

2019 HOUSE HUMAN SERVICES

HB 1108

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Fort Union Room, State Capitol

HB 1108
1/8/2019
30524

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk: Elaine Stromme by Nicole Klamann

Explanation or reason for introduction of bill/resolution: Relating to child abuse and neglect family services assessments and evidence-based screening tool records

Minutes:

3

Vice Chairperson Rohr: Opened the hearing on HB # 1108

Marlys Baker; Child Protection Services: Provided Testimony in support, **See attachment 1**

Representative Mary Schneider: Question regarding Guidelines on page 3. It's not clear if they have been developed. Have the guidelines been developed? If not when will they be developed? If so, are they based on the NEKC foundation suggestions?

Marlys Baker: They have not yet been developed. Pending final language, if the bill should pass. At that time, we will work with the KC Family Program to base the guidelines on the best identified practices.

Rep. Schneider: Are the guidelines also referred to as "Rules" as mentioned on Page 5 line 7 or are the rules different?

Marlys Baker: The reference on page 5 line 7 references the administrative rules. The guidelines referenced in the testimony and the bill would be policy related.

Rep Schneider: If the bill passes, how long will it take for the guidelines to be established?

Marlys Baker: We do not have a timeframe due to several changes in Child Protection SB 2206. We would share them as they develop.

Representative Chuck Dampschen: Regarding a change on page 5 lines 17-24. What would be the grounds for a child protective assessment being done if law declined investigation?

Marlys Baker: Under current statute, when there is a potential for criminal violation involving physical or sexual abuse the law requires Social service agents work beside the police while they investigate criminal activity. The social worker completes an assessment according to the Child protection guidelines. Also, doing an evaluation for safety of other children, counseling or assessing what other services the family needs. Occasionally law enforcement reaches a point where they will not go any further with the investigation. At this point the child protection assessment should continue because the decision that child protection makes is at a lower level of evidence.

Rep Kathy Skroch: Can you help me understand Section 12 Lines 1,2,3, and 4. Would this effect the release of information in a court case if subpoenas were issued in support of removing the child from the parent's rights. Is the information gathered at the time of investigation Not subject to subpoena?

Marlys Baker: We are not using those screening tools during a child protection assessment because when that activity takes place it becomes part of the Child Protection record and must be released under the confidentiality exceptions in the law. It's only a screening so it only shows their might be a need for additional evaluation by a professional. We want to protect these tools and the information gathered so one parent can't use it against another in a custody matter or if we have admin appeals or other instances where the screening tools information can be used as clinical evidence.

Vice Chairperson Rohr: My question is in that section as well. To Whom may the department release these reports, data compilation. Could this be like a student thesis or research project?

Marlys Baker: If a student or a researcher were to go through the IRB process to have a research project approved, then there could be DE identified information.

Vice Chair Rohr: So that was the point of this line then? Or was there any other reason for this line?

Marlys Baker: We would consider releasing reports in response to a court order, for instance.

Vice Chair Rohr: OK

Representative Todd Porter: Continuing on with Section 12 and how it relates back to Section 3 on lines 23 and 24. I have problems with allowing you to continue the welfare assessment after the law has determined they don't have a case. Coupled with the idea that the information you gather will be protected if the parents choose to pushback on your decision, if they disagree.

Marlys Baker: The screening tool is not part of the evidence base required for a determination. Determination whether services are required needs to be made on the facts of the case. The mental health screening can't form the basis of the decision because it's only a screening for mental health referrals.

Rep. Porter: When you use the word “child protection assessment” on page 5. I think of a packet of tools I would use to come to a determination. Then when I go to page 9, on what those screening tools are. You are saying it’s not just one of the tools, but all of them, are confidential and privileged?

Marlys Baker: What we are saying is privileged, is an evidence based screening tool. For example, a screening tool for child trauma or suicidality. The screening tool is conducted during the child protection assessment. For instance, if in the process of administering a screening tool, a child discloses information that may indicate abuse or neglect. That then needs to become part of that assessment and there needs to be fact finding to make a decision. The child protection decision cannot be made based on a disclosure during and as a result of a screening tool.

Rep. Porter: Is the wording then too broad, page 9? Because you just limited it in your testimony? Do we need to limit that down to those specific things you are trying to keep out of civil and administrative action?

Marlys Baker: I would have to leave that to the judgement of the committee. We felt that evidence based screening tool was specific language. There may be other tools that should be administered but we wanted to leave it open to other evidence based tools, Child trauma evidence based tool

Rep. Porter: Is there somewhere then in the definitions that describes what the limits are? Otherwise you can name anything an “evidence based screening tool”.

Marlys Baker: We had not thought of that but can put together a definition that would limit the use of screening tools to those that have an established evidence base.

Rep. Porter: Same pg. line 5,” Authorized agent” is there somewhere this is defined as to whom that is, under the current system?

Marlys Baker: The authorized agent as defined in current statute is County Social Services.

Rep Porter: Page 4, line 25 inside of the mandated reporters. You used the word “Family Service Specialist”. Is this a job title?

