2009 SENATE HUMAN SERVICES

SB 2396

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2396

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 02/03/2009

Recorder Job Number: 8452

Committee Clerk Signature Mary K Monson

Minutes:

Senator Lee Opened the hearing on SB 2396. Spoke in favor of SB 2396. This is a wonderful program that is intended to keep families intact.

Senator JoNell Bakke District #43. Spoke in support of 2396. We visited a similar program in Pittsburgh and it was just phenomenal. It was great that they were trying to keep children out of foster care and in families. I will leave it up to the experts to answer any further questions you may have.

Gary Wolksy President/CEO, The Village Family Center and Children's Village Family Service Foundation. Spoke in support of 2396. See attachment #1.We have been working on this project for awhile and it sort of culminated in the trip last year to Pittsburgh. We have a problem in ND that deals with capital and human capital. We are dealing with a pound of remediation and a pinch of prevention. We have created a system that almost makes it too easy to place children out of the home. This bill is about taking good concepts from other areas of the country and implementing them in ND. These are proven programs that if implemented early in a child's life can help keep families together. We do not want to build something that will create a need rather than address the current issue. At the Village Home we have been doing intensive in home care for the past 20 years with a consistent success rate of over 80%.

The object is to find kids early and families early so that the families can make decisions and be part of the treatment. Out of home placement has gone down in the past years because of some of these programs. Discussed his power point presentation. ND is in an exceptionally good position to continue and implement new programs due to our human services infrastructure. When we invest in kids and families there is a return on the investment. We need to invest in prevention. We are not anti foster care or out of home placement, but our experience is that we have made it too easy in ND to place out of home. Ultimately this is not going to cost us a lot of money other than the start up funding. Once this is in place, our data suggests that the cost of treatment should be less.

Robert Sanderson CEO Lutheran Social Services of ND. Spoke in support of 2396. See attachment #2.

Senator Dever How do you ID at risk families?

Sanderson In Grand Forks and in Bismarck we are working with the hospitals. The hospitals help pass along information to us through their patients. We do get referrals from the county as well.

Senator Dever How would additional moneys enhance or expand the program?

Sanderson This money would help us expand the program to another area of ND and then we would raise the difference. The cost of the program is about 215,000 dollars a year.

Paul Ronningen Executive Director of the National Association of Social Workers ND. Spoke in support of 2396. See attachment #3.

Senator Heckaman I have a question about the funding on the line items on page 1. Are those items not included in any other budgets?

Ronningen I think I will let the department answer that.

Senator Lee I do not think those were part of the original project.

Maria Beglau Representing the Family Initiative Committee. Delivered Larry Bernhardt's testimony in support of 2396. See attachment #4.

Senator Dever Our concern going forward is that all the players have the opportunity to be involved. Going forward are we going to involve all the people who need to be to help cause systemic change?

Beglau I can't speak for the group but I can speak as a county director and I really do see that vision working.

Senator Dever I think we are doing some really good things in ND, we just need to all get together.

Sandy Representing the Village Family Service Center. Spoke in support of 2396. See attachment #5. Their Bush Foundation grant has run out.

JoAnn Brager Vice President of Public Policy for the ND Association for the Education of Young Children. Spoke in support of 2396. See attachment #6. Spoke about head start programs and more rural areas. We work very closely with groups offering services to families.

Senator Lee How many other programs are limited by income.

Brager My understanding is that this bill does not have any impact on family income levels; it is for any families that need the services.

Senator Lee Do some of the families who apply for head start slots operate outside the income limits by 10% due to disabilities for example?

Brager That would be an accurate statement but the responsibility of the head start program is to serve the neediest of the needy. Of my 90 families in Mandan, not one is over the income limit. All of the families are income eligible plus we have a waiting list of 25 families that we need to deal with before we even consider over income families.

Senator Lee Can you refer those who do not qualify for money? How do you prioritize who gets money?

Brager We have a prioritization list, for us, income is the biggest priority. We are required to help families that are homeless so they are also a top priority and foster care placements. As for referral, we work with every family on the waiting list in the smaller areas.

Senator Dever Is the need for early childhood intervention increasing in your view?

Brager You are very accurate in that assumption. We are seeing more and more families particularly in light of the economic crisis. Early intervention is so important due to the developmental needs of 0-5 children.

Senator Dever Spoke about his own childhood experience.

There was no opposition testimony given.

Tara Mulhauser Department of Human Services. Made herself available for questions. Neutral.

Senator Lee I think there is a consensus that the department is doing a really good job in many areas, we do not see this bill as a replacement or criticism of existing programs. We see this as a tool box to help people in the private and public sectors.

Brief discussion about the mutual appreciation of the DHS and the Legislators.

Senator Heckaman What do you see as the need for increasing funding for head start after the last testimony?

Mulhauser I know there is another bill dealing with head start. We are neutral but we are exuberant about the head start program and feel their work is very important.

Discussion regarding a house bill dealing with ages of children in kindergarten and when children need to start receiving services.

Senator Lee Are all the items in 2396 OARs?

Mulhauser Yes, in some fashion.

Senator Lee Spoke about how the bill came about and how money was allocated and language was drafted. This bill is small start to get this going. In my opinion this is a particularly important bill to me personally.

John Ford Director and co-founder of the ND Coalition for CPS and Foster Care Reform. Neutral. See attachment #7. This is a good bill but it needs to be strengthened.

Senator Lee Closed the hearing on SB2396

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2396

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 02/04/2009

Recorder Job Number: 8695

Committee Clerk Signature Mary K Monson

Minutes:

Senator Lee Opened the discussion on SB 2396.

Discussion: John Ford requested an ombudsman to be appointed. Discussed another bill relating to a study about DHS. There seemed to be a more contentious dispute with child support. There was some questions as to how an ombudsman would be integrated as there is no money allocated for one.

Tara Mulhauser I worked in a state office that had an ombudsman. The position certainly falls under the banner of parent empowerment because they can take their cares and concerns to someone who is more neutral. Those programs can be empowering to parents because they feel like they are communicating with someone who does not have a stake in either side. This is a very costly process though as it involves a lot of footwork and facilitation.

Senator Lee I think something like that might come out in a study. Would you be opposed to adding a study?

Mulhauser No, I think anything that brings families to the table and helps us work through this would be helpful. I can't imagine that a study would hurt us.

Discussion on different ombudsman programs and what they do.

Senator Lee Is there interest in putting forth an amendment that would include a section about adding a study regarding ombudsman?

Senator Heckaman I think SB 2420 is a better place to put the ombudsman program study.

Senator Lee Family impact initiative is not necessarily for parents living in the same household. I do not think whether or not you live together is a good parameter.

Discussed where to put the ombudsman study. They discussed putting it back in 2396, not 2420.

Tara Mulhauser Gave further information on ombudsman programs. Spoke about what concerns might be brought to an ombudsman

Senator Lee Gave a personal example discussed in a previous testimony about a gentleman having a difficult time paying his child support payments. Discussed leaving 2396 as is and changing 2420 into 2 studies.

Senator Heckaman I think we should leave the 2396 alone.

Senator Heckaman I move **Do Pass and Rerefer to Appropriations.**

Senator Dever Second

The Clerk called the role on the motion to **Do Pass and Rerefer to Appropriations. Yes: 6, No: 0, Absent: 0.**

Senator Heckaman will carry the bill.

Date: 2-4-09

Roll Call Vote #: _____

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2396

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☒ Do Pass ☐ Do Not Pass ☐ Amended ☐ Rerefer to Appropriations

☐ Adopt Amendment ☐ Reconsider

Motion Made By Sen. Heckaman Seconded By Sen. Dever

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais	✓	
Senator Dick Dever	✓		Senator Jim Pomeroy	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment Senator Heckaman

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

REPORT OF STANDING COMMITTEE

SB 2396: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2396 was rereferred to the **Appropriations Committee**.

2009 SENATE APPROPRIATIONS

SB 2396

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2396

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: February 9, 2009

Recorder Job Number: 9039

Committee Clerk Signature Rose Laning

Minutes:

Chairman Holmberg: opened the hearing on SB 2396, all members present.

Senator Judy Lee: District 13 Fargo, introduced and testified in support of SB2396.

Senator Warner: Did you reduce the fiscal note by limiting this geographically or by limiting the number of programs?

Senator Judy Lee: We didn't put all the programs in that we felt were needed.

Larry Bernhardt: Director of Stark County Social Services and Chairman of the ND Family Impact Initiative testified in support of SB 2396. (See attachment #1)

Senator Kilzer: Do you have other sources of funding?

Larry Bernhardt: This would all be general funds.

Gary Wolsky: President/CEO of The Village Family Service Center and President/CEO of Children's Village Family Service Foundation testified in support of SB 2396. (See attachment #2)

Senator Mathern: In terms of the amount of money, is there enough here so that you can do the job?

Senator Bowman: You stated this will reduce future cost? If we enact this bill where will we see the savings in our budget? We cannot afford to keep throwing money.

Senator Warner: I see from your data, 25% of your client list is Native American, Do you have a cultural sensitive way to address this, and for instance do Native American children get placed into native homes?

Bob Sanderson: CEO of Lutheran Social Services of ND, testified in support of SB 2396

JoAnn Brager: The V. President of Public Policy for the North Dakota Association for the Education of Young Children, testified in support of SB 2396

Carol Molhauzer: Director of Children and Family Services Division testified in support of SB 2396.

Senator Mathern: Does this bill take us to another level or does it keep us from going backwards?

Carol Molhauzer: I think this bill brings us ahead, I don't think it brings us a huge leap ahead.

Senator Bowman: Is this a way of increasing appropriations of funds without going thru the budget?

Paul Ronningen: Executive Director of National Association of Social Workers (NASW) and State Coordinator of the Children's Defense Fund testified in support of SB 2396.

Chairman Holmberg: closed hearing on SB 2396

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2396

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 02-11-09

Recorder Job Number: 9272

Committee Clerk Signature Alicia Delzer

Minutes:

Chairman Holmberg called the committee back to order in reference to SB 2396 in regards to an appropriation to the department of human services for the purpose of implementing programs associated with the family impact initiative.

Senator Fischer introduced the bill and produced amendments. **Senator Fischer made a motion to pass the amendment. Seconded by Senator Wardner. There was a voice vote and it carried.**

Senator Wardner Moved Do Pass as Amended. . Seconded by Senator Krauter. Roll call was taken. 10 yeas; 4 nays; 0 absent. Human Services will carry the amendment and the bill to the floor

Chairman Holmberg closed the hearing on SB 2396. .

Prepared by the Legislative Council staff for
Senator J. Lee
February 9, 2009

PROPOSED AMENDMENTS TO SENATE BILL NO. 2396

Page 1, line 2, after "initiative" insert "; and to provide for a legislative council study"

Page 1, after line 13, insert:

"**SECTION 2. LEGISLATIVE COUNCIL STUDY - PREVENTION AND INTERVENTION SERVICES FOR CHILDREN.** During the 2009-10 interim, the legislative council shall consider studying the availability of and need for prevention and intervention services relating to child abuse and neglect and out-of-home placement of children. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-second legislative assembly."

Renumber accordingly

Date: 2/11/09
Roll Call Vote #: 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2396

Senate _____ Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number proposed 90938.0201

Action Taken _____

Motion Made By Fischer Seconded By ~~Bowman~~ Wardner

Representatives	Yes	No	Representatives	Yes	No
Senator Wardner			Senator Robinson		
Senator Fischer			Senator Lindaas		
V. Chair Bowman			Senator Warner		
Senator Krebsbach			Senator Krauter		
Senator Christmann			Senator Seymour		
Chairman Holmberg			Senator Mathern		
Senator Kilzer					
V. Chair Grindberg					

Total Yes all Voice Vote

Absent _____

Floor Assignment _____

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

Date:
Roll Call Vote #: 2

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2396

Senate _____ Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number with Amendment

Action Taken ☑ Do Pass ☐ Do Not Pass ☑ Amended

Motion Made By Warner Seconded By Krauter

Representatives	Yes	No	Representatives	Yes	No
Senator Krebsbach	✓		Senator Seymour	✓	
Senator Fischer	✓		Senator Lindaas	✓	
Senator Wardner	✓		Senator Robinson	✓	
Senator Kilzer	✓		Senator Warner	✓	
V. Chair Bowman		✓	Senator Krauter	✓	
Senator Christmann		✓	Senator Mathern	✓	
V. Chair Grindberg	✓	✓			
Chairman Holmberg		✓			

Total Yes 10 No 4

Absent _____

Floor Assignment Human Services

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

REPORT OF STANDING COMMITTEE

SB 2396: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (10 YEAS, 4 NAYS, 0 ABSENT AND NOT VOTING). SB 2396 was placed on the Sixth order on the calendar.

Page 1, line 2, after "initiative" insert "; and to provide for a legislative council study"

Page 1, after line 13, insert:

"**SECTION 2. LEGISLATIVE COUNCIL STUDY - PREVENTION AND INTERVENTION SERVICES FOR CHILDREN.** During the 2009-10 interim, the legislative council shall consider studying the availability of and need for prevention and intervention services relating to child abuse and neglect and out-of-home placement of children. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-second legislative assembly."

Renumber accordingly

2009 HOUSE HUMAN SERVICES

SB 2396

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2396

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 10, 2009

Recorder Job Number: 10557

Committee Clerk Signature Vicky Crabtree

Minutes:

Chairman Weisz opened the hearing on SB 2396.

Sen. Judy Lee from District 13, sponsored and introduced the bill: People who will follow me can give you a lot of the details about (coughing, inaudible). There were several legislators, who went to Pennsylvania to see how they provide services to families who have young people who are off track and getting into trouble. How do they keep them out of corrections and try to deal with in family care and it is a really neat partnership they have working out there. We visited with the director of the program and there were definitely challenges for them in the acceptance of the idea in the first place to get everyone to work together for the better of the youth. I was really impressed what I saw. This is a scaled down model here from what Pennsylvania is spending on their program. Senator Dever and I strongly support this bill.

Larry Bernhardt, Director of Stark Co. Social Services: See Testimony #1

Chairman Weisz: Do you have any information from Alleghany project that would document the amount of researches they were expending and what kind of outcomes and savings they were getting from the program? Obviously if one of us has to go down to appropriations (inaudible) we need something to back that up. Would you have anything from that project that might substantiate the return on investment?

Larry Bernhardt: I'll see if I can find something. Part of the dilemma we have that we have it that when all of these funds started was 10 years ago and they were in terrible condition. They were children dying, they were in civil law suits, there was a mess going on in Pennsylvania at the time. We don't have that in ND because we have a really good child welfare system. We need to look at that information a little differently than when they started that, but I'll look to see if I can find something for you.

Chairman Weisz: I'd appreciate it.

Rep. Frantsvog: You are asking for $1,000 085 in this bill. It appears like a number of programs along with recommendations on legislation for the next legislative assembly. This funding you are requesting, this could be an on-going appropriation funding. If this were granted, there will another request for an appropriation. Is that correct?

Larry Bernhardt: Yes it would be because they are on-going programs. You have to make an upfront investment and it takes a period of time before that pays off.

Chairman Weisz: Can you expand on what parent resource centers are?

Larry Bernhardt: There are 7 of them. Their intent is to provide information to families on parenting and prevention services to keep the family intact.

