



October 13, 2016

Senator Kathy Campbell
Chair, Health and Human Services Committee
Room 1402, State Capitol
Lincoln, NE 68509

Senator Campbell and members of the HHS Committee,

On behalf of Nebraska Appleseed, we are writing this letter in support of the goals of LR 513 and to share Appleseed's perspective on compliance with caseload standards.

It has long been understood that a core challenge of the Nebraska foster care system is the unmanageable caseload and workload levels of frontline child welfare caseworkers. Beginning in 1990, the Nebraska Legislature passed LB 720, which required the Nebraska Department of Health and Human Services (DHHS) to establish standards to limit caseloads for child welfare and juvenile justice workers and to report on needed resources. Efforts continued in 2005, with the passage of LB 274, which included changes as a result of privatization and further caseload reform. In 2012, the Legislature passed LB 961, which required DHHS and the Nebraska Families Collaborative to utilize the criteria set by the Child Welfare League of America (CWLA) regarding caseloads and workload, including a range of 12 to 17 cases and specifics as to how caseload numbers are determined. Also in 2012, the Office of Inspector General of Nebraska Child Welfare (OIG) was created.

Now after decades of attempted reform, the OIG, for the fourth consecutive year, has recommended reducing caseload size as it is a "primary obstacle to keeping maltreated children safe and delivering quality services."¹ DHHS and NFC report that in 2012, with Initial Assessment (IA), ongoing, and mixed caseloads there was around an average of 70%-75% compliance. In 2013 through 2014, there was an average of 74% compliance, and the following year, there was 72% compliance for IA workers, 58% for ongoing workers, and 46% compliance for workers with a mixed or combined caseload.² The OIG reports that these numbers are likely underestimated due to the point-in-time measures utilized and notes that many workers admitted to having more than 20 open investigations during at least one point in the last few years.

¹ 10 Practices - a Child Welfare Leader's Desk Guide to Building a High-Performing Agency, The Annie E. Casey Foundation (2015), available at <http://www.aecf.org/m/resourcedoc/aecf-10Practicespart1-2015.pdf>

² Caseload Reports, Nebraska Department of Health and Human Services (2012-2013, 2013-2014, 2014-2015).

Perhaps most alarming, the OIG's report includes an investigation of 22 cases in the last year that resulted in death or serious injury of children involved in these systems. High caseloads and workloads were cited as a factor leading to devastating outcomes in many of these cases. We know that when workers are stressed, corners are cut, and Nebraska children are unsafe.

We commend DHHS for accepting nearly all of the OIG recommendations and progressing towards the implementation of many of the recommendations. However, we are very concerned about the difficulties caseworkers face protecting our most vulnerable children and families. Therefore, we agree with many of the recommendations from the OIG regarding the need for a systemic increase in the number of child welfare professionals.

Specifically, we support the recommendations of the OIG that immediate action must be taken to increase the number of employees to meet caseload standards and staffing requirements. One of these recommendations includes hiring additional specialized IA workers. According to the OIG report, DHHS data showed there were over 1,000 Initial Assessments that had not been completed within 30 days.³ Increasing the number of specialized Initial Assessment workers will help to reduce the burdens that are placed on existing front-line professionals and will also help ensure DHHS conducts initial assessments in a timely manner and is in compliance with Neb. Rev. Stat. § 68-1207. The initial determination regarding safety is a critical point in a child welfare case and the need for these workers to have appropriate caseloads and the support they need cannot be overstated.

Secondly, we believe that the hiring of more front-line child welfare professionals will not only result in the reduction of caseloads, but will also increase capacity for existing front-line staff to meet other critical needs outlined in the OIG report such as commitment to training and workforce specialization and effective collaboration with other first responders and investigators.

Lastly, we believe that there may be a need to clarify the existing sections of Neb. Rev. Stat. § 68-1207 to explicitly incorporate the Child Welfare League of America (CWLA) standards for workers handling Initial Assessments, ongoing investigations and a combination of Initial Assessment and ongoing cases. As the OIG recommended, fewer mixed caseloads are important because there are specific skill sets that are required to keep children safe that differ for IA workers and those carrying ongoing cases. The CWLA standards indicate that workers in this situation should have no more than 10 ongoing cases, and 4 investigations at any given time.⁴ Some updated best practices, such as those from the Annie E. Casey Foundation, suggest limiting investigative staff even further, to no more than 8 to 10 new

³ Office of Inspector General of Nebraska Child Welfare, Annual Report (2015-2016), *available at* http://nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Inspector_General_of_Nebraska_Child_Welfare/285_20160914-113017.pdf

⁴ Caseload Report Nebraska Department of Health and Human Services SFY (2014/2015), *available at* http://nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Health_and_Human_Services_Department_of/538_20150918-151147.pdf

cases per month.⁵ According to the OIG report, this is one aspect where DHHS is “substantially out of compliance with Nebraska law.”

The Nebraska Legislature has been trying to address child welfare caseloads for over 20 years. Moreover, this is the fourth consecutive year that the OIG has found DHHS to not be in compliance with the Legislature’s 2012 caseload mandate found in LB 961. The ongoing failure of DHHS to comply with the existing statutory requirement has and continues to put children at risk of harm and places the state at risk of liability. We are hopeful that this interim study will help identify the reason/s for the Department’s noncompliance so that this core problem can finally be addressed and caseload standards are met through an increase in the number of child welfare professionals.

We thank Senator Howard and the Committee for your commitment to improving our state’s child welfare system.

Sincerely,

Becca Brune
Child Welfare Program Associate

Sarah Helvey
Child Welfare Program Director

⁵ 10 Practices - a Child Welfare Leader’s Desk Guide to Building a High-Performing Agency, The Annie E. Casey Foundation (2015).