Marlys Baker: See attachment 2, Family Service Specialist is defined in the Dept. Human Resources Division, and has all of the similar types of qualifications as a social worker

Rep Porter: Page 3 relates back to section 12 in the new part. We are adding words surrounding “evidence based tool”. Are you using professionally made screening tools with national standards? If so, should we have a list of those? Or are you inventing these inside the department?

Marlys Baker: There has been a work group through behavior health that have examined and identified an evidence based tool out of MN. They are putting this forward as an appropriate tool to be used for screening trauma children. This is the tool we would adopt.

Rep. Porter: Should that be named?

Marlys Baker: I leave it to the wisdom of the committee whether a specific tool needs to be part of the statute, or a better tool with stronger language or rely on clinical judgement

Vice Chairperson Rohr: KC family program, it sounds like that's where all the evidence guidelines are contained. Do you have documentation outlining those and does it incorporate the tools?

Marlys Baker: The screening tools aren't suggested through KC family program. These have been identified through behavioral health.

Vice Chairperson Rohr: Regarding the title Family Service Specialist, I've never seen this listed in the tier of mental health providers. Is this a degreed person or someone with special training through your office?

Marlys Baker: The family service specialist was a classification developed at the request of county social services. During the oil boom, social workers were limited. Degrees in sociology, psychology and provided with Child welfare training during employment.

Rep. Damschen: I share Rep Porters concerns. Page 2 line 32 and page 3 line 2. Does the screening assessment take place with consent of the family?

Marlys Baker: A family service assessment is voluntary in order to obtain services for the children. If the family declines, then the agency would have to continue with a child protective assessment that reaches an abuse or neglect conclusion.

Rep. Damschen: Is law enforcement involved?

Marlys Baker: When the concern in a child abuse neglect complaint could be the violation of a criminal statute. Then the guidance is the agency contact law enforcement and they take the lead conducting criminal investigation while the social worker works alongside doing the Child protection assessment. This is the current situation. If there isn't a concern regarding the criminal side, then the agency conducts the child protection assessment.

Rep. Damschen: in this case, it's been determined low risk and safety concerns. Who made that determination?

Marlys Baker: The county social service office. There is also a provision, if during the family service assessment there would be evidence discovered relating to a criminal violation. This is when the assessment would then become a Child Protection Assessment with Law Enforcement.

Rep Gretchen Dobervich: Section 5, page 7, line 5- Clarifies there is a Grievance and Appeal process only for child protection assessments. Is there somewhere else in code where there are consumer protections in place? Also is there an Appeal and Grievance process for alternative response assessment and the family services assessment. If not, why?

Marlys Baker: Yes, both the alternative response assessment and family service assessment are voluntary. Families participate at their own will. The child protection assessment is involuntary and what the law requires when abuse/neglect is suspected.

Rep. Porter: Section 10, page 8, line 28- If a person is not complying with the family service assessment, line 28 makes it an option that the child protection assessment be completed. Shouldn't that be mandatory? If the person in charge has not complied with the services referred for the child. Shouldn't they have to be moved to the next level?

Marlys Baker: That would be determined based on the family's current circumstances. For instance, on an education neglect situation; The family receives services and the child starts going to school. After sometime, the family decides to stop services. If the child continues to go to school, there would be no need for the Child protection assessment.

Rep. Porter: That wouldn't really relate because in your example the parents have complied. In the definition it says "they have not complied".

Marlys Baker: We would consider them "partially complied" as they have not completed the services.

Rep. Porter: In your example, it was making sure they are still going to school; therefore, they have complied.

Marlys Baker: When talking about services I'm referencing a typical scenario with a Case manager. Along with support for getting the child to school there may be other services being rendered.

Rep. Porter: At what point do the assessment requirements expire?

Marlys Baker: The services are reviewed monthly with the case manager. Say the referred service is Drug and alcohol treatment. That service would expire when the treatment was completed.

Rep. Porter: Is that listed somewhere else, the end dates?

Marlys Baker: I am not aware of any end dates in the law.

Rep. Skroch: Section 10 for clarification. Family service assessment is volunteer? Child Protection assessment is involuntary?

Marlys Baker: Currently when an abuse/neglect report is received, the response is with the child protection assessment. No other response is allowed, regardless of the type of abuse. Family service assessment is an option which may be offered on any problems they would like to admit.

Rep. Skroch: I'm confused regarding the process of this. I'm unsure why you would have to do a 2nd child protection assessment?

Marlys Baker: With this bill in place, if a report of abuse/neglect is received and reviewed, the worker would determine if a family service assessment could be used. If the family decides not to work with referrals, the child protection assessment would fall in place, fact finding for abuse/neglect.

Vice chairperson Rohr: Any more support?

Rhonda Allery; Director of Lakes Social Service District: Provided Testimony in support, **See attachment 3**

Vice Chairperson Rohr: If this bill would not pass what would be the impact?

Rhonda Allery: We would continue on the way we have been. We hit everything with a hammer, the child protection assessment. If passed, would have a different tool. For instance; A child has missed 20 days of school. Maybe a parent doesn't have a car and the child is to walk to school but does not. Our response could be different as far as we can offer help instead of immediate fact finding for abuse/neglect.

Vice Chairperson Rohr: Anyone else in support? Opposition? Seeing none.