Rep. Conrad: Do you have a projection of how many families and children will be served by this?

Larry Bernhardt: No, we don't. We haven't put numbers to that as far as specific (inaudible). We've looked at support things (inaudible) existing programs and when we have some of that we will know how many additional families have we served as we open the last resource center in Williston, (inaudible) decision making who does some those (inaudible) I will get those to you as well.

Rep. Conrad: That would be very helpful.

Rep. Nathe: All four of these programs you have in the bill, you have up and running right now?

Larry Bernhardt: Yes that is correct.

Rep. Conrad: These aren't all existing in all parts of the state, correct?

Larry Bernhardt: That's correct. The family resource centers for example were 7 in the state and we don't have one in the Williston area. The Healthy Family programs currently exist in Grand Forks and to some degree in the Bismarck area, this will allow them to expand in other parts of the state. The family with precision making exist not statewide either so this would allow expansion further statewide. I can't tell you exactly those are located. The state emergency funds that are administrator by county; we have those funds available today in a very limited source. In my county we have $13,000 a year to meet those needs of families that we can't cover through any other program. That is not sufficient to do the things we need to do to prevent out of home placement.

Jody Bettger-Huber read Bob Sanderson's (CEO of Lutheran Social Services of ND) testimony: See Testimony #2.

JoAnn Brager, Vice-President of Public Policy for ND Association for Education of Young Children: See Testimony #3.

Paul Ronnigan, Executive Director of National Association of Social Worker ND: See Testimony #4

Rep. Nathe: How much is currently being spent on the 4 programs now?

Paul Ronnigan: I will turn those kinds of questions over to the Dept. of Human Services.

Rep. Conrad: I'm looking at Governor's proposal about the stimulus money and it looks to me like we are going to be saving (inaudible) $1.5 million from state dollars by using federal

dollars. We could use that $1.5 million in foster care. That would be good use of funds to use to prevent foster care.

Paul Ronnigan: Supplanting might not be the word (inaudible), but it would be an excellent investment.

Sen. Dick Dever, from district 32 co-sponsor of the bill: Voiced his support.

John Ford, Executive Director of ND coalition for CPS and Foster Care Reform: See Testimony #5: We are going to ask you to add something to the bill that will include some kind of a formal process for families if they have issues with any of the agencies or the DHS.

Tara Muhlhauser, Director of Children and Family Services of the DHS: You asked about parent resource centers. There are 8 centers. They all look a little different and they are all within the network through the NDSU Extension Service. We call it the Parent Resource Network. We are currently funding, we have a biennium contract with them for (inaudible, coughing going on). This is distributed to both the administration that runs out of Fargo and directly to those 8 centers. We are working hard to bring the Williston center full on with full program participation. Some operate out of schools and other out of extension offices.

Chairman Weisz: You say they are under NDSU, but you are funding all of the budget?

Tara Muhlhauser: Our contract is with NDSU. Two years ago we had independent contracts with all of those parent resource centers. It became unmanageable having 7 separate contracts.

Rep. Nathe: How about the funding for the other programs, Healthy Families, Family Team Decision Making, and Safety and Pregnancy Fund? Do you have those breakdowns?

Tara Muhlhauser: Healthy Families program right now we have funded and remains funded in the CFS budget of $300,000 for the biennium. Decision Making pilot program is different as it is an enhancement, but we do have some funding we provide. Right now we contract to the

Village Family Service Center. It's hard to choose out what that amount is because we have that rolled together with our intensive in-home program also. The contract is for $1.5 million for the biennium. Parent Resource network is $458,000 and $200,000 for safety pregnancy.

Chairman Weisz: On the additional money for the parent resource centers, are you looking to expand beyond the 8 centers or looking to expand services in those?

Tara Muhlhuaser: We are looking to build more capacity within those 8 existing centers.

Chairman Weisz: Rep. Conrad had a question for Mr. Ford and if you could come to the podium.

Rep. Conrad: I read your testimony and you didn't share it all with us. I was wondering in the study in part of this bill if you would feel the study is a place where you can air your concerns?

John Ford: To answer your question, you have to understand our background. We went to the social services when we moved here with our adopted special needs child. In the course of five years we filed about 30 different complaints with the DHS and social services and we never received a response from any of them. Our child was diagnosed with all sorts of stuff and the reason she was taken from us is because we were going to send her to a residential treatment center. It cost us over $10,000 (inaudible) child protection services assessment. I think there needs to be some kind of a process (inaudible) so parents can't just be ignored. There are a host of reasons why it is imperative that we have some kind of formal complaint process. Our foster care statistics are really frightening. We rank third in the country per capita in children ((inaudible). Our children are six times more likely to end up in foster care versus states who have on-going formal complaint processes.

NO OPPOSITION.

Chairman Weisz closed the hearing on SB 2396.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2396

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 16, 2009

Recorder Job Number: 11044

Committee Clerk Signature Vicky Crabtree

Minutes:

Chairman Weisz: SB 2396 the impact initiative money.

Rep. Conrad: This is another one of those bills I think we really think I know will help address and prevent child abuse and neglect. It will improve the functioning of families so they don't come back to that situation. I think a fine step forward and it is not complete because it is not totally statewide, but another step closer. For a $1 million I think we are getting an awful lot of good quality service.

Rep. Conrad: Motion Do Pass and Re-referred to Appropriations.

Rep. Kilichowski: Second.

Roll Call Vote: 13 yes, 0 no, 0 absent.

MOTION CARRED DO PASS AND RE-REFERRED TO APPROPRIATIONS.

BILL CARRIER: Rep. Conrad.

Date: 3-16-09

Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2396

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☒ Do Pass ☐ Do Not Pass ☐ Amended

Motion Made By Rep Conrad Seconded By Rep Kilichowski

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN ROBIN WEISZ	✓		REP. TOM CONKLIN	✓	
VICE-CHAIR VONNIE PIETSCH	✓		REP. KARI L CONRAD	✓	
REP. CHUCK DAMSCHEN	✓		REP. RICHARD HOLMAN	✓	
REP. ROBERT FRANTSVOG	✓		REP. ROBERT KILICHOWSKI	✓	
REP. CURT HOFSTAD	✓		REP. LOUISE POTTER	✓	
REP. MICHAEL R. NATHE	✓				
REP. TODD PORTER	✓				
REP. GERRY UGLEM	✓				

Total (Yes) 13 No 0

Absent 0

Bill Carrier Rep Conrad

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

Rereferred to Approp

REPORT OF STANDING COMMITTEE

SB 2396, as engrossed: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2396 was rereferred to the **Appropriations Committee**.

2009 HOUSE APPROPRIATIONS

SB 2396

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2396

House Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: March 19, 2009

Recorder Job Number: 11298

Committee Clerk Signature Jeanette Cook

Minutes:

Rep. Weisz: This bill provides an expansion of current services that we already provide, and a coordination of those services. They deal with family intervention with the intention of keeping kids out of juvenile services and out of foster care. We spend roughly about $80 million a biennium on foster care. The bill is based on what was done in Allegheny County in Pennsylvania. They have seen a dramatic improvement of services and reduced cost. They have fewer kids in foster care and fewer kids in juvenile services. It's per se not a new program. Each section is really just an expansion of what is currently being done.

Rep. Pollert: If you say this isn't a new program, but we need to have it done differently. During conference committee, why don't we just have that statement in the DHS budget? If it is just currently being done and we can do it better. Let's do some language and tell them to do it better, but not have to spend $1 million.

Rep. Weisz: The Department is going to say we need $1 million to do the expanded services that the bill asks for. We would still have to expand the budget to say that we should expand the programs that are currently there. It will increase our intervention activities, to try to keep kids out of foster care and juvenile services. This was a tough bill for our Committee, because it was hard to get a handle on if we could guarantee the outcome. We are already doing these programs. I was shocked to find out the state spends $80 million on foster care.

Rep. Meyer: Was there testimony about the lack of foster families and how this is getting to be a growing concern?

Rep. Weisz: No. This bill was more about keeping them out of there, than the need for foster care families.

Rep. Kaldor: When you say the programs are already done, the language says, "implementation of programs". What proportion of the dollars that are being spent on either something similar to this or these exact same things are being budgeted in the DHS budget?

Rep. Weisz: The family teen decision making pilot program would be new. I don't have numbers on parent resource centers. I understand that they would be $480,000. Currently, there is $100,000 in safety and permanent funds enhancement (?),that is already there. Then the Healthy Families Programs expansion has $300,000. We have already decided that the programs are worthwhile, so after looking at what was being done in other states the ------- inaudible--- came forward that if we bring these to a certain level, we will see fewer kids going into foster care. In North Dakota our 0-17 year old graph is going down, but the foster care graph is moving upward. Why? I don't know. This is an attempt to get at that problem. Why are we putting so many more kids than we did 15-20 years ago?

Rep. Meyer: I was one of the legislators that travelled to Allegheny County. They were similar to North Dakota. It gets to a point that there is a lack of foster care families. Then deaths and injuries start happening. The one thing that was indicated to us was that as soon as those children are 18 years old, they head right back to their families. The premise with this is that we should keep them in the family, but you have to have early intervention so they can stay there. They want their kids, and the kids want to be there. We can't get foster care families in Dickinson. If you think $80 million is high now, just wait. It is going to keep up, and we can't find any more families to take these kids in.

Rep. Delzer: We've had three or four programs today that expand existing programs or start new programs. Most of them say that we are going to save money in the end. Yet, we never see a reduction in the DH budget. If this is going to work so good, why don't we take 20-25 slots out of the foster care and unfund them?

Rep. Weisz: You could take those slots out, but I can't guarantee there will be a decrease in foster care, but maybe we can slow the increase. Our committee does struggle with spending the money on the front end, and whether or not it will be saved on the back end. We can't guarantee what will happen. Whether we like it or not, we see our numbers increasing. We always pay for it on the back end. We end up putting them in prison or have to spend money on a new prison. Once they are in the correctional system, we don't have a choice. We've seen the success in Pennsylvania. I cannot tell you we will have the same success. We do have to address this somehow.

Rep. Pollert: I agree with Rep. Meyer and Rep. Weisz to a certain extent. But this can be accessed off the DHS green sheet from the first half. The green sheet show caseload and utilization. We reduced foster care services in general funds, $1.3 million and total funds. We didn't do it as a section, DHS budget did, but that was the governor's budget, $7.5 million. The reduction of that, the executive budget increased subsidized adoption, because there is more of that going on, to the tune of about $370,000 more money. So, Foster care dollars have dropped, but the subsidized adoptions have gone up. That is what we want to see.

Rep. Pollert moved a Do Not Pass.

Representative Kreidt seconded the motion.

Rep. Meyer: I didn't provide it for the committee, but there is documentation that would fill a binder of information from this man in Pennsylvania. He was totally ostracized when he came up with the idea to keep children in their homes. They took a program that costs millions and

millions of dollars in foster care and the kids were ending up in prison. By keeping the kids in the homes, and with that the dollars will keep the families together and keep the kids in their homes. It is a model that is being picked up by every other state because it works.

Rep. Kempenich: I went to a "thing" a couple of weeks ago. It was more early childhood and how to intervene. The doctor there had an opposite opinion. He thinks that the family is the deficient part of the equation, and it happens early on. You can get differing opinions all the time. There is money already in there, and my guess is that it will be looked at again when Conference Committees come in on DHS. If there are some issues they will look at them.

Rep. Kerzman: I agree with what Rep. Pollert said, "We are comparing apples and oranges." We want subsidized adoption in place too. This tries to address the dysfunctional family. A lot of these children and families want to stay together, but the family core is not working. I think that is two different situations. When you have a kid that has to go into a foster home, it may just be for a short period. I think here we are trying to intervene and get dysfunctional families functional again. I think that is why this program has some merit.

A roll call vote was taken. **Aye 14 Nay 9 Absent 2**

The motion passed.

Representative Pollert will carry SB 2396.

Date: 3/19/09
Roll Call Vote #: 1

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2396

Full House Appropriations Committee

☐ Conference Committee

Legislative Council amendment Number ———

Action Taken: ☐ Do Pass ☑ Do Not Pass ☐ As Amended

Motion Made By: Pollert Seconded By: Kreidt

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan	✓				
(1) Vice Chairman Kempenich	✓				
Rep. Skarphol	✓		Rep. Kroeber		✓
Rep. Wald	✓		Rep. Onstad		✓
Rep. Hawken	~~✓~~	✓	Rep. Williams		✓
Rep. Klein	✓				
Rep. Martinson	✓				
Rep. Delzer	✓		Rep. Glassheim		✓
Rep. Thoreson	✓		Rep. Kaldor		✓
Rep. Berg	✓		Rep. Meyer		✓
Rep. Dosch	✓				
Rep. Pollert	✓		Rep. Ekstrom		✓
Rep. Bellew	—		Rep. Kerzman		✓
Rep. Kreidt	✓		Rep. Metcalf	—	
Rep. Nelson	✓				
Rep. Wieland	✓				

Total Yes 14 No 9

Absent 2

Floor Assignment: Pollert

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

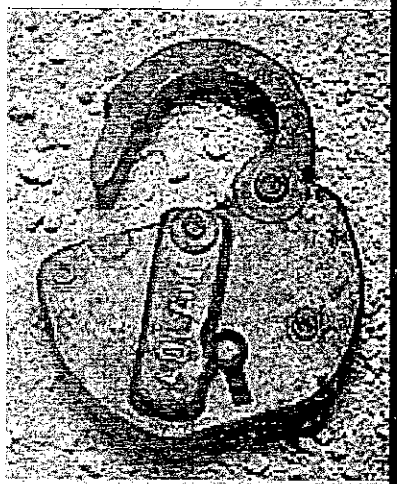
REPORT OF STANDING COMMITTEE

SB 2396, as engrossed: Appropriations Committee (Rep. Svedjan, Chairman) recommends **DO NOT PASS** (14 YEAS, 9 NAYS, 2 ABSENT AND NOT VOTING). Engrossed SB 2396 was placed on the Fourteenth order on the calendar.

2009 TESTIMONY

SB 2396

#1

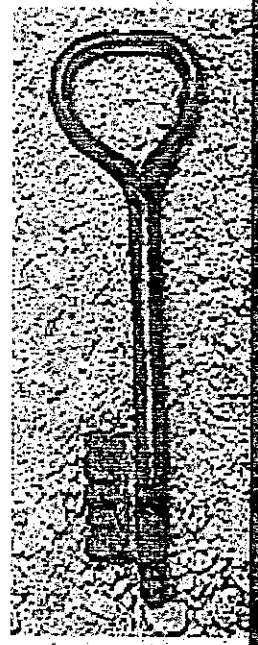


Unlocking the Keys to Our Future

Keeping Children Safe at Home

Presented by Gary J. Wolsky, President/CEO, The Village Family Service Center
and President/CEO, Children's Village Family Service Foundation

#1



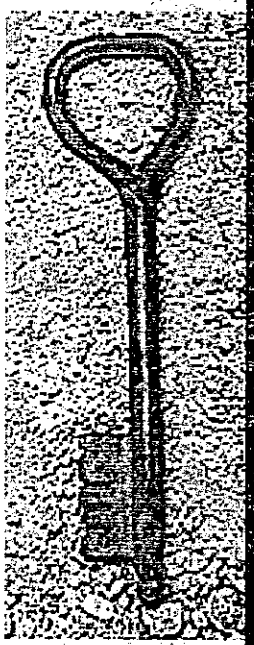
We have a problem

A costly problem in terms of:

- Human Capital
- Financial Capital

History of child welfare in the U.S.

