laws were not meant to provide a means for parents or guardians to abandon older children by relinquishing their responsibilities to the state.

Nebraska's current "Safe Haven" law, as you know, states that no person shall be prosecuted for any crime based solely upon the act of leaving a child in the custody of an employee on duty at a hospital licensed by the State of Nebraska. The current Nebraska Safe Haven law's intent was to protect children who are in immediate danger of being harmed, which is reflected in the legislative debate of LB 157. We certainly empathize with parents and caretakers who have difficulty in raising their children, especially children and youth with behavioral and mental health problems. However, if the child is not in immediate danger of harm, there are resources available that parents can and should access so that the family can remain together and the child does not experience the trauma that abandonment may cause. The role of the state's child welfare system is to protect children who are fundamentally unsafe. For children or youth who are otherwise safe, it is not the role of the state to intervene in a family's life. Instead, available community services are the appropriate mechanism for families to access for assistance and help.

There are supports across the State available to help families with challenges they may face as they raise their children. Those supports generally come from a parent's own family or extended family, their faith community and from community services and resources. There are valuable tools, like 2-1-1, to help parents locate resources. In addition, another easy to use tool is available on the Department's website at: http://www.dhhs.ne.gov/children_family_services/safehaven/.

The first use of Nebraska's Safe Haven law occurred on September 13th, nearly two months after LB 157 became effective on July 18, 2008. As of November 11, there have been 22 cases involving 30 children, none involving infants and most of whom are teenagers or preteens left under the current Safe Haven Law. Four of these children were from other states (Iowa, Georgia, Michigan, and Indiana) and one involved a family who had returned to Nebraska from Arizona only a few days prior to leaving the child at a hospital.

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To offer some perspective on the number of children and youth left under the current law, I've provided you with a handout that shows that 470,391 Nebraska children are 0 to 18 and, of those children, 28% are Medicaid eligible and 1% are children who have been made wards of the State.

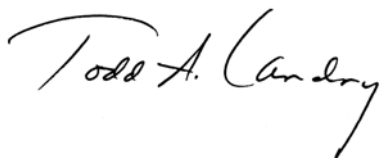
It is important to note that none of the children abandoned were in immediate danger of being harmed. Some may assume that the use of Safe Haven is a result of a lack of access to services. It is important to know that 22 of the 30 children (about 73%) were eligible for and received Medicaid services, 27 of the 30 children (90%) had previously received some type of mental health services and only one had been denied a higher level of care. Only three of the 30 youth, only three have required a treatment level placement since coming into care, meaning that 27 have been safely and appropriately cared for in low level placement settings like a foster home, which is a level of care that mirrors a home like setting.

While all cases are unique and individual, the attached matrix shows the multiple areas that these cases have in common. These cases are in no particular order and have been shuffled in order to protect the privacy of the youth involved. I'd like to highlight a few additional commonalities:

- Excluding the sibling group of nine, 95% (20 of 21) were 10 years of age or older.
- 93% (28 of 30 youth) were residing in or near an urban community.
- 90% (27 of 30 youth) were previously involved in some type of mental health services.
- 93% (28 of 30 youth) were living in single-parent homes.
- 73% (22 of 30) had a parent/guardian with a history of prior incarceration.
- 57% (17 of 30 youth) were previously, or are currently a state ward, either in Nebraska or another state. One youth was a current state ward at the time Safe Haven was enacted.
- Excluding the sibling group of nine, 52% (11 of 21) were in the care of a surrogate parent, either an adopted parent/legal guardian or a relative.
- 67% (20 of 30) of the youth were White, 30% (9 of 30) were Black/African-American, and 3% (1 of 30 youth) was White/Native American.

I hope this information is useful to you. Please feel free to contact me if you have questions about this material.

Sincerely,

A handwritten signature in black ink that reads "Todd A. Landry". The signature is written in a cursive, flowing style.

Todd A. Landry, Director
Division of Children & Family Services
Department of Health and Human Services