Vice chairperson Rohr: Closed meeting

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Fort Union Room, State Capitol

HB 1108
1/30/2019
31839

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk: Nicole Klamann by Donna Whetham
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Explanation or reason for introduction of bill/resolution: Relating to child abuse and neglect family services assessments and evidence-based screening tool records.

Minutes:

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Chairman Weisz: Opened the hearing on HB # 1108.

Vice Chairman Rohr: When they are doing the assessment, could that be used against the parents?

Jonathan Alm, Attorney with Department of Human Services: We are looking at Section 12 of the bill, you still have your regular child abuse and neglect assessment, then there is the evidence based screening tool which was looked at for the best interest of the child to identify a need of a child right away. When the social worker goes into the home they will have kind of a tool to use. What we are saying here is the evidence based screening tool cannot be used against the parent really. It is to protect the individual.

Chairman Weisz: The purpose of the screening tool is? Any other questions for Jonathan? Pam can you answer my question?

Pam Sagness, Director of the Behavioral Health Division, Department of Human Services: The screening that is currently being used is a trauma screening and the intent of the screening is not to identify a diagnosis, it is basically six questions from a validated tool that was chosen by a group of trauma experts in the State. We have been developing a system of clinicians that are available to do trauma specific treatment. We have clinicians that have not had a referral yet. Systemically we have looked at what is broken and we don't have screenings occurring at the places we believe we have some of the children with the most significant potential for trauma. We reached out to county social services directors and asked is this something said you are interested in and they all said yes. This screening is a point in time screening and we don't feel it should be part of the record. It a simple screening to just identify if there is need for further assessment. It does not really say the trauma is about abuse and neglect. It is about getting help to that trauma. The intent is to do what is best for children and also protect parents.

Chairman Weisz: Can you give me an example of the six questions that are asked?

Pam Sagness: One example would be “have you felt, afraid, scared or sad when something reminded you of an event”. It speaks to a feeling at a point of time. There are children that have experienced a trauma and are not experiencing symptoms of trauma and may later experience those symptoms. Assessment should be done on a regular basis not a one time.

Chairman Weisz: If an assessment is used and it shows trauma, then that child would be referred to those who have been trained and you said there hasn’t been any referrals.

Pam Sagness: I can’t speak to what referrals have been gotten. It is a screening not an assessment so it merely says there is something here that we maybe should have an assessment. The assessment might come back clear.

Chairman Weisz: It is after the assessment when they would be referred to treatment?

Pam Sagness: Yes to treatment services. It is a three step process, the immediate screen, assessment for need by a clinician, and then referral to specialized treatment. This screening is not an assessment.

Rep. Tveit: I am trying to analyze if I was 4 years old trying to understand that question you used. It sounds like it is addressed in adult language.

Pam Sagness: I am not actually a clinician who is administering the tools, there are tools that are age appropriate, I was giving an example of a question. There are clinicians who would be willing to provide additional information. This has been supported across those who do those screenings. It is the first step guidance for someone trying to make a decision.

Rep. Damschen: I’m wondering why is it important that the screening tools are not so good to subpoena?

Jonathan Alm: What we were looking at is we didn’t want those tools to be used against the parents for any particular reason. The child protective services will still be doing their own independent investigation of the alleged abuse and neglect. We wanted to keep this screening outside of that realm.

Pam Sagness: I think it is important to note that just because there is trauma doesn’t mean it is associated to abuse and neglect. You could have child who has lost a parent two years before that would benefit from trauma focused therapy. That screening does not directly connect that there is abuse occurring at this time. It could be something else.

Chairman Weisz: So for example there is a report from a teacher that reports bruises that looks like abuse, there has to be an investigation. You are saying part of that is the evidence screening which might bring up the fact that has nothing to do with potential abuse but the fact they lost their parent two years ago and they are struggling with that. That could trigger referrals but it has nothing to do with the investigation whether someone was abusing the child. Correct?

Pam Sagness: Correct.

Rep. Rohr: Is it the same person doing this, or are we talking two different people?

Pam Sagness: That is part of what lead us to the need for this bill is that if it can't be done at that time with that person doing the investigation than we are talking about having an additional resource, someone outside of the investigation. Which then again we lose that moment in time. So it is the same person.

Rep. Skroch: So this is like adding a step in so you don't have to go directly from a report of possible abuse immediately into an assessment, so you can could maybe eliminate the assessment by using this tool? If that first step is found to be incorrect later does that undo the need for follow up assessment?

Pam Sagness: I would identify them as parallel processes. A positive screen may mean that there is a conversation that says "Here is someone you should go meet with this person." No different you would do if there was a physical wound. It is not a diagnosis it does not have a connection to the investigation or assessment that is occurring parallel. It is just making sure we are not missing the opportunity with a child who would benefit from service.

Rep. Skroch: Can you not function without this tool in your tool box successfully?

Pam Sagness: I think that is two different issues, what happens in an investigation is one process. Could you continue to do that and never do this trauma screening. Yes. We made a decision that we should do what is best for the children we serve. Delaying a screening until after a process is done when we have a moment to do it sooner is not in the best interest of the children we are trying to serve in a behavioral health way.

Chairman Weisz: Any further discussion? Seeing none.

Rep. Dovernich: I move a Do Pass on HB 1108.