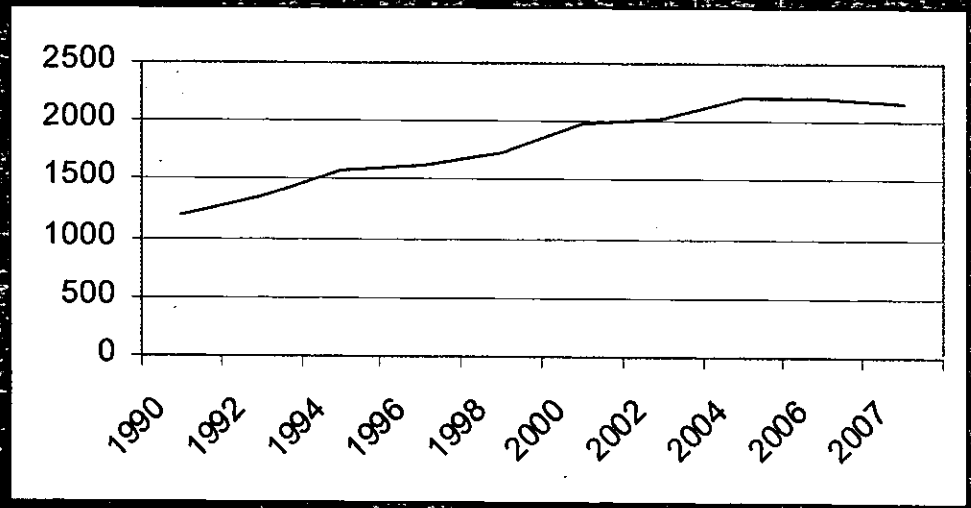
- LBJ's Great Society—1963
- Evolution from Orphanage to Foster Care
  - Well-intentioned
  - Today's solutions are the seeds for tomorrow's problems



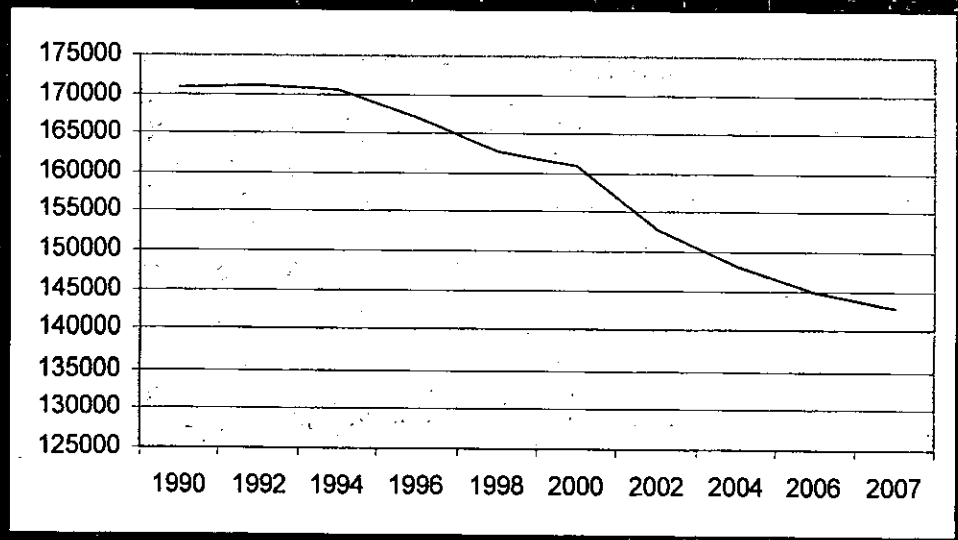
Foster Care in North Dakota

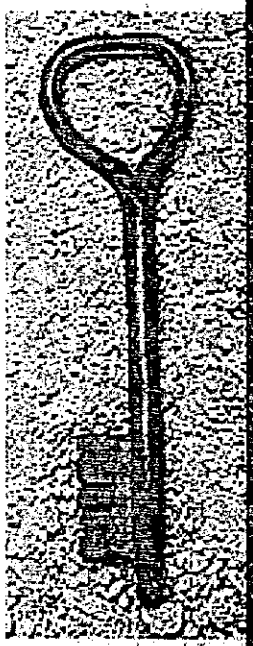
- Field of Dreams—"If you build it, they will come."
- "Be careful what you wish for"—and plan.
- History Repeating Itself
  - The story of Charter Medical

Children in Foster Care in North Dakota



Children in North Dakota; age 0-17



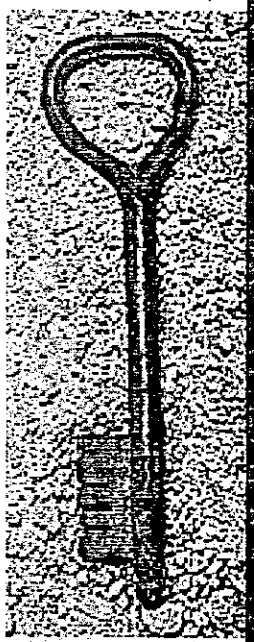


Foster Care in North Dakota

- 18.2% of kids "discharged" re-enter within 12 months.
- North Dakota foster care use is up, while number of kids in state is down.
- 36% of foster care youth have 3+ placements.
- Kids in foster care score 16-20% below peers on standardized tests.
- Native American kids make up 26% of kids in foster care yet are 8% of the state's population.

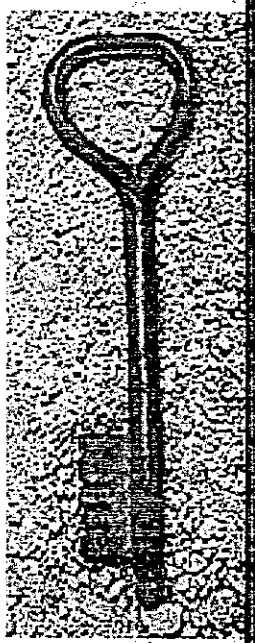
ND's Significant Strides

- Culture of Family Unification
- Public Private Partnerships
  - Healthy Families (DHS/LSS)
  - Family Group Decision Making (DHS/Bush Foundation/Village)
  - Family Based Services (DHS/Village)
- Re-allocation of dollars to prevention and unification services
- Court system move children quickly out of foster care



"Keeping children out of substitute care whenever safely possible begins with a conviction, not a preference, to maintain the family. Thus, the effort begins with preventing families from entering the system."

– *An Effective Child Welfare System & Evidence-Based Practice for the Child Welfare System*

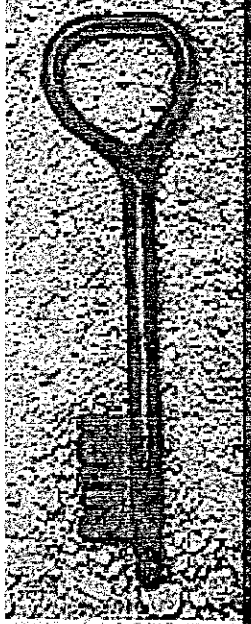


North Dakota Century Code

- "The department and county social service boards shall thoroughly explore the option of kinship care when a child is unable to return home due to safety concerns…"
- "On or before October 1, 1982, and annually thereafter, the department of human services shall attempt to reduce the number of children receiving assistance under title IV-E of the Social Security Act, who have been in foster care for more than 24 months, by the following amts…"

What is Working and Where

- Allegheny County, PA
  - Strong philosophy of family unification
  - Limited entry to child welfare system
  - Quick exit from child welfare system
  - 1/5 of child welfare budget spent on prevention



We Can Do Even Better in North Dakota

- This is NOT an add-on from cost standpoint.
- North Dakota already has many key elements in place.
- North Dakota is not an overly complex place to do this.
- Leadership needed at ALL levels.



North Dakota Family Impact Initiative

Safe Kids • Successful Families • Stronger North Dakota

The citizens of North Dakota have long and proudly held many strong values. This is particularly evident in our commitment to children and the fundamental role that families have in raising their own children. North Dakota's public policy proudly supports and reflects these values.

North Dakota supports the family's primary responsibilities to its children by working with families to address the issues that threaten removal of children from their homes. Current initiatives have well documented success, yet there is much more that can be done.

Keeping children out of substitute care whenever safely possible begins with a conviction and commitment to maintain the family. It is the vision of the state of North Dakota and all who work on its behalf that every effort will be made to maintain the family as the center of influence, care and responsibility for children.

"The best place for children is safely at home."




#2

Healthy Families Legislative Testimony

RE: SB 2396

Submitted by: Robert Sanderson

CEO/Lutheran Social Services of ND

February 3, 2009

Madam Chairperson and Members of the Committee, thank you for allowing me the opportunity to testify here today. My name is Bob Sanderson. I am here today to support Senate Bill 2396 which includes $385,000 for the expansion of the Healthy Families Program.

I serve as CEO of Lutheran Social Services of North Dakota, a multi-service, comprehensive human service agency offering programs statewide. We are proud to be a part of the collaborative effort that has brought the valuable prevention effort of Healthy Families to North Dakota. Our agency acts as the legal and fiscal home of Healthy Families. This program serves Grand Forks, Nelson, Burleigh and Morton Counties.

Healthy Families is a ***voluntary*** home visiting program that serves highly challenged families either prenatally or at birth until the child reaches age 3. The service is provided at no cost to the families. The ultimate goal of Healthy Families is to prevent child abuse and neglect and the long-term effects that it causes.

Research tells us that the first three years of life are a period of incredible growth in all areas of a baby's development. A newborn's brain is about 25 percent of its approximate adult weight; but by age 3, it has grown dramatically by producing billions of cells and hundreds of trillions of connections between these cells. While we know that the development of a young child's brain takes years to complete, we also know there are many things parents and caregivers can do to help children get off to a good start and establish healthy patterns for life-long learning and effective interactions with the world around them. **The trauma of abuse and neglect on the other hand has lasting implications for this development.**

Given the critical importance of the first three years of life for brain development and its implications going forward, it is important to note that children **from birth to age three continue to be the age group most likely to be victims of maltreatment. Most maltreated babies are under age one and more than 1/3 were harmed during their first week of life.** These numbers help us to understand that we cannot wait to intervene, but must do all we can to prevent this from occurring in the first place.

About 1 in 50 U.S. infants are victims of nonfatal child abuse or neglect in a year. Here in North Dakota in 2007 there were

7,657 reports of child abuse and neglect. Of those, 3,583 families had full assessments and 1,288 children were actual victims.

It is because of these issues that community conversation began in 1998 by leaders in the Grand Forks area centered on imagining what we could do throughout our region to create a promising future for ourselves and our children and to help create families where children can grow and thrive without maltreatment. After researching several national models of child abuse and neglect prevention, the committee chose the Healthy Families America (HFA) model for this project because of the documented success it has had in other states throughout the country, as well as the technical assistance available to implement the project. The program has served the counties of Grand Forks and Nelson since 2000 and recently expanded into Burleigh and Morton counties in July 2008 due to our earlier successes and wanting to further prevention to other parts of North Dakota.

The cost of child maltreatment is borne not only by abused children, but by all of us. Research during the past twenty years demonstrates that an array of human and social problems resist solutions if we do not respond to the urgent need to prevent the abuse and neglect of our children. **Young children especially, who are being abused or neglected, often do not come to the attention of our system because they are**

isolated in the home. They are often not in child care or preschool. Thus much damage may be done to the child before they may come to the attention of someone who can intervene. Studies such as the Adverse Childhood Experiences (ACE) Study have found many short and long-term outcomes of these traumatic experiences including a multitude of adult health and social problems such as:

- Alcoholism and alcohol abuse
- Illicit drug use
- Suicide attempts
- Unintended pregnancies

One third of abused and neglected children will eventually victimize their own children. This is why it is critical for us to focus on primary prevention and stop the generational pattern of abuse and neglect that so clearly exists.

We all pay for our failure to prevent child abuse. We pay as taxpayers for the high cost of prisons, children in foster care, for increased special education needed for the scars left behind from abuse already experienced. As the Table B, attached to this testimony illustrates, the United States spends billions of dollars a year on direct costs and billions-plus for indirect costs, to treat the numerous consequences of child abuse and maltreatment, as we do on the state level as well. Research shows that primary prevention programs can ultimately save our state millions of dollars.

Although the economic costs associated with child abuse and neglect are substantial, it is essential to recognize that it is impossible to calculate the impact of the pain, suffering, and reduces the quality of life that victims of child abuse and neglect experience. These **"intangible losses"**, though difficult to quantify in monetary terms, are real and should not be overlooked. Intangible losses, in fact, may represent the largest cost component of violence against children and should be taken into account when allocating resources.

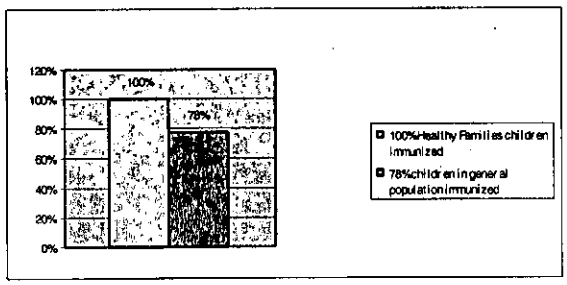
Healthy Families is an effective way of addressing these issues of abuse and neglect – **a way to effectively intervene before it occurs.** Healthy Families reaches out to high-risk parents during pregnancy and immediately after a child is born to offer voluntary home visiting services. **Weekly home visits** support families' progress in three areas that are critical to preventing child abuse and neglect:

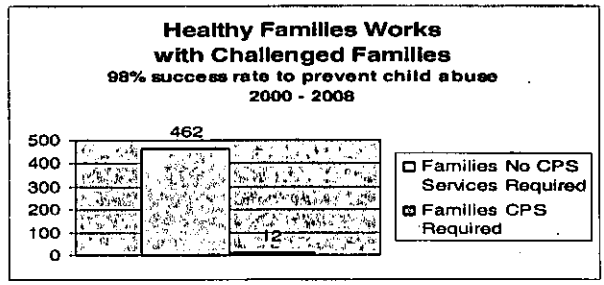
1. **Teaching parenting skills** - which includes skills for bonding with and dealing positively with the child, as well as understanding the child's development and needs;
2. **Educating on healthy development** - including good prenatal practices on the part of the parents and appropriate health care and developmental intervention for the child;
3. **Teaching tactics to reduce family stressors** - such as job seeking or job training, substance abuse treatment, or

assistance with mental health problems or domestic violence.

Wherever the Healthy Families Program exists the parents of newborns in those regions of ND are eligible for the service. Participants receive different levels of services dependent on the challenges they face. **Home visitors**, referred to as **Family Support Workers**, go into the home on a weekly basis, focusing on the relationship between the child and parents. The worker brings curriculum that focuses on **bonding and attachment, child development, discipline and safety. Most importantly, the staff person develops a trusting relationship with the parents.** The parents are willing to listen to their worker regarding raising their children and developing skills for self-sufficiency. The worker also makes referrals to other resources in the community. (See participant testimonials)

Healthy Families believes our outcomes tracked since the beginning of the program in 2000 speak to the success of the program and indicate why we continue to want to expand and why we need your support for this program in North Dakota.