Rep. M. Ruby: Seconded.

Chairman Weisz: Discussion? Seeing none the clerk will call the roll for a Do Pass on HB 1108.

Roll Call vote: Yes 13 No 0 Absent 1.

Rep. Dovernich: Will carry the bill.

**2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1108**

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Dobervich Seconded By Rep. M. Ruby

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman	X		Gretchen Dobervich	X	
Karen M. Rohr – Vice Chairman	X		Mary Schneider	X	
Dick Anderson	A				
Chuck Damschen	X				
Bill Devlin	X				
Clayton Fegley	X				
Dwight Kiefert	X				
Todd Porter	X				
Matthew Ruby	X				
Bill Tveit	X				
Greg Westlind	X				
Kathy Skroch	X				

Total (Yes) 13 No 0

Absent 1

Floor Assignment Rep. Dobervich

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1108: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS**
(13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1108 was placed on the
Eleventh order on the calendar.

2019 SENATE HUMAN SERVICES

HB 1108

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1108
3/13/2019
Job # 33607

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to child abuse neglect and family services assessments.

Minutes:

Attachment #1

Madam Chair Lee opens the hearing on HB 1108.

(00:46-11:21) Marlys Baker, Child Protection Services Administrator with the Department of Human Services. Testifying in support of HB 1108. Please see **Attachment #1** for written testimony.

Senator Hogan: How does this relate to SB 2124 and the pilot project for child protective services?

Marlys Baker: This will flow right into that process rather than being the investigation.

Senator Hogan: In some ways is this the operationalizing of the pilot project.

Marlys Baker: No, the pilot projects are operationalized right now for child protection services assessments, this will fold right into that and it should be seamless. The difference will be in the approach to families and in the decision making process.

Senator Hogan: I heard some concerns about the pilot projects from the states attorney saying that they weren't complying with the law. Does this law then build us into the pilot project model so that those concerns might be addressed?

Marlys Baker: I have not heard concerns about the pilot projects not complying with the law.

Senator Hogan: About not doing the full comprehensive assessments on all cases because, now we will child protection assessments and family service assessments. There were several states attorneys who had concerns about that, and this seemed to address those concerns.

Marlys Baker: I believe that we are still doing the full child protection services assessments in the pilot project. While we are reducing paper work and shortening documentation we are also able to be nimbler, responding more quickly, completing the same assessments, the same 21 factors that we were assessing prior are still being assessed and the decisions are still being made similarly according to the law.

Senator Hogan: With full child protection teams and all of those things.

Marlys Baker: The child protection teams have been disbanded.

Senator Hogan: Okay.

Madam Chair Lee: It surprises me that if the states attorneys if they had concerns they wouldn't be contacting the department. If they thought something was wrong then they should of contact Mrs. Baker, that is their fault.

Marlys Baker: I agree with you.

Senator Hogan: I think in terms of the inter play of this and the pilot project are there any other things in child protection with the pilot projects and the changes in the child protection area that you anticipate legislatively?

Marlys Baker: We don't have any plans at this point to go forward with any other legislation.

Senator Anderson: The last time I attended the Dakota Central Board meeting they talked about how child abuse reports were down primarily because they were intervened earlier. Some of them are already doing these lighter assessments and intervening with the family before something bad happens and this is co-defying that or how do you perceive that?

Marlys Baker: I would not characterize it as a lighter assessment. Front loading services, in the previous construct the assessment would be completed, a decision rendered and then services offered to a family. In the new construct the assessment is started when needs are identified but the services are started right then early on in the assessment. Generally at that point, the families are in a crisis. If they weren't in a crisis before we got involved, our involvement can precipitate a crisis and families are more willing to accept services at that point and are engaging. I think that what we are seeing is that additional reports are reducing because we are getting services to families at times when they most need them.

Senator Anderson: It's an earlier intervention then?

Marlys Baker: It is an earlier intervention that is correct.

Senator Anderson: That explains it better. On section 12 page 9. This makes things pretty confidential. What happens if the case ends up in court or the family files an appeal, the court has to repeat the same questions as were asked in this situation rather than getting the information from your investigators or, how do you see that? Talk to me a little about how that works.

Marlys Baker: The language that we are proposing basically excludes evidence based mental health screening tools from the child protection services process. The child protection worker that would administer the mental health screening tool but, that tool is not fact finding and doesn't contribute to the evidence necessary for a child protection assessment but, may solicit information about trauma or suicidality in the child that indicates that the child needs mental health services early on in that front loading of services process. What we want to avoid is having attorneys either in our administrative cases or in civil parental divorce custody cases being able to use a mental health screening tool as a weapon against one parent or the other, or that we would somehow try to make something different out of it than it truly is.

Senator Anderson: If a protection order was determined and the child needed to be removed from the family there would an extra piece that you would do that would be subject by subpoena by the court.

Marlys Baker: That is correct it would similar to the way it is now, that we would have to have sufficient evidence to put before the court to make a determination whether a child should be removed.

Senator Hogan: Do you think this will have an impact on the volume of cases referred to juvenile court?

Marlys Baker: I don't anticipate that right now simply because child abuse is child abuse and if there is child abuse then a family services assessment is likely not to be done if we have children at risk or have safety concerns. I think over time that could happen if we intervene earlier with families up front to prevent them from coming in deeper to the child welfare system.

Senator Hogan: Or if we can engage the family. Currently we use a term called services required versus someone to go to court if you are requiring them to something, typically.

Marlys Baker: Actually no, services required is the determination that would indicate that abuse or neglect happened that there are facts that meet the definition of abuse or neglect in the law. The determination to go to juvenile court to request either court ordered services or removal based on a finding of deprivation is a separate decision based on the ability to keep the child safe in the home.

Senator Hogan: Those standards are still in place?

Marlys Baker: Yes.

Senator Hogan: That won't change?

Marlys Baker: no

Senator Hogan: Okay that's good.

Madam Chair Lee: Any questions for Mrs. Baker? If not, thank you.

Madam Chair Lee calls for further favor, neutral, and opposition testimony. Hearing none, Madam Chair Lee closed the hearing on HB 1108.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1108
3/13/2019
Job #33627

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to child abuse neglect and family services assessments.

Minutes:

No Attachments

Madam Chair Lee opens the discussion on HB 1108.

Madam Chair Lee: This is still the .01000 version.

Senator Hogan: I will move a **DO PASS**.
Seconded by **Senator Anderson**

ROLL CALL VOTE TAKEN

6 YEA, 0 NAY, 0 ABSENT

MOTION CARRIES DO PASS.

Senator J. Lee will carry HB 1108 to the floor.

Madam Chair Lee and the committee move on from HB 1108 to discussion on HB 1102.

Date: 3/13/19
Roll Call Vote #: 1

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1108

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen. Hogan Seconded By Sen. Anderson

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee	X		Sen. Kathy Hogan	X	
Sen. Oley Larsen	X				
Sen. Howard C. Anderson	X				
Sen. David Clemens	X				
Sen. Kristin Roers	X				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. Lee

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1108: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1108 was placed on the Fourteenth order on the calendar.

2019 TESTIMONY

HB 1108

HB 1108
#1
1/8/2019
Pg. 1

Testimony
House Bill Number 1108 - Department of Human Services
House Human Services Committee
Representative Robin Weisz, Chairman
January 8, 2019

Chairman Weisz, and members of the House Human Services Committee, I am Marlys Baker, Child Protection Services Administrator with the Department of Human Services (Department). I appear before you to support House Bill 1108, which was introduced at the request of the Department.

Section 1:

Page 2, lines 18 and 19 is a housekeeping matter which updates the definition of "abuse of alcohol" to reflect "alcohol abuse disorder" as defined in the current edition of the "Diagnostic and Statistical Manual of Mental Disorders" published by the American Psychiatric Association.

Page 2, lines 10 through 18. These proposed amendments refine the current definition of "assessment" as "child protection assessment" and expands the definition to include "evidence-based screening tool" to be included in both a child protection assessment and a family services assessment in response to a report of suspected child abuse or neglect. This addition is to specifically allow the use of evidence-based screening tools to aid in the potential identification of trauma, suicidality or other health or mental health difficulties in children interviewed during a child protection services action and assist in identifying children who may benefit from a referral to a mental health professional for additional evaluation and treatment if determined appropriate.

Page 2, lines 30 through Page 3, line 2 adds and defines "family services assessment", which would allow child protection services to respond to reports of suspected child abuse or neglect in which a child was determined to be at low risk and free of evident safety concerns as determined by guidelines to be developed by the Department.

Page 3, line 18 makes a grammatical correction to the definition of "near death".

Page 3, line 24 makes a grammatical correction to clarify toxicology testing performed on the mother at delivery or on the child at birth is consistent with the toxicology testing requirements stated in 50-25.1-17.

Section 2: Page 4, line 25 and 26 adds licensed social worker, family service specialist and child care licenser to the statute as persons mandated to report reasonable suspicion that a child is abused or neglected. Licensed social worker was inadvertently omitted during amendments to the mental health professional categories in the 2017 legislative session. Family service specialist is a position title frequently found in county child welfare employment, similar in functions to licensed social workers, who have not been previously mandated to report suspected child abuse or neglect. Child care licensers also have not been mandated to report suspicions of child abuse or neglect in child care situations. It is appropriate that they should do so in order to provide safe child care environments for children.

Section 3:

Page 5, lines 7 through 16 adds permissive language to allow a family services assessment option in response to a report of suspected child abuse and neglect. The proposed amendments to this section maintain a "child protection assessment" in coordination with law enforcement whenever a report alleges a criminal violation, such as physical or sexual abuse, as well as an alternative response assessment to reports of substance exposed newborns. The proposed "family service assessment" language offers a third option for assessing reports in a manner that does not require a fact-finding process or a determination of abuse or neglect and allows an approach to families in a less threatening manner to assess needs for services when the reported concerns indicate low risk and threats to child safety are not identified.

Page 5, lines 17 through 24 adds guidance to child protection services to complete a child protection assessment in the event a law enforcement agency declines investigation.

Page 6, lines 6 and 7 limits child protection services requests for medical records to child protection assessments only.

Section 4: Page 6, lines 19 through 27 limits the decision whether services are required for the protection and treatment of an abused or neglected child to be made in child protection assessments only.