All young children should be given the opportunity to succeed in life just as all parents should receive the support they need to nurture their children's development. While vulnerable children may have greater challenges to overcome, we should not assume that those challenges can only be addressed with services later in life. Instead, we should invest in programs where our investment can have the biggest payoff and help prevent problems or delays that become more costly to address as they grow older.

I have worked in Human Services for approximately forty years in both the public and private sectors of this business.

I take no pride in saying that I am fully aware of the generational aspects of child neglect and abuse. When I look back over those years I have often wondered why we did not work harder on the issue of prevention.

But when I look at the short history of Healthy Families and what they have accomplished in Grand Forks/Nelson and the pattern seems to be the same in Bismarck/Morton then this investment is worthwhile.

When you look at the chart on page 6 of this testimony it is clear we are keeping children and families out of the child welfare system and intact as families.

If at all possible children belong with their own families and it is better for the taxpayers of the state to pay for the costs of prevention versus the cost of mental health treatment, foster care and incarceration.

Thank you for your time and for your commitment to our state's children and families as we know that strong families are the greatest asset of strong communities.

I will be glad to answer any questions the committee may have at this point.

Healthy Families Program
Addendum Directory

Addendum **A** Healthy Families Proposed Budget

B Total Estimated Cost of Child Abuse and Neglect in the United States

C Healthy Families America Fact Sheets

- **C-1** HF-A Program that Works
- **C-2** Ensuring Child Development
- **C-3** Promoting Self-Sufficiency
- **C-4** Promoting Positive Parenting
- **C-5** Reducing Child Maltreatment
- **C-6** Helps Ensure That Children are Ready to Learn

D Healthy Families Collaborating Agencies in Burleigh and Morton Counties

E Participant Support Letters

F Outcomes/Evaluation

A

Proposed

Healthy Families Program
Budget Projection

Goal: **Increase the availability of primary child abuse prevention services by offering home visitor services throughout the state.**

Current Situation: **Program now offered in two regions of ND. NE region primarily funded within DHS budget presently. West Central region currently privately funded with addtl support needed in FY2010. Expansion support is requested to assure presence of program continues to grow given effective outcomes shown.**

Revenue Support for New Site (site#3) with start up on 7/1/09 - 6/30/11	$ 385,000
TOTAL COST	**$ 385,000**

* NOTE: Each sites' budget is approximately $215,000/year, with additional support found at local level.

Prevent Child Abuse America
Chicago, Illinois

Total Estimated Cost of Child Abuse and Neglect in the United States

Ching-Tung Wang, Ph.D. and John Holton, Ph.D.

Child abuse and neglect are preventable, yet each year in the United States, close to one million children are confirmed victims of child maltreatment. An extensive body of research provides promising and best practices on what works to improve child safety and well-being outcomes and reduce the occurrence of child abuse and neglect. These efforts are essential as child abuse and neglect have pervasive and long-lasting effects on children, their families, and the society. Adverse consequences for children's development often are evident immediately, encompassing multiple domains including physical, emotional, social, and cognitive. For many children, these effects extend far beyond childhood into adolescence and adulthood, potentially compromising the lifetime productivity of maltreatment victims (Daro, 1988).

It is well documented that children who have been abused or neglected are more likely to experience adverse outcomes throughout their life span in a number of areas:

- Poor physical health (e.g., chronic fatigue, altered immune function, hypertension, sexually transmitted diseases, obesity);
- Poor emotional and mental health (e.g., depression, anxiety, eating disorders, suicidal thoughts and attempts, post-traumatic stress disorder);
- Social difficulties (e.g., insecure attachments with caregivers, which may lead to difficulties in developing trusting relationships with peers and adults later in life);
- Cognitive dysfunction (e.g., deficits in attention, abstract reasoning, language development, and problem-solving skills, which ultimately affect academic achievement and school performance);
- High-risk health behaviors (e.g., a higher number of lifetime sexual partners, younger age at first voluntary intercourse, teen pregnancy, alcohol and substance abuse); and
- Behavioral problems (e.g., aggression, juvenile delinquency, adult criminality, abusive or violent behavior) (Child Welfare Information Gateway, 2006; Goldman, Salus, Wolcott, & Kennedy, 2003; Hagele, 2005).

The costs of responding to the impact of child abuse and neglect are borne by the victims and their families but also by society. This brief updates an earlier publication documenting the nationwide costs as a result of child abuse and neglect (Fromm, 2001). Similar to the earlier document, this brief places costs in two categories: direct costs, that is,

This report was funded by The Pew Charitable Trusts

those costs associated with the immediate needs of children who are abused or neglected; and indirect costs, that is, those costs associated with the long-term and/or secondary effects of child abuse and neglect. All estimated costs are presented in 2007 dollars. Adjustments for inflation have been conducted using the price indexes for gross domestic product published by the Bureau of Economic Analysis (http://www.bea.gov).

Based on data drawn from a variety of sources, the estimated annual cost of child abuse and neglect is **$103.8 billion** in 2007 value. This figure represents a conservative estimate as a result of the methods used for the calculation. First, only children who could be classified as being abused or neglected according to the Harm Standard in the Third National Incidence Study of Child Abuse and Neglect (NIS-3) are included in the analysis. The Harm Standard requirements, compared to the Endangerment Standard requirements used in NIS-3, are more stringent (Sedlak & Broadhurst, 1996). Second, only those costs related to victims are included. We have not attempted to quantify other costs associated with abuse and neglect, such as the costs of intervention or treatment services for the perpetrators or other members of the victim's family. Third, the categories of costs included in this analysis are by no means exhaustive. As examples, a large number of child victims require medical examinations or outpatient treatment for injuries not serious enough to require hospitalization; maltreated children are at greater risk of engaging in substance abuse and require alcohol and drug treatment services; and youth with histories of child abuse and neglect may be at greater risk of engaging in risky behaviors such as unprotected sexual activities as well as greater risk of teen pregnancy. We were not able to estimate these types of costs as data are not readily available.

Although the economic costs associated with child abuse and neglect are substantial, it is essential to recognize that it is impossible to calculate the impact of the pain, suffering, and reduced quality of life that victims of child abuse and neglect experience. These "intangible losses", though difficult to quantify in monetary terms, are real and should not be overlooked. Intangible losses, in fact, may represent the largest cost component of violence against children and should be taken into account when allocating resources (Miller, 1993).

This report was funded by The Pew Charitable Trusts

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This report was funded by The Pew Charitable Trusts

Total Annual Cost of Child Abuse and Neglect in the United States

DIRECT COSTS

Direct Costs	Estimated Annual Cost (in 2007 dollars)
Hospitalization *Rationale: 565,000 maltreated children suffered serious injuries in 1993[1]. Assume that 50% of seriously injured victims require hospitalization[2]. The average cost of treating one hospitalized victim of abuse and neglect was $19,266 in 1999[3].* *Calculation: 565,000 x 0.50 x $19,266 = $5,442,645,000*	**$6,625,959,263**
Mental Health Care System *Rationale: 25% to 50% of child maltreatment victims need some form of mental health treatment[4]. For a conservative estimate, 25% is used. Mental health care cost per victim by type of maltreatment is: physical abuse ($2,700); sexual abuse ($5,800); emotional abuse ($2,700) and educational neglect ($910)[4]. Cross referenced against NIS-3 statistics on number of each incident occurring in 1993[1].* *Calculations: Physical Abuse – 381,700 x 0.25 x $2,700 = $257,647,500; Sexual Abuse – 217,700 x 0.25 x $5,800 = $315,665,000; Emotional Abuse – 204,500 x 0.25 x $2,700 = $138,037,500; and Educational Neglect – 397,300 x 0.25 x $910 = $90,385,750; Total = $801,735,750.*	**$1,080,706,049**
Child Welfare Services System *Rationale: The Urban Institute conducted a study estimating the child welfare expenditures associated with child abuse and neglect by state and local public child welfare agencies to be $23.3 billion in 2004[5].*	**$25,361,329,051**
Law Enforcement *Rationale: The National Institute of Justice estimated the following costs of police services for each of the following interventions: physical abuse ($20); sexual abuse ($56); emotional abuse ($20) and educational neglect ($2)[4]. Cross referenced against NIS-3 statistics on number of each incident occurring in 1993[1].* *Calculations: Physical Abuse – 381,700 x $20 = $7,634,000; Sexual Abuse – 217,700 x $56 = $12,191,200; Emotional Abuse – 204,500 x $20 = $4,090,000; and Educational Neglect – 397,300 x $2 = $794,600; Total = $24,709,800*	**$33,307,770**
Total Direct Costs	***$33,101,302,133***

[1] Sedlak, A.J, & Broadhurst, D.D. (1996). *The third national incidence study of child abuse and neglect (NIS-3).* U.S. Department of Health and Human Services. Washington, DC.
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[4] Miller, T.R., Cohen, M.A., & Wiersema, B. (1996) *Victim costs and consequences: A new look.* The National Institute of Justice. Retrieved August 27, 2007 from http://www.ncjrs.gov/pdffiles/victcost.pdf
[5] Scarcella, C.A., Bess, R., Zielewski, E.H., & Geen, R. (2006). *The cost of protecting vulnerable children V: Understanding state variation in child welfare financing.* The Urban Institute. Retrieved August 27, 2007 from http://www.urban.org/UploadedPDF/311314_vulnerable_children.pdf

This report was funded by The Pew Charitable Trusts

Total Annual Cost of Child Abuse and Neglect in the United States
INDIRECT COSTS

Indirect Costs	Estimated Annual Cost (in 2007 dollars)
Special Education *Rationale: 1,553,800 children experienced some form of maltreatment in 1993[1]. 22% of maltreated children have learning disorders requiring special education[6]. The additional expenditure attributable to special education services for students with disabilities was $5,918 per pupil in 2000[7].* *Calculation: 1,553,800 x 0.22 x $5,918 = $2,022,985,448*	**$2,410,306,242**
Juvenile Delinquency *Rationale: 1,553,800 children experienced some form of maltreatment in 1993[1]. 27% of children who are abused or neglected become delinquents, compared to 17% of children in the general population[8], for a difference of 10%. The annual cost of caring for a juvenile offender in a residential facility was $30,450 in 1989[9].* *Calculation: 1,553,800 x 0.10 x $30,450 = $4,731,321,000*	**$7,174,814,134**
Mental Health and Health Care *Rationale: 1,553,800 children experienced some form of maltreatment in 1993[1]. 30% of maltreated children suffer chronic health problems[6]. Increased mental health and health care costs for women with a history of childhood abuse and neglect, compared to women without childhood maltreatment histories, were estimated to be $8,175,816 for a population of 163,844 women, of whom 42.8% experienced childhood abuse and neglect[10]. This is equivalent to $117 [$8,175,816 / (163,844 x 0 .428)] additional health care costs associated with child maltreatment per woman per year. Assume that the additional health care costs attributable to childhood maltreatment are similar for men who experienced maltreatment as a child.* *Calculation: 1,553,800 x 0.30 x $117 = $54,346,699*	**$67,863,457**
Adult Criminal Justice System *Rationale: The direct expenditure for operating the nation's criminal justice system (including police protection, judicial and legal services, and corrections) was $204,136,015,000 in 2005[11]. According to the National Institute of Justice, 13% of all violence can be linked to earlier child maltreatment[4].* *Calculations: $204,136,015,000 x 0.13 = $26,537,681,950*	**$27,979,811,982**
Lost Productivity to Society *Rationale: The median annual earning for a full-time worker was $33,634 in 2006[12]. Assume that only children who suffer serious injuries due to maltreatment (565,000[1]) experience losses in potential lifetime earnings and that such impairments are limited to 5% of the child's total potential earnings[2]. The average length of participation in the labor force is 39.1 years for men and 29.3 years for women[13]; the overall average 34 years is used.* *Calculation: $33,634 x 565,000 x 0.05 x 34 = $32,305,457,000*	**$33,019,919,544**
Total Indirect Costs	***$70,652,715,359***
TOTAL COST	**$ 103,754,017,492**

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[9] U.S. Bureau of the Census (1993). *Statistical abstract of the United States, 1993* (113th edition.) Washington, DC: Government Printing Office. Retrieved September 6, 2007 from http://www2.census.gov/prod2/statcomp/documents/1993-03.pdf

[10] Walker, E.A., Unutzer, J., Rutter, C. Gelfand, A., Saunders, K., VonKorff, M., Koss, M., & Katon, W. (1999). Costs of health care use by women HMO members with a history of childhood abuse and neglect. *Archives of General Psychiatry, 56,* 609-613. Retrieved August 22, 2007 from http://archpsyc.ama-assn.org/cgi/reprint/56/7/609?ck=nck

[11] U.S. Deaprtment of Justice (2007). *Key facts at a glance: Direct expenditures by criminal justice function, 1982-2005.* Bureau of Justice Statistics. Retrieved September 5, 2007 from http://www.ojp.usdoj.gov/bjs/glance/tables/exptyptab.htm.

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This report was funded by The Pew Charitable Trusts

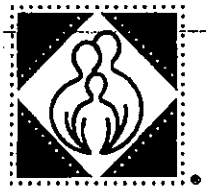
Healthy Families Expansion Costs

	2009-2010		2010-2011	
INCOME				
Individual Donors			1342	
Local Support (United Way, City, County)			5,000	
Private Foundations	30,000		25,000	
Department of Human Services (proposed)	200,000		185,000	
Total Income		**$ 230,000**		**$ 216,342**
EXPENSES				
Personnel				
Program Director	8,353		5,455	
Site Manager	49,775		51,268	
Clerical Support	500		515	
Family Support Worker (2 .5 FTE)	46,111		47,494	
Supervision	3,068		3,160	
Employee Benefits	27,696		28,942	
Total Personnel Expenses		135,503		136,834
Other Expenses				
Occupancy	21,597		22,245	
Travel Expenses	11,330		11,670	
Training	5,000		5,150	
PhoneService	1,273		1,311	
Post., Supplies, Equip, Print.	13,197		13,593	
Other	567		583	
Start Up costs	15,000			
Total Other Expenses		67,964		54,552
Agency CAP (.1304)		26,533		24,956
		$ 230,000		**$ 216,342**

Projected Expenses 2009-2010	$230,000
Projected Expenses 2010-2011	$216,342
Projected Expenses for 2009-2011	**$446,342**

*Start up costs include staff recruitment, equipment and furnishings costs, travel related to program establishment, etc.

Healthy Families America: A Program That Works



Healthy Families America has been providing supportive home visiting services designed to strengthen families since 1992. What started as a pilot project with 25 sites has grown into a nationwide effort defined by three overarching goals: promoting positive parenting, improving child health and development, and preventing child abuse and neglect. Healthy Families America helps parents provide a safe and supportive home environment, gain a better understanding of their child's development, obtain access to health care and other supportive services, use positive forms of discipline, and nurture the bond with their child, reducing the risk factors linked to child maltreatment.

The flexible approach of this home visiting program enables communities and states to define their target populations according to their needs. Participants are a diverse group of parents facing a number of challenges. Most participants are single parents—many are teen mothers. Some live in relative isolation and have no social network to support them. Others struggle with substance abuse, mental illness, current or past family violence, unstable housing, joblessness and poverty. In spite of these obstacles, participants are making positive changes in their parenting practices. Results from a number of site and state-level evaluations conducted throughout the ten-year history of the program demonstrate the program's effectiveness.

⊙ Promotes Positive Parenting Practices.

Home visitors work with parents to build on their existing strengths and minimize potentially harmful behavior. They educate parents about interacting with their child, help them understand their child's capabilities at each developmental stage, and teach them positive forms of discipline. Home visitors help parents build a strong parent-child relationship and develop skills to increase their sensitivity and responsiveness towards their children.

⊙ Improves Family Health.

Families enrolled in the program are healthier and use medical services more appropriately than members of the general population, accessing preventive health care services and achieving higher immunization rates. Because these programs typically serve low-income families with multiple challenges, the program's ability to motivate parents to access timely well-baby care is impressive. Furthermore, participants are more likely to seek prenatal care, leading to fewer birth complications and low birth weight babies than individuals who did not receive services.

⊙ Enhances School Readiness.

Multiple factors contribute to a child being ready to benefit from school: basic health and nutrition, proper stimulation, and an ability to listen and concentrate. An undetected developmental delay can limit a child's ability to learn. Children participating in Healthy Families America receive early developmental screenings and, if needed, are referred to appropriate services to address delays. Home visitors help new parents to provide children with experiences that stimulate healthy brain development and to develop strong, nurturing parent-child bonds, so that their children are more cognitively, emotionally, socially, and behaviorally ready to enter school.

⊙ Increases Self-Sufficiency.

The more stable the home environment, the stronger the foundation on which to raise a child. Healthy Families America programs have been effective in improving mothers' lives by facilitating their re-enrollment in school, making referrals for employment and housing, encouraging them to seek counseling for substance abuse and domestic violence. In addition, the program helps delay subsequent pregnancies. Mothers who are more successful in delaying subsequent pregnancies are generally in a better position to complete school, obtain employment, leave welfare and provide more positive child-rearing environments for their children.

Healthy Families America Works.

The program continues to expand as communities recognize the importance of providing parents with the information and skill-building opportunities they need to raise their children in a healthy, nurturing environment. Experience confirms that Healthy Families America is reducing child maltreatment and having a positive impact on families across the country.

Healthy Families America Helps Ensure Healthy Child Development[1]

Families are healthier, better insured, and use medical services more appropriately.
Research shows that families enrolled in Healthy Families America are healthier and use medical services more appropriately than comparable members of the general population. Among reported findings in this area, 94% to 100% of participating children and 86% to 96% of parents were linked to a primary medical provider.

Health care utilization and insurance

⊙ **Iowa:** Only 11 participating families (1.3%) reported having no health care coverage. This compares to Iowa's average uninsured rate of 17%. Of the 633 families who received program services, 84% utilized Medicaid.

⊙ **Maryland (Klagholz):** Ninety-six percent of participating mothers and 100% of babies had a medical home.

⊙ **New York:** Seventy-five percent of children participating in the program received the recommended number of well-baby visits by 15 months compared to 46% of children enrolled in New York State Medicaid managed care plans. In New York City, 78% of participating children had five to six visits vs. 36% of the Medicaid population.

Emergency room usage

⊙ **Michigan:** Emergency room use among the control group and the short-term intervention group was 42% and 21% respectively. Among program participants, emergency use was much lower (6.2%).

⊙ **Virginia (Galano I):** Over a three-year period, home-visited families made fewer visits to the emergency room per year than families in the control group.

Healthy Families America families have higher immunization rates.
Of the 13 studies measuring this outcome, immunization rates ranged from a low of 73% to a high of 100% (only three programs reported rates below 90%). Studies that included comparison data found immunization rates among program participants to be consistently higher than rates among comparison groups. Because Healthy Families America programs typically serve low-income families with multiple challenges, the program's ability to motivate parents to access timely well-baby care is impressive.

⊙ **Florida (Nelson):** Ninety-nine percent (272 of 276) of target children were compliant with recommended immunization schedules by age two.

⊙ **Georgia:** At one year of age, 98% of the children in the intervention group receiving home visitation services were completely up-to-date on their immunizations. The statewide immunization rate is about 80%.

⊙ **Michigan:** Ninety-nine percent of the participating children were current on immunizations compared to 72% of the children in the control group.

⊙ **New York:** Immunizations were up-to-date at twelve months of age for 96% of the home-visited children compared to 80% of children statewide.

⊙ **Oregon:** Ninety-seven percent of children in higher risk families receiving intensive services for 24 months or more were appropriately immunized.

-over-

Healthy Families America mothers are more likely to seek prenatal care.
Women enrolled in Healthy Families America during the prenatal period experienced fewer birth complications, delivered a greater number of full-term babies, and had fewer low birth weight babies than individuals who did not receive prenatal home visiting services.

⊙ **New Jersey:** Premature infants of prenatally enrolled mothers had higher mean birth weights than those of postnatal enrollees (6.3 lbs vs. 5.3 lbs.).

⊙ **Oregon:** Sixty-eight percent of mothers received early, comprehensive prenatal care during their first pregnancy before entering the program. In contrast, while enrolled in the program, 88% received adequate prenatal care for their second pregnancies.

⊙ **Virginia (Galano 1):** Only 18% of participating mothers had infants born with one or more birth complication compared with 40% of control group mothers. Overall, 85% of participating mothers had no pregnancy risk factors compared with about 50% of control group moms.

[1] This report highlights findings from 18 studies conducted in 11 states over the past decade. The study designs range from pre-post analysis to statewide comparison and randomized trials.

Healthy Families America Helps Families Promotes Self-Sufficiency[1]

Healthy Families America promotes self-sufficiency.
Prevention activities help families succeed at home, in school and at work. Healthy Families America has been effective in improving mothers' lives by facilitating their re-enrollment in school, making referrals for employment and housing, encouraging them to find counseling for substance abuse and domestic violence, and helping them strategize about ways to decrease stress in their lives.

⊙ **Arizona (Holtzapple):** Healthy Families America participants spent 121 fewer days on Aid to Families with Dependent Children (AFDC), 200 fewer days on Food Stamps, and 73 fewer days on Medicaid than a comparison group who qualified for but were not enrolled in Healthy Families America services (this study was begun prior to 1996 welfare reform changes).

⊙ **Arizona (LeCroy):** Seventeen percent of participants were employed at the beginning of services compared to 31% at six months and 40% at 12 months.

⊙ **Florida (Nelson):** During the reporting year, 35% of families ended their dependence on public assistance, 19% obtained a GED/job training, 64% obtained employment and 41% obtained better housing.

⊙ **Iowa:** Thirty-five percent of participating Healthy Families America families ended their dependence on public assistance. Of those families participating in Iowa's program for at least six months, 63.4% reported improved or resolved issues concerning their living situation, and 69% reported improved or resolved issues concerning domestic violence.

⊙ **Maryland (Klagholz):** At the end of year four, 88% of mothers had positive employment/educational status.

⊙ **New Jersey:** Mothers employment rates increased from 10% to 34% between program intake and 12 months.

⊙ **New York:** Program participants assessed life course indicators between intake and 12 months. In this time, social isolation fell from 36% to 30%, relationship difficulties fell from 52% to 44%, and domestic violence fell from 25% to 14%. Housing problems declined from 35% to 19%, substance abuse fell from 14% to 4%, and alcohol abuse fell from 11% to 3%. In addition, 87% of participants said problem-solving skills improved, and 84% said their program helped them improve their ability to access needed services and improve the future planning skills. Fifty-five percent said they learned a lot about how to manage their lives on a day-to-day basis.

Healthy Families America helps reduce subsequent pregnancies.
Delaying subsequent pregnancies by at least 18 months can improve the health of expectant mothers and their children considerably. Mothers who are successful in delaying subsequent pregnancies are generally in a better position to complete school, obtain employment, leave welfare and provide more positive child-rearing environments for their children.

⊙ **Florida (Williams):** Ninety-five percent of mothers enrolled in Healthy Families Florida did not have a subsequent pregnancy within two years of the target child's birth (the goal was 85%).

⊙ **Maryland (Klagholz):** One hundred percent of teen mothers and 94% of adult mothers did not have a repeat birth.

⊙ **Virginia (Galano I):** The repeat teen birth rate was substantially lower among participating families (9.4%) compared to the citywide rate of 35.8% and statewide rate of 29.8%.

[1] This report highlights findings from 18 studies conducted in 11 states over the past decade. The study designs range from pre-post analysis to statewide comparison and randomized trials.

Healthy Families America Promotes Positive Parenting[1]

Healthy Families America promotes positive parenting by educating parents about ways to interact with their child, helping them understand their child's capabilities at each developmental stage, identifying and shaping their attitudes towards parenting, and teaching them positive forms of discipline. Home visitors help parents recognize the importance of building a strong parent-child relationship and help them develop skills to increase their sensitivity, responsiveness and nurturing capabilities towards their children.

⊙ **Arizona (LeCroy):** Improved scores were noted on six out of seven scales of the Parenting Stress Index: competence, attachment, feelings of restricted role, depression, social isolation and positive mood at six and twelve months post-enrollment.

⊙ **Florida (Nelson):** Families' average scores at a six month post-participation interview were not statistically different than their scores on the exit interview, indicating that the parental knowledge and skills developed or enhanced through participation in the program were retained six months later.

⊙ **Georgia:** Enrolled parents have more appropriate expectations of their children and are more empathetically aware of their children's needs than comparison families.

⊙ **Maryland (Klagholz):** At enrollment, 86% of parents had passing scores on the Knowledge of Infant Development, a widely used assessment tool. After six months of participation, that rate had increased to 94%.

⊙ **New Jersey:** A statistically significant difference was found in the scores related to the risk characteristics that contribute to parental stress. Scores decreased from 2.22 at enrollment to 1.88 at 12 months.

⊙ **New York:** Eighty-five percent of participants said their patience with their child had improved and they were better at dealing with their child's difficult behavior because of the home visiting program. Participants indicated an increase in knowledge about caring for their children. Seventy-eight percent learned about child growth and development, 73% about home safety, 73% about proper health care for their baby and 65% about feeding their baby.

⊙ **Virginia (Galano 1):** Compared to their scores at the initial assessment, mothers participating in the program had higher scores in the areas of parent-child interaction, bonding, communication and care-giving after two years of participation, while the scores of mothers in the control group decreased during the same time period.

[1] This report highlights findings from 18 studies conducted in 11 states over the past decade. The study designs range from pre-post analysis to statewide comparison and randomized trials.

Healthy Families America Reduces Child Maltreatment[1]

Healthy Families America reduces child abuse and neglect and helps keep families together. Innumerable scientific studies have documented the link between the abuse and neglect of children and a wide range of medical, emotional, psychological and behavioral disorders. For example, abused and neglected children are more likely to suffer from depression, alcoholism, drug abuse and severe obesity. By reducing the risk factors that lead to abuse, Healthy Families America programs are reducing the incidence of abuse.

⊙ **Arizona (Davenport):** Only 3.3% of program participants versus 8.5% of comparison group members had substantiated reports of abuse.

⊙ **Florida (Edwards):** Ninety-nine percent of participants in Healthy Families Jacksonville had no reports of child maltreatment for the 12 months following the target child's birth. The goal was 95%.

⊙ **Florida (Nelson):** In FY 00-01, the maltreatment rate among program participants was 14 out of 875 (1.6%) cases. Maltreatment estimates for Pinellas County during that same time period were 4.9%.

⊙ **Florida (Williams):** Ninety-eight percent of children had no verified indication of child maltreatment within 18 months following successful program completion.

⊙ **Georgia:** Scores on the Child Abuse Inventory, an assessment tool, indicate program parents were significantly less at risk for abuse than parents who did not receive services.

⊙ **Hawaii (Breakey):** Of 1,738 high-risk children served, four children (0.2%) were hospitalized for maltreatment. Among 2,728 families who screened positive but were not served by the program, 38 children (1.4%) were hospitalized for maltreatment, a rate 5.89 times the rate for those served by the program.

⊙ **Hawaii (McCurdy):** Families receiving program services had significantly fewer substantiated cases of abuse or neglect (3.3%) compared to 6.8% from the control group. Between enrollment and 12 months of participation, there was also a significant reduction in scores that measure parental child abuse potential.

⊙ **Iowa:** With 826 families on the caseload in FY '00, 775 (93.8%) had no reports for child maltreatment.

⊙ **Maryland (Klagholz):** Healthy Families Maryland has only had a total of two indicated reports (both for neglect) out of 254 families served in its four years of program operation (.008 or 8 per 1,000 children).

⊙ **New Jersey:** From 1996-99 only 45 of 1,331 (3.4%) Healthy Families New Jersey families had substantiated reports of abuse or neglect. Having 96.6% of families free of child abuse and neglect exceeds the goal of 85%.

⊙ **Oregon:** The 1999 incidence rate of child abuse was lower for participating families (13 per 1,000 children age 0-2) than for non-served families in the same counties (25 per 1,000 age 0-2).

⊙ **Virginia (Galano 2):** All programs equaled or excelled the statewide goal of having no child abuse or neglect reports for 95% of families who received services for at least 12 months.

⊙ **Virginia (Barrett):** From October 1993 to March 1997 only 2% of participating children had a substantiated report of child maltreatment (and all were for neglect).

[1] This report highlights findings from 18 studies conducted in 11 states over the past decade. The study designs range from pre-post analysis to statewide comparison and randomized trials.

Healthy Families America Helps Ensure That Children are Ready to Learn[1]

Healthy Families America promotes healthy brain development.
Home visitors help new parents provide children with experiences that stimulate healthy brain development. Educating parents about ways to engage their child in play and stimulate their minds is a benefit to both parent and child. Parents develop a strong, nurturing bond and children are more cognitively, emotionally, socially, and behaviorally ready to enter school.

⊙ **Georgia:** Parents in Healthy Families America programs were more likely to have organized their children's home environment to promote optimal development and to provide their children with age appropriate play materials.

⊙ **Oregon:** 76% of higher risk participants read or looked at picture books with their year-old child at least three times a week.

⊙ **Virginia (Galano 1):** Home-visited families provided higher optimal levels of stimulation than families in the control group after both one and two years of participation in the program.

Participating children receive early developmental screenings.
Early identification of developmental delays is an important step in ensuring children get the best start in life. Healthy Families America staff are trained to utilize validated measures to determine if children are progressing at an appropriate pace. When necessary, referrals for educational services are facilitated.

⊙ **Arizona (Davenport):** Ninety-five percent of children were functioning at age-appropriate developmental levels at 48 months of age.

⊙ **Michigan:** Total child development scores were significantly better in the home-visited group than the control group.

⊙ **New York:** Ninety-nine point five percent of the sample received developmental screening and 92% of the participating children fell within the normal range of development. For children whose development was assessed as deviating from the norm, 95% were referred for services.

⊙ **Oregon:** Among higher risk families in the program, age-appropriate development is evident in 89% of children. Of those children who fall outside the normal development range, 93% received services.

[1] This report highlights findings from 18 studies conducted in 11 states over the past decade. The study designs range from pre-post analysis to statewide comparison and randomized trials.