Section 5: Page 7, line 5 clarifies that the grievance and appeal process are available only for subjects in child protection assessments.

Section 6: Page 7, lines 10 and 11 includes reimbursement to the Department's authorized agent for family service assessments.

Section 7: Page 7, lines 23 through 25 extends immunity from liability for those reporting, assisting or furnishing information in a family services assessment.

Section 8: Page 8, line 5 addresses notification of the results of a child protection assessment to parents of children receiving early childhood services.

Section 9: Page 8, line 17 assures that a child protection assessment shall be initiated in the case of an abandoned infant if it appears that the infant was harmed.

Section 10: Page 8, lines 21 through 28 creates a new section to chapter 50-25.1 of the North Dakota Century Code to prevent a decision that services are required from being made as a result of a family services assessment when the person responsible for a child's welfare complies with the resulting referred services for the child. If the person responsible for the child's welfare does not comply with services, the proposed language allows a child protection assessment to be completed. **Section 11:** Page 9, lines 1 through 6 creates a new section to chapter 50-25.1 of the North Dakota Century Code to require the Department to provide appropriate referral services in a family services assessment to the caregiver and children that are necessary for the wellbeing of the children and allows this to be conducted by the Department's authorized agent.

Section 12: Page 9, lines 9 through 16 creates a new section to chapter 50-25.1 of the North Dakota Century Code to establish that evidence-based screening tools used during a child protection assessment to conduct screening, treatment, referral for services and receiving services are privileged and not subject to subpoena, discovery or introduction into evidence in any civil or administrative action nor subject to confidentiality exceptions elsewhere in the statute. This is requested in order to prevent disclosures made by a child in response to a screening tool to be used inappropriately against the child or parent in civil or administrative actions.

Background:

Since the inception of the child protection statute in 1978, there has been a single response available to child protection workers in response to reports of suspected child abuse and neglect. First known as an "investigation", which was incident-based in nature and then changed in 1995 to "assessment" to provide a more comprehensive inquiry into child safety and family functioning. This response has required initiation of the same approach and process steps with all families, with the goal of fact finding to determine whether there is a preponderance of evidence that a child has been abused or neglected under definitions in statute. This same process is initiated regardless of the type of maltreatment reported or degree of risk or harm to a child. Because of the investigatory nature of the child protection assessment response, families are often fearful to engage in the very services intended to help them and their children. A family services assessment approach focuses on engaging families, both to recognize behaviors that put their children at risk and to change those behaviors through the assistance of supports and services. The focus of the response and service delivery is primarily based on the assessment of safety, risk, and protective capacity of the individual family, rather than a "one size fits all" fact finding process. The Department has consulted with Casey Family Programs, an organization that has consulted with at least 16 states in initiating similar systems referred to as "multiple response", "dual-track" or "differential response". Casey's research indicates that initiating a more "family centric" approach has not compromised child safety. Children are at least as safe as in traditional response cases. Casey's research also indicated that more parents engage in services and that caseworkers, administrators and families are supportive of the less adversarial approach. Since the initiation of an Alternative Response approach to reported cases of substance exposed newborns in the 2017 legislative session, staff and administrators at both the county and state level have advocated moving forward with a family assessment option for low risk reports of child maltreatment.

This concludes my testimony and I am available to answer your questions. Thank you.



NORTH DAKOTA
CLASS DESCRIPTION
ND Human Resource Management Services
Phone: (701) 328-3290

Class Codes: 4234
4235
4236

HB 1108
#2
1/8/2019

FAMILY SERVICES SPECIALIST

SCOPE OF WORK:

Work involves providing case management, crisis intervention, assessment and case planning for children and families under the jurisdiction of a county social service board.

DUTIES PERFORMED AT ALL LEVELS:

- Recruit and license foster care and kinship homes.
- Arrange, facilitate, and monitor foster care and kinship placements.
- Assess need for individual and family referrals and coordinate with service providers.
- Compile and analyze information to assess the needs of individuals.
- Develop and maintain professional working relationships with the courts, social services agencies, human service centers, and other stakeholders within the community.
- Prepare documents and maintain files to complete required case documentation.
- Provide child protective services.
- Provide information and referral services.
- Testify in court advocating in the best interest of the youth and work with concerned parties during the hearing process.

NOTE: The duties listed are not intended to be all inclusive. Duties assigned any individual employee are at the discretion of the appointing authority.

FAMILY SERVICES SPECIALIST I
GRADE J

4234

LEVEL DEFINITION:

Individuals in positions at this level recruit, train, and support foster care and kinship families with children placed in their homes.

ADDITIONAL DUTIES PERFORMED AT THIS LEVEL:

- Conduct assessments of foster care and kinship applicants, and determine licensure approval consistent with state licensing standards.
- Conduct regular home visits for existing foster care and kinship homes in order to maintain quality, review compliance, and assess family and children needs.
- Assist case managers in the development and implementation of a support plan for each foster parent to address his or her needs and training needed, and help families enhance their skill in nurturing foster children.

CLASS CODES: 4234
4325
4236

ND Class Specification
Family Services Specialist

#B 1108
#2
1/8/2019

- Visit foster care and kinship homes to interview, monitor and make observations.