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Healthy Families Advisory Committee Members Burleigh/Morton

Members:	Affiliation
Andrea Werner	Community Action
Connie Schwartz	Bismarck Burleigh County Public Health/Baby and Mothers Beyond Birth Education
Constance J. Keller	Prevent Child Abuse
Cyndee McLeod	United Tribes Technical College
Diane Zainowsky	Adult Abuse Resource Center
Jennifer Laabs	Morton County Social Services/Health Tracks
Joce Koch	Custer District Public Health
Jodi Benz	St. Alexius Hospital
Jody Bettger-Huber	Healthy Families
Karen Schrieve	Bismarck Burleigh County Public Health/Optimal Pregnancy Outcome Program
Ken Gerhardt	Morton County Social Services
Linda Reinicke	Child Care Resource and Referral
Lori Bergquist	Medcenter One Hospital
Melanie Krentz	Medcenter One Hospital
Michelle Hougen	Bismarck Early Childhood Education Program
Paula Condol	Medcenter One Dakota Children's Advocacy Center
Paula Flander	Bismarck Burleigh Public Health/ Director
Robert Sanderson	Lutheran Social Services
Shannon Spotts	Women, Infants, and Children (WIC) Special Supplemental Nutrition
Sherri Doe	Burleigh County Social Services
Tara Huss	St. Alexius Hospital
Vanessa Hoines	North Dakota State University Family Extension
Weisz, Rita L.	West Central Human Services

Healthy families program

without this program I think I would be lost! Thanx to the great people I have more confidence in being a Mother. they have came in the middle of the night to help me when I was crying to so much pain I couldn't move. without the program I dont think I would have of throw those nights. They have helped me grow as a person and I will be forever greatful. I have met some great people in this program. for fellow Mothers I would reguard this program. they help with any gestion or personal problem that comes up!

Alisa Breedlove

Dear Sir or Madam,

I have been with Healthy Families for several months and they have been very supportive and helpful.

With my support Worker's help I have managed to keep my sobriety and sanity.

Healthy Families connected me with programs in the Community so I was able to give my family a Christmas. I received food, toys and a new bed for my son.

I hope Healthy Families is around for many more years because I know that there are many more families that could use the support and benefit from their knowledge.

Shanna DeCoteau

Healthy Families Evaluation Information

This information is gathered every 4 months and entered into the database.

- Regular well-child visits to a medical practitioner for children participating in the program.
  Data Collection: Parents will be asked if the child is current on check-ups, contact the clinic if the parent is uncertain, and document check-ups every four months.
  Evaluation Methodology: Family Compliance in completing well-child visits will be tabulated and compared with the American Academy of Pediatrics guidelines.
- Up-to-date immunizations for children participating in the program.
  Data Collection: Parents will be asked if the child is current on immunizations, document the status every four months, and review immunization records through the statewide-computerized record of immunizations for North Dakota children.
  Evaluation Methodology: The immunization status of program children will be compared with that of children in the general population.
- Utilization of formal and informal community supports by program participants.
- Data Collection: We will document family utilization of community supports every four month and conduct an
- Evaluation Methodology: Families will be monitored for consistency and frequency of community support use
- Enhancement of parenting skills in the areas of understanding normal child development and use of alternative methods of discipline for program participants.
  Data Collection: We will administer the Ages and Stages Development Questionnaire and Parent-Child Attachment Assessment to document parenting skills and to evaluate family competency.
    - Ages and Stages evaluates the child's development in Communication, Gross and Fine Motor skills, Problem solving and Personal-Social. Scores indicate if there appears to be a delay and allows for referrals to be made.
    - Parent Child Attachment Assessment indicates the attachment the parent has to the child. A score of 32 or higher indicates adequate attachment and 32 or lower suggests that attachment needs improvement. **Our families consistently score 38 or higher.**

  Evaluation Methodology: Behaviors of program parents will be measured over time using the referenced tools.
- Fewer referrals of program families for mandated Child Protection Services.
  Data Collection: The number of program families referred to Child Protection Services will be calculated by cross checking referrals of program families with referrals from the general population.
  Evaluation Methodology: The percentage of program families referred to Child Protection for services required will be compared with referrals form the general population

#3

SB 2396

Senate Human Services Committee

February 3, 2009

Same given to House

Chairman Lee and members of the Senate Human Services Committee, I am Paul Ronningen, Executive Director of the National Association of Social Workers (NASW) North Dakota Chapter and also the State Coordinator for the Children's Defense Fund (CDF). Thank you for the opportunity to provide testimony **in support of SB 2396** for both NASW and the Children's Defense Fund.

SB 2395 provides additional dollars for prevention and early intervention programming for families at risk of entering the child welfare system. These Optional Adjustment Requests (OAR's) were not funded in the Department of Human Services budget. However, an investment in this **family impact initiative** will enable families to address their needs at the earliest possible point, hopefully without having to involve the child protective or foster care systems.

In the coming months, the Department of Human Services will be writing its Five Year Plan for Child Welfare, integrating the feedback from the Children and Family Services Review that occurred last spring, and issuing requests for proposals for several of the existing programs that are currently being carried out in the state. The programming offered in SB 2396 builds upon the work of the Division and will provide additional supports for families, and extended family members, to offer viable solutions for the care of their children.

Parent Resource Centers, Healthy Families Home Visiting Programs, Family Group Decision and Safety Permanency Funds (SB 2396) coupled with a comprehensive health insurance plan for children (SB 2363), an Earned Income Tax Credit program (SB 2379) and a comprehensive early childhood training and grant program (HB 1418 and SB 2225) will knit together a fabric of support for low income working families.

The Children's Defense Fund and the National Association of Social Workers are therefore pleased to **support SB 2396**. It links the private non-profit providers with families, to produce viable solutions for the care of their children.

#4

Testimony
Senate Bill 2396
Senate Human Services Committee
February 3, 2009

Chairman Lee and members of the Senate Human Services Committee, my name is Larry Bernhardt. I am the Director of Stark County Social Services in Dickinson and am the Chairman of the ND Family Impact Initiative and we are in support of Senate Bill 2396. I am attaching a copy of the membership of the ND Family Impact Initiative. I apologize that I can't be there with you in person and hope that you will accept my testimony as provided by one of my peer County Social Service Directors.

"Four villagers working along a river bank see children floating by and out of sight. The first villager works frantically to pull out as many as they can. The second villager decides the best approach is to teach the children to swim. The third villager rallies the rest of the village to understand the plight of the children, but the wise fourth villager marches upriver to find out who's throwing them in."

We are hoping that this Committee and the ND Legislature will join the fourth villager and help us find out who's throwing them in and save the children from this plight. This is the case of child abuse/neglect and out of home placement for children in North Dakota.

Historically, child welfare services in this country and in North Dakota have dealt with problems after they have already developed, and, in some cases, have become extremely serious even to the point of death. This is a losing proposition as long as we continue to deal with family issues with inadequate resources for <u>prevention, early intervention and family supports.</u> North Dakota and its public and private partners have the ability, the willingness and the skills to do more in the area of prevention and family support. It is imperative that North Dakota embrace a comprehensive vision to improve the well being of children and families. The costs, both human and financial, for children and families who have serious problems are greater than the costs of preventing problems before they develop.

Vision Statement

All children in North Dakota should be safe and have needed family support

In 2008, a group of public, private and legislative leaders, concerned about the needs of children and families began looking at the best systems that support children's and families needs. Over the next 2-3 months, the group – now named "The North Dakota Family Impact Initiative" – began by studying the foster care analysis and reduction initiatives of both the Casey Family Program and Pew Foundations and the extensive research of the National Family Preservation Network regarding effective models of practice. We reviewed the approaches and outcomes of the work done in Los Angeles County, the Harlem Children's Zone and Allegheny County, Pennsylvania. With funding from the Casey Family Program, our group did an on-site review of the Allegheny County systems. In each case, the research and practice showed positive outcomes for children and families were achieved though strong visioning and a coordinated, seamless, flexible, proactive delivery system that focused on prevention of child abuse/neglect and prevention of out-of-home placements of children.

This bill, we believe, is movement in that direction by providing some additional funds to focus additional efforts on the prevention of child abuse/neglect and prevention of out-of-home placements of children.

Chairman Lee and members of the Committee, thank you for the opportunity to provide testimony on SB 2396.

ND Family Impact Initiative Members:

JoNell Bakke, State Senator, District 43, Grand Forks

Larry Bernhardt, President, ND County Social Service Directors Association

Lisa Bjergaard, Director, Division of Juvenile Services

Dick Dever, State Senator, District 32, Bismarck

Kevin Dauphinais, Director, Spirit Lake Social Services

Tim Eissinger, Vice-President, Dakota Boys and Girls Ranch

Judy Lee, State Senator, District 13, West Fargo

William Metcalfe, CEO, PATH North Dakota, Inc.

Shirley Meyer, State Representative, District 36, Southwest ND

Tara Muhlhauser, Children & Family Services Division, DHS

Connie Portshceller, Judicial Referee, Northwest Judicial District

Robert Sanderson, CEO, Lutheran Social Services of ND

Gary Wolsky, CEO, The Village Family Service Center

#5

The Village Family Service Center

FAMILY GROUP DECISION MAKING

FGDM is a strength based decision making process that brings family members, friends, service providers, and others together to create a care or protection plan for the permanency and/or reunification of children.

FGDM gets its strength and support from the belief that the tools for solving many family problems can be found within the parameters of the family itself.

Professionally trained FGDM facilitators are housed in regional Village sites throughout North Dakota. Facilitators travel to all areas of North Dakota to meet with conference participants and facilitate family meetings.

Target Population:
Children aged 0-18 and their families across the entire state of North Dakota.
Served by FGDM from March 2006-Dec 2008:
- Families- 235 Children-327
- 48% of the children resided in ND regional cities, 52% of the children lived in rural cities and towns
- 40.9 % children served been from ND minority populations including 23.7% Native American
- 40% of the children have had one or both parents incarcerated during their lifetime

Risk factors: abuse, neglect, supervision issues, substance abuse, lack of family involvement, divorce, incarceration, unstable living conditions, developmental/physical/mental health disabilities.

Goals of FGDM:
Decrease the risk of placement/preventing placement and increased family placements
Build family connections
Increase father and father family involvement
Improve child wellbeing

Outcomes:
At intake, 69.2% of the children referred had a child protection report that either required or recommended services in the past year. 6 months post conference the number of child protection reports decreased to 14.8%. 2 years post conference there had been child protection reports in only 9.5% of the cases.

94.7% of the time one or both parents participated in the conference. 50.2% both mother and father participated. Often, paternal relatives participate even when the father does not, increased father and paternal family involvement is an important outcome. At 90% of the conferences, at least one relative participated, increasing family connections.

At the time of the initial conference, 62.5% of children were living with either parents or relatives. The family plan developed at the conference shows that in 84.3% of the cases participants planned for the children to live with parents or relatives. At six months post conference 83.6% of the respondents indicated that children were living either with parents or with relatives resulting in 21% fewer children being placed in foster care.

Estimated Cost Saving:
The average cost to serve a family with FGDM is $3900. Using above outcomes, a 21% reduction in foster care placements of 327 FGDM children would mean 69 children were not placed in county/state care. If therapeutic foster care had been used @$1,111 per month per child times the 69 FGDM children, the cost would have been $76,659 per month ($459,954 for 6 months). If residential/group home care had been used @ $1,715 for those 69 children the cost would have been $332,442 per month ($1,994,652 for 6 months). FGDM saves ND monetarily and is priceless for its children and families.

FGDM Funding:

2006-2009 Partnership between the ND Department of Human Services, the Village Family Service Center and the Bush Foundation to implement FGDM across the state of North Dakota.

- Bush Foundation contribution- $1,162,131 for 2006-2008 and $661,968 from 2008-2009 funding 11 FTE's
- ND Department of Human Services contribution- $234,880 for 2006-2009 funding 3 FTE's
- Village contribution- $38,500 for 2006-2009

The Bush Foundation Funding will end in October 2009

The Department of Human Services submitted a 2009-2011 OAR of $2,342,810 which was deleted. The DHS budget is for 3 FTE's for FGDM and no additional in-home therapists. In the original fund, FGDM was staffed with 11 people covering North Dakota. We cannot serve the state with only 3 FTE's.

The Village Family Service Center
Family Team Decision Making

	09 - 10	10 - 11	Biennium Total
Total Revenue	173,793	180,461	354,254
EXPENSES:			
Personnel			
Professionals:	$ 72,000	$ 74,520	146,520
Supervisors	$ 21,621	$ 22,376	43,997
Support:	$ 13,010	$ 13,466	26,476
Personnel	$ 106,630	$ 110,362	216,992
Benefits	$ 13,000	$ 13,400	26,400
Travel/Subsistance	$ 10,000	$ 10,350	20,350
Flex Funds	$ 6,000	$ 6,000	12,000
Occupancy	$ 6,217	$ 6,528	12,745
Telephone	$ 3,290	$ 3,684	6,974
Prof. Fees	$ 1,869	$ 1,962	3,831
Travel - Training	$ 2,709	$ 2,980	5,688
Insurance Expense	$ 1,946	$ 2,141	4,087
Contract Labor	$ 1,499	$ 1,574	3,072
Supplies	$ 1,488	$ 1,562	3,050
Equip./Repairs	$ 823	$ 864	1,687
Other	$ 2,522	$ 2,648	5,170
Administrative Chg	$ 15,800	$ 16,406	32,206
Other Expenses	67,162	70,099	137,262
TOTAL EXPENSES	173,793	180,461	354,254

2/2/2009

#6

February 3, 2009

To: Chairperson Lee and members of the senate human services committee

RE: SB 2396, to provide an appropriation to the department of human services for the purpose of implementing programs associated with the family impact initiative

My name is JoAnn Brager and I am the Vice President of Public Policy for the North Dakota Association for the Education of Young Children. The Association represents 400 members in North Dakota who work with and on behalf of children ages birth through age 8 years.

The Association strongly supports the investment in North Dakota's children and in their families that is required to help them develop into productive citizens. We know that by age 5, 85% of a child's personality and brain is developed and that the environment is of utmost importance.

Parents work hard to provide all they can for their children. Having resources available for parents will assist them to be the best they can be.

The North Dakota Association for the Education of Young Children strongly supports the investment in North Dakota's children. Please support SB 2396.

#7

Testimony on SB 2396

Madam Chair, esteemed members of the committee. My name is John Ford and I am the Director and co-founder of the North Dakota Coalition for CPS and Foster Care Reform. I am here also representing the Cass Clay Family Welfare Alliance and over 100 family and children who have ended up victims of our foster care and child protection services system to offer testimony on SB 2396, regarding the Family Impact initiative. I am also submitting written testimony from those who can not be here today.

While this bill would provide services that are desperately needed in our state, the bill needs to establish safeguards to insure that the rights of the family are protected. A bit of my family's history is necessary in order for this committee to truly understand the importance of adding either penalties or incentives to insure that reunification efforts are included in this bill and the importance of having an omnibudsman's office created to provide families, particularly those of lower income or poorly educated, assistance when their rights are violated or the reunification efforts required by law are ignored by DHS or the county social services agencies.