MINIMUM QUALIFICATIONS:

Requires a bachelor's degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special education, child development and family science, human resource management (human service track), or criminal justice. The appointing authority may identify specific certification/credential depending upon the position to be filled.

FAMILY SERVICES SPECIALIST II

4235

GRADE K

LEVEL DEFINITION:

Individuals in positions at this level assess and monitor interventions with children and families when allegations of child abuse or neglect have been received addressing changes needed to secure children's safety in their homes.

ADDITIONAL DUTIES PERFORMED AT THIS LEVEL:

- Receive and assess complaints alleging child abuse and neglect; assess the validity of allegations and the degree or danger to children; compile and present information on child maltreatment for assessment.
- Develop a comprehensive case plan engaging family members and others responsible for implementing and achieving goals identified in the plan.
- Monitor and evaluate the progress; update case goals and action steps.
- Monitor families' compliance with case plans and ongoing safety of children through regular family visits.

MINIMUM QUALIFICATIONS:

Requires a bachelor's degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special education, child development and family science, human resource management (human service track), or criminal justice, and one year of professional human services work experience as a social worker, child protective service worker, or professional case manager; or a Master's degree in one of the areas above. The appointing authority may identify specific certification/credential and experience depending upon the position to be filled.

FAMILY SERVICES SPECIALIST III

4236

GRADE L

LEVEL DEFINITION:

Positions at this level manage a case load of more complex and sensitive cases by investigating alleged sexual, physical, or emotional child abuse or neglect that may require alternative care placement and reunification planning. May supervise Family Service Specialists and other case management workers.

ADDITIONAL DUTIES PERFORMED AT THIS LEVEL:

- Investigate alleged sexual, physical, or emotional child abuse or neglect; determine required actions to ensure the safety of children named in the allegation.
- Provide family assessments, follow-up services, case management plans.
- Accept on-call referrals and respond to emergency requests from law enforcement; provide crisis intervention and emergency services to children and family.
- Develop and implement case management plans with parents of children where abuse or neglect has been substantiated.
- Arrange alternative care placements for children who are removed from their home as a result of child abuse or neglect.
- Provide case management and educational services with focus on maintaining an intact family unit or its reunification.
- Provide permanency planning and case management for children needing guardianship or adoption.
- Coordinate services for children in temporary county custody or under the custody and control of the county.
- May assign, direct, train, and evaluate work of staff members.

MINIMUM QUALIFICATIONS:

Requires a bachelor's degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special education, child development and family science, human resource management (human service track), or criminal justice, and two years of professional human services work experiences as a social worker, child protective service worker, or professional case manager. A Master's degree in one of the areas above may substitute for one year of the work experience requirement. The appointing authority may identify specific certification/credential and experience depending upon the position to be filled.

Eff. Date: 12/18/2014

HB 1108
#3
1/8/2019
pg. 1

**Testimony
House Bill 1108
House Human Services Committee
January 8, 2019**

Vice-chairman Rohr and members of the House Human Service Committee, I am Rhonda Allery, Director of Lakes Social Service District which is a collaborative of Ramsey and Towner Counties. I am also a member of the North Dakota County Social Services Director's Association. I speak today in support of HB 1108.

The North Dakota County Social Services Director's Association strongly supports alternative response efforts when working with families involved in the child welfare system. HB 1108 sets forth a much-needed change in the child welfare service delivery system focusing on engaging and empowering families to meet the needs of their children. Alternative response is an important part of the child welfare service continuum which includes differing levels of response based on the severity of alleged abuse and engagement level of the family.

Evidence based search shows us that engaging families with their natural support systems achieves better outcomes than prescribing a treatment plan for a family. The alternative response model as presented allows the family to engage in the process of identifying issues facing their family and empowers them to develop their own, personalized plan on how to solve the issues. In addition, evidence-based screening tools are key to obtaining appropriate treatment of children in the child welfare system, helping families understand their child's needs and how to engage in service to meet those needs.

Thank you for this opportunity to speak in support of HB 1108. I would be happy to address any questions from the committee.

Testimony
House Bill Number 1108 - Department of Human Services
Senate Human Services Committee
Representative Judy Lee, Chairman
March 13, 2019

Chairman Lee, and members of the Senate Human Services Committee, I am Marlys Baker, Child Protection Services Administrator with the Department of Human Services (Department). I appear before you to support House Bill 1108, which was introduced at the request of the Department.

Section 1:

Page 2, lines 18 and 19 is a housekeeping matter which updates the definition of "abuse of alcohol" to reflect "alcohol abuse disorder" as defined in the current edition of the "Diagnostic and Statistical Manual of Mental Disorders" published by the American Psychiatric Association.

Page 2, lines 10 through 18. These proposed amendments refine the current definition of "assessment" as "child protection assessment" and expands the definition to include "evidence-based screening tool" to be included in both a child protection assessment and a family services assessment in response to a report of suspected child abuse or neglect. This addition is to specifically allow the use of evidence-based screening tools to aid in the potential identification of trauma, suicidality or other health or mental health difficulties in children interviewed during a child protection services action and assist in identifying children who may benefit from a referral to a mental health professional for additional evaluation and treatment if determined appropriate.

Page 2, lines 30 through Page 3, line 2 adds and defines "family services assessment", which would allow child protection services to respond to reports of suspected child abuse or neglect in which a child was determined to be at low risk

and free of evident safety concerns as determined by guidelines to be developed by the Department.

Page 3, line 18 makes a grammatical correction to the definition of “near death”.

Page 3, line 24 makes a grammatical correction to clarify toxicology testing performed on the mother at delivery or on the child at birth is consistent with the toxicology testing requirements stated in 50-25.1-17.

Section 2:

Page 4, line 25 and 26 adds licensed social worker, family service specialist and child care licenser to the statute as persons mandated to report reasonable suspicion that a child is abused or neglected. Licensed social worker was inadvertently omitted during amendments to the mental health professional categories in the 2017 legislative session. Family service specialist is a position title frequently found in county child welfare employment, similar in functions to licensed social workers, who have not been previously mandated to report suspected child abuse or neglect. Child care licensors also have not been mandated to report suspicions of child abuse or neglect in child care situations. It is appropriate that they should do so in order to provide safe child care environments for children.

Section 3:

Page 5, lines 7 through 16 adds permissive language to allow a family services assessment option in response to a report of suspected child abuse and neglect. The proposed amendments to this section maintain a “child protection assessment” in coordination with law enforcement whenever a report alleges a criminal violation, such as physical or sexual abuse, as well as an alternative response assessment to reports of substance exposed newborns. The proposed “family service assessment” language offers a third option for assessing reports in a manner that does not require a fact-finding process or a determination of abuse or neglect and allows an

approach to families in a less threatening manner to assess needs for services when the reported concerns indicate low risk and threats to child safety are not identified.

Page 5, lines 17 through 24 adds guidance to child protection services to complete a child protection assessment in the event a law enforcement agency declines investigation.

Page 6, lines 6 and 7 limits child protection services requests for medical records to child protection assessments only.

Section 4:

Page 6, lines 19 through 27 limits the decision whether services are required for the protection and treatment of an abused or neglected child to be made in child protection assessments only.

Section 5:

Page 7, line 5 clarifies that the grievance and appeal process are available only for subjects in child protection assessments.

Section 6:

Page 7, lines 10 and 11 includes reimbursement to the Department's authorized agent for family service assessments.

Section 7:

Page 7, lines 23 through 25 extends immunity from liability for those reporting, assisting or furnishing information in a family services assessment.

Section 8:

Page 8, line 5 addresses notification of the results of a child protection assessment to parents of children receiving early childhood services.

Section 9:

Page 8, line 17 assures that a child protection assessment shall be initiated in the case of an abandoned infant if it appears that the infant was harmed.

Section 10:

Page 8, lines 21 through 28 creates a new section to chapter 50-25.1 of the North Dakota Century Code to prevent a decision that services are required from being made as a result of a family services assessment when the person responsible for a child's welfare complies with the resulting referred services for the child. If the person responsible for the child's welfare does not comply with services, the proposed language allows a child protection assessment to be completed.

Section 11:

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Page 9, lines 9 through 16 creates a new section to chapter 50-25.1 of the North Dakota Century Code to establish that evidence-based screening tools used during a child protection assessment to conduct screening, treatment, referral for services and receiving services are privileged and not subject to subpoena, discovery or introduction into evidence in any civil or administrative action nor subject to confidentiality exceptions elsewhere in the statute. This is requested in order to prevent disclosures made by a child in response to a screening tool to be used inappropriately against the child or parent in civil or administrative actions.

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This concludes my testimony and I am available to answer your questions. Thank you.



ND Child Welfare

Child Protection *Re-Design*

WHY CHANGE?? TO BETTER SERVE CHILDREN AND FAMILIES.

The Goal of CPS is to provide individuals and families the right service at the right time, at the right frequency and intensity (for the shortest time needed).

Reason for Changes:

Legislative decisions to better serve families in ND.

When a report is received a CPS worker could have up to 14 days to see the children.

Traditional CPS practice allows for 62 day assessments with allowed extensions to complete the assessments for a variety of reasons.

Decreasing the amount of time families spend waiting for an assessment decision and services

Statistics

Before the Pilot:

25 Days	45 Days	62 Days
8%	21%	41%

Pilot Results

25 Days	45 Days	62 Days
56 %	81%	89%

CPS Pilot:

Intake Worker Enters 960 and gathers information for "Full Kit"

The CPS worker sees children within 3 days of receiving report

CPS workers will receive active supervision through "huddles" and routine staffing

Workers will use TAB Boards to mark progress

Supervisors will be specialized in CPS practice and there is a ratio of 1 supervisor to 6 workers

Assessment is completed and staffed within 25 days

Timeline:

Pilot duration September 17, 2018 to January 17, 2019

The new process to complete CPS assessment and changes in practice will be statewide in 9 months

Take Aways:

- ✓ Earlier engagement of services (In-Home, community resources, etc)
- ✓ Working together and being creative has improved services to clients
- ✓ The success of the pilot was based on collaboration and maintaining integrity of the process
- ✓ Keeping an open mind staying true to the pilot yields positive results
- ✓ Safety is paramount. Nothing in the new process compromises safety, in fact it increases it.