We relocated to North Dakota after adopting two special needs children. The youngest had become involved in Hispanic street gangs in Los Angeles and we had to place her in a psychiatric residential treatment center prior to coming to North Dakota. This child was diagnosed with the relatively rare diagnosis of Reactive Attachment Disorder in addition to a host of other DSM IV disorders, and approximately 4 months after moving to Rugby we found ourselves with the local social services agency involved in our life. After ending up in a major power struggle with a know-it-all social worker with major control issues, my wife and I found ourselves charged with child deprivation and subject to a CPS Assessment that found "services were required". After changing the allegations against my wife and I several times, it was finally determined that we were "psychologically maltreating" our child because we were preparing to return her to the residential placement she had previously been placed at and had had successful treatment for her disorders. The child was placed in the custody of the local social services agency and we began a long, uphill battle to first, have our child receive the necessary mental health services she needed, and secondly, to clear our names and overturn the CPS findings.

In spite of the records and history of mental health issues regarding our child and provided to them, the social services agency and DHS refused to provide the child with the services we were demanding. Both agencies determined that this child had no mental health issues other than an adjustment disorder. We finally convinced the juvenile court to allow us to obtain an independent evaluation and after a complete psychological evaluation, the PHD psychologist concluded that this child did indeed suffer from all the mental health issues we had insisted she had been diagnosed with.

Rather than place the child in a RTC which the director of the North Central Human Services Center agreed was the appropriate course of action, the child was placed in a PATH foster home. During her stay there we suspected that the child was running wild, and she in fact was. We demanded drug testing for the child, it was refused. We suspected that she was keeping late hours and using drugs or alcohol based upon her performance at school and her defiant attitude. We finally confirmed that she was indeed using drugs and alcohol and was trading sex for these chemicals with two older adult males that lived upstairs from the PATH foster home she was placed in. We demanded placement changes and other services, but according to the case manager the custodian didn't want to upset PATH officials as she was afraid she would have no placement for the child. This child was allowed to maintain a webpage on myspace.com, that was inappropriate by anyone's standards and she was maintaining an on-line friendship with an adult male who had posted on his myspace.com page some of the most disgusting pornography my wife and I had ever seen. While the Custodian ordered the child's MySpace page to come down, my wife and I were told we were over reacting. Two days later sexual predators on MySpace made national headlines. The Custodian ignored our question of were we over reacting now?

In January of 2006, we convinced the Juvenile Court to order the child be placed in a RTC. The Court also found that reunification efforts hadn't been in place for a little over a year. This is of interest since a district court judge had found that reunification efforts had been attempted. Why the discrepancy? Was the social worker who testified lying, or was the district court judge not educated in what constitutes reunification efforts? In any event once again, our state system failed my family due to negligence, malpractice and illegal denial of our parental rights.

Beginning in October of 2005 and extending through January of 2006, we were connected to the Fargo School Districts Parentconnect, a web based service to advise parents of their child's failing grades. During this period we received 179 fail notices. The case manager for PATH advised our county social services agency that the system was flawed and even though we provided e mails from the system administrator and teachers that confirmed the information we were receiving from ParentConnect was correct. the custodian took no action to insure the child's educational needs were being met. The child also was tested for an IEP. We were told the testing showed this bright child to have a 3rd grade reading level and minimal math skills. Later testing at the PRTC showed the child with an above average IQ and skills. The child was "drunk" during the testing in Fargo. In the end, it was determined by DHS and the Social Services Agency to return the child to the gang and drug infested environment that the child was originally removed from. Shortly after arriving, she became pregnant and is currently living in a single room with a ten month old bay on public assistance, with no prospects, no hope and little future. This child never received appropriate mental health services for her disorders.

In addition, after over 18 months and $10,000 in legal fees, we were vindicated and the CPS findings were overturned.

I could take up hours of this committee's time with endless accounts of neglect, violations of reunification laws, politically influenced CPS investigations and poor mental health services for our children under the control of DHS. However, I will take a few moments to cite the failures of some other families and children:

1) Child's foster placement (foster mother was an RN) changed against advice of pediatrician who treated child for chronic health condition. Reason for changing placement was to "avoid bonding" so the child could be adopted (foster parents were not offered supports to adopt a medically needy child and faced limits on family health insurance). The pediatrician warned that the child risked death if placement was changed. The child died after being moved to the new placement.

2) Teen mother with infant admits to substance abuse; child enters foster care, mother promptly enters CD treatment and makes extraordinary progress in treatment and other areas such as education, housing, employment. County disregards reunification plan and attempts to terminate parental rights anyway. Mother eventually prevails, but child remains in foster care 18 months longer than needed. It needs to be noted here that DHS convinced the Administrative Rules Committee to approve 75-03-14-04. Qualifications of persons residing in the home.

1. A person residing in the home, except a foster child or ward of the court, may not have a present condition of substance abuse or emotional instability. No person may smoke, in the foster home, in circumstances which present a hazard to the health of a foster child. All foster parents should be aware of the potential hazards of smoking in the presence of children, particularly infants and children with respiratory or allergic sensitivity. If a condition of substance abuse or emotional instability occurs in a foster home at a time when a foster child is in placement, every effort should be made to keep the placement intact if the resident of the foster home is seeking treatment for the problem. No further placements will be made until successful completion of the treatment has occurred. A resident of a foster home, who has a past condition of substance abuse or emotional instability, should have had no incidents of substance abuse or emotional instability for a period of at least twelve months prior to licensure.

This is of great concern as NDCC 27-20-02 (8) (g) legally defines this as a deprived child and the child will always be removed from its natural home. Why then is DHS making rules to allow them to pay foster homes to keep our children in deprived households?

3) Child in residential treatment--licensing violations concerning seclusion and restraint surface among overall concerns about child's care. Custodian fears RTC will discharge child and

no placement will be available, so does not address issues. Parent obtains DHS response to violations, but abusive practices continue until child is discharged. RTC does not allow child off-site visits to see his terminally ill father, stating, "Family issues are not the chld's issues." RTC requires child to participate in evangelical religious activities contrary to family religious beliefs and practices.

In this case, I personally spoke with Julie Leer about the issue and she asked me to have the parents call her. Three calls from the parents went unreturned by Ms. Leer.

4) Stark County parent reports that when she surrendered custody so her child could receive mental health treatment, caregivers "didn't have time" to bring him to therapy. Later, county decides to place child with mother's ex-husband, who has a history of DUI and unstable behavior. The child dies in a car accident when the father swerves his vehicle into the path of another vehicle, killing the driver of that vehicle as well. A few weeks later, the father commits suicide.

5) An 18 year old Fargo youth is discharged from foster care once funding is no longer available. This youth had serious mental health issues and is now living on the streets of Fargo with no educational or employment skills after spending 6 years in the foster care system.

6) In April of last year, I learned that DHS was housing a high risk 17 year old sex offender at DBGR in a group home setting. Both Ms. Leer and Paul Ronningen testified to the Administrative Rules Committee that this individual, Brynner P. Rennecke, was determined not to be a risk, and yet on his 18 birthday he was transferred to YCC and is now presently incarcerated at the State Hospital in Jamestown. On the day Title IV-E funding was no longer available for this individual he was determined to be a threat to society.

7) In Pierce County the Child Protection Services are politically controlled. As we meet today, Boyd Wilkie is in the District Court answering charges of GSI and Continuing Sexual Abuse of a Minor. Wilkie sexually abused his step daughter for 6 years culminating in her becoming pregnant at age 14. After Mr. Wilkie was arrested, I received calls from two Rugby residents upset because they had filed reports of suspected abuse of this child about a year earlier and no investigation was done. I attempted to get 960 reports for statistical analysis and research, but DHS refused my request. I did bring this to Ms. Leer's attention but once again, nothing was done.

8) In March Lori Voeller is going on trial for 6 counts of Child Abuse or Neglect in Pierce County. One again, there were 4 prior reports of suspected abuse regarding Ms. Voeller and her day care center but no investigations. It wasn't until a Rugby Police officer's child was involved that there was an investigation. I again sought data on the 960 reports that should have been filed, but Ms. Leer cited DHS policies that prevented me from obtaining the information. DHS has a bill currently pending seeking authority under the NDCC to control who and what

constitutes research.

These are just some of the 100's of abuses that families and their children suffer from through illegal acts at the hands of DHS and County Social Services Agencies. We are strongly urging this committee to include an omnibudsman's office in the parent resources section of SB2396. Parents and their children have little recourse for abusive practices by these agencies. Complaints to DHS are often ignored or referred to be handled internally by the outside agencies. Even petitions filed with the Attorney General's Office under NDCC 54-12-03(3) are ineffective for any action to be taken to have these violations investigated. The only other option is to file a civil suit. Unfortunately most large law firms have Special Attorney General on staff creating a conflict of interest and out of state attorneys are not allowed to practice in North Dakota even on a limited basis. The other option is to file a complaint with the Board of Social Worker Examiners, but I have personally reviewed a report filed by Chip Ammerman, Director of Cass County Social Services of a complaint he was asked to review that included over 100 violations of the Code of Ethics. Mr. Ammerman's conclusion was that while there were technically violations of the Code of Ethics, every social services agency engaged in the practices so there really wasn't a violation. How absurd is this conclusion. It is clear from all the documentation I have that DHS and Social Workers can't police or investigate themselves.

There are 19 states with omnibudsman's office for parent's rights in foster care. This is a logical step for our state: an independent office with the power to bring DHS and county social services agencies to court if they violate a child or parents rights. North Dakota is ranked 4th in the nation for children in foster care. Not a statistic to be proud of by any stretch of the imagination. Unless we find ways to insure that DHS and the county social services agencies institute the services of a plan, the Family Impact Initiative is useless. There must be measures included in this bill to protect families.

I have a substantial amount of documentation to support the cases I have described here this morning. While many of our families and children wish to remain anonymous due to their fears of retaliation from DHS or the agencies, many are willing to speak with any committee member openly. In an effort to protect the confidential records of some of the children, I would be happy to allow any member of the committee review records that support the accusations made here today ion a confidential setting.

On behalf of the North Dakota Coalition for CPS and Foster Care Reform and the Cass Clay Family Welfare Alliance and all our members, I thank you all for allowing me to present this testimony on SB 2396.

John Ford
North Dakota Coalition
For CPS and Foster Care Reform
P.O. Box 431
Rugby, ND 58368
701-721-1419

Testimony to North Dakota Senate and House Human Services Committees by Sheri McMahon, 717 7th Avenue North, Fargo, North Dakota

2009 Legislative Session "Family Impact Initiative"

I appreciate the opportunity to present my concerns to members of the North Dakota Legislature.

Some years ago, my son was taken away by a social worker. My son was just 10 years old. My son had long been diagnosed with Tourette's Disorder, as well as psychiatric conditions--depression and anxiety, in particular-- that often co-occur with Tourette's. CPS' primary argument was that I disagreed with "competent professionals," including his teacher, who had refused to implement services and accommodations that had been documented in his IEP and by a physician. CPS even stated--to back of the accusation I was "uncooperative"--that I spent time researching my son's diagnoses. I had terrible legal representation. After several months, with no trial date in sight, I agreed to admit that my son was deprived in order to get him back home. My lawyer did not attend the final court hearing because he had a ski trip to attend to. The experience was emotionally devastating to my son and myself. It impacted my own education--I was a graduate student--and earnings--I had worked as a teaching assistant while in graduate school but, as a result of CPS involvement, was not able to maintain my department status. When I lost my apartment, my son was taken into custody again, the next chapter in a nightmarish journey that went on for years and whose impact still reverberates.

I never stopped putting my research skills to work. I saw too many things wrong with this system, and I was sure there had to be rules against some of what I saw. Eventually, a sympathetic caseworker confided in me that "people are scared of you"--because I was not going to stop fighting for my son. Another caseworker said, "you always challenge things"--but it was clear she didn't like it.

I saw things going wrong for other families as well, and began to do what I could to help fight for them. I have put countless hours into listening to parents, reading and analyzing their paperwork, asking questions, and--on occasion--providing information to their attorneys, caseworkers, and others. Nobody pays me, and although I have become involved in advocacy organizations, I do this on my own.

I'm not the only one. Throughout the U.S., there are people like me who have taken on the issue of child welfare reform however they could. I have stayed in touch with other individuals, including professionals, and with organizations across the country, who recognize widespread problems. Incidentally, from 1995 to 2005, at least 35 class actions were filed against state and major metropolitan child welfare systems, with federal consent decrees often the result. Locally, I have connected other parents--and have also had the privilege of many discussions with John Ford and Deidre Godyicki, who have formed the North Dakota Coalition for CPS and Foster Care Reform.

Many of the problems are pervasive across the nation's child welfare industry--and make no mistake, it is an industry--a very large industry--with government and private components. North Dakota has some unique features, however. For one thing, we put very little in-state money into the system--a lower percentage than 48 states. This fuels the belief, held by many people, that children become a means of bringing federal dollars into the state. For another, we put a lot of

children into foster care--we rank about 6th in the nation in the percentage of children removed from their homes each year. Although removals are triggered by a belief children benefit, research indicates that is often not the result. Long-term adverse effects include post-traumatic stress disorder (at a rate twice that of combat veterans), failure to graduate high school, and involvement in juvenile and adult criminal justice systems. We also have one of the nation's worst rates for disproportional representation of Native American children in foster care—4 times the rate for white children.

I'm happy to see the state preparing to look for ways to prevent children from going into foster care. But I also think the state needs to take a long, hard look at this system. Children are taken for unjustifiable reasons, and legal protections for families are poorly secured. Children get trapped in this system. Well-intentioned professionals sometimes seem trapped within it themselves. Others seem not so well-intentioned, and many simply put on their blinders when they go to work each day. Finally, although it's a good idea to begin addressing the needs of young adults who spent too much time in this system, it's also a good idea to keep more of them out of the child welfare system to begin with.

Some examples:

Children have been removed illegally--without a court order and without meeting Century Code conditions allowing the emergency removal of children. We have one case where a criminal court determined there was no legal basis to remove the children (the father was charged with interfering with law enforcement removing the child, but acquitted due to the unlawful nature of the police officer's action). However, the crininal court finding was never communicated to the Juvenile Court hearing the petition (in this case, the petition was eventually withdrawn, allowing the county to avoid courtroom testimony to the effect that the children had been unlawfully taken from their parents).

Parents routinely denied access to information for which Century Code and administrative regulations do permit access, such as school records and most medical information.

North Dakota does not currently report child abuse/neglect in foster care to the federal government; there are no official statistics on the occurrence of abuse/neglect in foster care for North Dakota. Reports of suspected abuse/neglect in foster care are not handled through the same procedures as reports involving a parent or guardian.

Where am 11-year-old boy with autism spectrum disorder was maltreated in school (placed in a closed time out room near the principal's office for up to three hours at a time, not monitored, without informing parent for some time) social services merely advised the boy's mother to homeschool him instead, saying, "we can't tell the school what to do." The boy also had bruises from being physically restrained at school.

Parent arrived at meeting with caseworker, coming straight from her job as a motel housekeeper. The caseworker told the parent she "smelled like garbage." The parent complained to the agency, but did not receive a written apology for the caseworker's comments.

An extremely impoverished mother lived in rental housing, where the washing machine broke down and the landlord refused to fix it. The mother asked for flexible funds for a used washer or for repairs. The funds were refused, but the caseworker did comment that if laundry began to pile

up she would remove the two children remaining in the house (an older child had already been removed). The mother had no car, so had to haul clothes to a laundromat in her children's wagon.

Although Single Plan of Care is designated case plan and case-management procedure, caseworkers fail to provide parents with current copies of Single Plan of Care.

Single Plan of Care must identify all issues to be resolved for reunification, yet parents who have completed Single Plan of Care tasks are told there are additional reasons to keep child in custody.

Court orders claiming services to have been offered or provided when there is no documentation to support claims and services were not offered or provided. For example, a court order states child has received Developmental Disability services and probation services, even though the child was not on probation and had never been referred for eligibility determination for DD services.

Court orders claiming services were provided when the parent initiated and obtained the service with no involvement or assistance from the child and family services agency.

Children removed from victims of domestic violence and placed in the care and custody of the abuser, even when there is evidence of criminal behavior by the abuser. Frequently, this results in amendment of a previous civil custody order, with state's attorneys, in effect, acting as legal advocate for an abusive parent who had previously been denied custody. In one case (Towner County), the abuser's parents obtained custody; the children grew up with their grandparents, the abuser, and the abuser's brother. A restraining order eventually had to be obtained against the abuser's brother due to his inappropriate advances on his then-16 year old niece. Later, the abuser's brother was convicted of first-degree murder and the abuser convicted of molesting an 86-year-old nursing home patient he cared for. Although custody had been awarded through a civil proceeding rather than Juvenile Court, social services had played a part in determining custody arrangements.

Pilot project, since extended statewide, used TANF eligibility workers to identify candidates for mental health, CD, or domestic violence treatment. Project documents (from program staff presentation at a national conference) state TANF workers provide a way to avoid confidentiality issues in referral, and also say the threat of removing children can be used to enforce compliance with treatment recommendations resulting from TANF referral.

Sixteen-year-old girl ran from foster care. County immediately returned legal custody to mother in a hearing for which the mother did not receive notice. Missing children databases were not informed of the missing girl (it is not clear whether she was counted as a missing foster child in data reports, since custody was returned to the mother). The daughter returned at age 18, after living with a 39-year old felon in Montana for several months.

Child's foster placement (foster mother was an RN) changed against advice of pediatrician who treated child for chronic health condition. Reason for changing placement was to "avoid bonding" so the child could be adopted (foster parents were not offered supports to adopt a medically needy child and faced limits on family health insurance). The pediatrician warned that the child risked death if placement was changed. The child died after being moved to the new placement.

Teen mother with infant admits to substance abuse; child enters foster care, mother promptly enters CD treatment and makes extraordinary progress in treatment and other areas such as education, housing, employment. County disregards reunification plan and attempts to terminate parental rights anyway. Mother eventually prevails, but child remains in foster care 18 months longer than needed.

Teen is returned home--dropped off on mother's doorstep after a year in placement without advance notice to mother, who is also undergoing breast cancer treatment.

Child in residential treatment--licensing violations concerning seclusion and restraint surface among overall concerns about child's care. Custodian fears RTC will discharge child and no placement will be available, so does not address issues. Parent obtains DHS response to violations, but abusive practices continue until child is discharged. RTC does not allow child off-site visits to see his terminally ill father, stating, "family issues are not the chld's issues." RTC requires child to participate in evangelical religious activities contrary to family religious beliefs and practices.

Stark County parent reports that when she surrendered custody so her child could receive mental health treatment, caregivers "didn't have time" to bring him to therapy. Later, county decides to place child with mother's ex-husband, who has a history of DUI and unstable behavior. The child dies in a car accident when the father swerves his vehicle into the path of another vehicle, killing the driver of that vehicle as well. A few weeks later, the father commits suicide.

In many cases, the facts in examples mentioned above are verified through documents. In some cases documentation is not available, but accounts have been given by credible sources, including parents.

Thank you again for this opportunity.

"Parents Keeping Families Together"

Testimony by Deidre L Godycki to the North Dakota Senate and House Human Services Committees.

2009 Legislative Session "Family Impact Initiative"

Thank you for allowing me to present to you my thoughts on the Family Impact Initiative.

Some of you are aware that my husband, John Ford, and I have been working towards reducing the impact of Social Services on the Families here in North Dakota.

I have a suggestion as an addition to the Family Impact Initiative that I feel is imperative in aiding Families staying together.

This suggestion is: Add appropriate code to insure that families have contact with their children and/or siblings in all out-of-the-home placements and that no restriction on contact of any kind can be placed on the families without a proper court hearing and court order determining that the family is unfit.

It is the current practice of many social workers and associated agencies such as DHS, PATH, DBGR, foster parents, etc. to remove all contact between a child and their family during out –of-the-home placements.

It is a weapon that is used by the social workers and associated agencies to force parents/families to "comply" with the agencies requirements, especially when these decisions are not in the best interest of the families.

It is also a weapon that foster parent(s) use when they have become excessively attached to a foster child and for their own personal agendas do not wish to see the family reunited.

This has happened to my husband and I and, in the case of our daughter (diagnosed with Reactive Attachment Disorder) was one of the worst decisions any of the social workers and agencies could have made.

This is happening across our great state. Parents live in fear that the social workers and agencies will cut off all contact with their children at any time for any or no reason at all.

This directly damages the family relationship and the relationship of children to parents and it should not be allowed.

No agency or social worker should be allowed to cut contact between children and parents without a proper hearing and court order.

And, because this is a common and frequent practice in our State we need to take steps to prevent this from occurring.

Along with this recommendation, I would encourage you to consider a position of Social Services Omnibudsman. This position would be appointed by the Legislative Council themselves with the full authority to enforce this code. This position should be a family advocate – a person who believes wholeheartedly in the family unit and is willing to take steps necessary to insure families have regular and significant contact under any placement. This

position should have a toll-free number that parents can call, explain their situation, and ask for assistance in affecting contact.

I would also suggest a punitive measure be enacted should any social worker and/or agency choose not to follow the law. This punitive measure could be utilized by the Omnibudsman to affect family contact.

Lastly, and I realize this is not within your purview, I would encourage working with the Chief Justice Van der Walle to affect education of all Judges whether Referees, District, or other. Without proper education, the Justice portion of our State will continue to fall short in all areas of reunification of a Family.

In summary please consider:

1. Consider an Omnibudsman position to facilitate contact between family members when limitations have been placed on contact.
2. Consider working with Chief Justice Van der Walle to affect education of social workers, agencies, and judges in order to more effectively keep families together.
3. Add law that removes the ability, without a proper hearing and a declaration of unfitness of the family, of social workers and associated agencies/individuals from hindering, limiting, or eliminating contact between a family and an out-of-the-home placement with a punitive penalty that effectively removes the desire of anyone to limit contact.

Thank you for taking the time to read this and consider this in your efforts to move forward with keeping families together.

Deidre L Godycki
6531 25th Ave NE
Rugby, ND 58368
701 776 2266

Testimony on SB 2396

Margi's Story

Margi left an abusive relationship; asking for child support brought an onslaught of allegations by her ex. Margi was a six-time Congressional witness in connection wiht Title IX, Campus Security Act, Violence Against Women Act. When her ex alleged inadequate housing, she and her daughter were living in business property owned by her parents, where they had lived for some time. Allegations--such as no running ware or power--were exaggerated. She worked as a private consultant- but the situation interfered with her earning capacity. So, to comply with social services, she obtained housing assistance as a victim of domestic violence and applied for TANF. The ex freely admitted to violence (broke her tooth, broke her nose, and other actions), he was ordered to get anger management services but failed to comply, said in a permanency plan meeting that he wouldn't hit their daughter (then 3) "because she doesn't get in my face." But county decided to place the child with him anyway(he initially refused "because I don't have a full-time girlfiend"--i.e. someone to actually care for his daugher but faced with prospect of foster care and child support to the state he agreed). Prime time child care services were also offered to the dad--but not to Margi. The county did make claims of services offered or provided to Margi when they had not been.

At the TANF office, Margi was asked if it was ok to have a "counselor" sit in on meetings with the eligibility worker. She was not told that the "counselor" was a psychiatric nurse, which raises informed consent issues. She was pressured into a domestic violence group, where it became apparent that all the participants had been diagnosed bipolar and had lost custody of their children. She found the attached report last summer,along with another report that, together, indicate the threat of removing children has often used as a tactic to coerce compliance with the TANF program in Cass County and the TANF workers were used to avoid confidentiality barriers. According to DHS published reports the pilot project was rolled out statewide in 2007.

So far, I believe ND does not allow parents to continue receiving TANF after children have been removed. Parents may lose housing assistance--even when custody was voluntarily surrendered in order to seek treatment for the child. Parents also do not receive MA, even though states can opt to continue MA for up to 6 months after children have been removed. Child maltreatment researchers agree that in many cases, loss of benefits attached to presence of children in the home has a spiralling impact on the parent's economic survival and stability. In other situations, parents lose jobs due to hearing, meeting, and visitation schedules (or are presumed to lack commitment to the child), and of course all of them are faced with child support orders, including orders that are retroactive to the date the child entered care. Visitation comes with a high financial cost of the child is placed far away from parents--most agencies provide grudging, if any, reimbursement for travel. If they do not qualify for appointed legal counsel, they face astronomical legal bills unless they represent themselves. I asked the child maltreatment researchers list for information on studies of economic impact of out of home placement on parents--nobody knew of any studies but there was a very interested response to the issue, including an offer to partner to conduct a study (but I didn't really have the creds to do this, and the feds at least have very stringent requirements for access to datasets).

(1)

Same as given to House

Testimony
Senate Bill 2396
Senate Appropriations Committee
February 9, 2009

Chairman Holmberg and members of the Senate Appropriations Committee, my name is Larry Bernhardt. I am the Director of Stark County Social Services in Dickinson and am the Chairman of the ND Family Impact Initiative and we are in support of Senate Bill 2396. I am attaching a copy of the membership of the ND Family Impact Initiative

"Four villagers working along a river bank see children floating by and out of sight. The first villager works frantically to pull out as many as they can. The second villager decides the best approach is to teach the children to swim. The third villager rallies the rest of the village to understand the plight of the children, but the wise fourth villager marches upriver to find out who's throwing them in."

We are hoping that this Committee and the ND Legislature will join the fourth villager and help us find out who's throwing them in and save the children from this plight. This is the case of child abuse/neglect and out of home placement for children in North Dakota.

Historically, child welfare services in this country and in North Dakota have dealt with problems after they have already developed, and, in some cases, have become extremely serious even to the point of death. This is a losing proposition as long as we continue to deal with family issues with inadequate resources for <u>prevention, early intervention and family supports.</u> North Dakota and its public and private partners have the ability, the willingness and the skills to do more in the area of prevention and family support. It is imperative that North Dakota embrace a comprehensive vision to improve the well being of children and families. The costs, both human and financial, for children and families who have serious problems are greater than the costs of preventing problems before they develop.

Testimony To The Senate Appropriations Committee
RE: SB 2396
Senator Ray Holmberg, Chairman

Mr. Chairman and members of the committee my name is Bob Sanderson and I am the CEO of Lutheran Social Services of ND (LSS/ND). Thank you for the opportunity to be here today to testify in support of SB2396 which includes $385,000.00 to expand our Healthy Families program.

1. Even though this legislative body has created one of the best child welfare systems in this country, a strong and professional Department of Human Services and great partnerships between the public and private sectors we are still spending too much of our time and our resources working on the wrong end of the spectrum when it comes to protecting children.

2. Child Neglect and Abuse is a generational problem and we will never stop it or even curtail it to any significant degree if we just keep working on and paying for these problems after they occur.

3. We need to get in front of these problems and PREVENT them from happening.

4. Healthy Families is a program we currently manage in the Grand Forks and Bismarck regions.

5. It is also a collaboration effort between a large number of agencies in these regions. This program began in Grand Forks in 2000 and expanded into Bismarck in 2008.

6. Healthy Families is a VOLUNTARY & FREE program for these families.

7. It is a program designed to PREVENT Child Neglect and Abuse.

8. The goal is to protect children, keep families intact and save taxpayer dollars.

9. Through weekly home visits we (1)teach parenting skills including bonding, attachment, discipline and safety, (2) educate parents on healthy child development, (3) teach tactics to reduce family stressors and (4) develop a trusting relationship with the parents.

10. 100% of our Healthy Families children have received their immunizations versus 78% of the general population.

11. Of the approximately 462 families that have been helped in the Grand Forks region only 12 of these children became part of the child welfare system.

12. Conservatively (see attachment) it costs the United States taxpayers about $103,000,000,000.00 to treat these problems after they occur. Consequently we all pay a price for treating these problems after the damage is done.

13. This problem is generational. Many children who grow up in these types of situations also abuse and neglect their children.

14. Many of these children end up in the foster care system.

15. Many of these children end up in the prison system.

16. Many of these children grow up and require mental health services.

17. Many of these children require Special Education services.

18. The list goes on.

I have spent about 40 years of my life in the human service system in both the public and private sectors. Many of those years have been spent working in the area of child welfare in some capacity. I take no great pride in telling you I have seen at least two generations of these families and anecdotally have heard stories about the third generation who became involved in the need for these services through issues surrounding Child Neglect and Abuse. Let's start to take the steps that are necessary to stop this societal problem that destroys so many lives and utilizes so much of our resources and dollars.

Again thank you for the opportunity to be here today. I will be glad to answer any questions the committee might have.

Prevent Child Abuse America
Chicago, Illinois

Total Estimated Cost of Child Abuse and Neglect in the United States

Ching-Tung Wang, Ph.D. and John Holton, Ph.D.

Child abuse and neglect are preventable, yet each year in the United States, close to one million children are confirmed victims of child maltreatment. An extensive body of research provides promising and best practices on what works to improve child safety and well-being outcomes and reduce the occurrence of child abuse and neglect. These efforts are essential as child abuse and neglect have pervasive and long-lasting effects on children, their families, and the society. Adverse consequences for children's development often are evident immediately, encompassing multiple domains including physical, emotional, social, and cognitive. For many children, these effects extend far beyond childhood into adolescence and adulthood, potentially compromising the lifetime productivity of maltreatment victims (Daro, 1988).

It is well documented that children who have been abused or neglected are more likely to experience adverse outcomes throughout their life span in a number of areas:

- Poor physical health (e.g., chronic fatigue, altered immune function, hypertension, sexually transmitted diseases, obesity);
- Poor emotional and mental health (e.g., depression, anxiety, eating disorders, suicidal thoughts and attempts, post-traumatic stress disorder);
- Social difficulties (e.g., insecure attachments with caregivers, which may lead to difficulties in developing trusting relationships with peers and adults later in life);
- Cognitive dysfunction (e.g., deficits in attention, abstract reasoning, language development, and problem-solving skills, which ultimately affect academic achievement and school performance);
- High-risk health behaviors (e.g., a higher number of lifetime sexual partners, younger age at first voluntary intercourse, teen pregnancy, alcohol and substance abuse); and
- Behavioral problems (e.g., aggression, juvenile delinquency, adult criminality, abusive or violent behavior) (Child Welfare Information Gateway, 2006; Goldman, Salus, Wolcott, & Kennedy, 2003; Hagele, 2005).

The costs of responding to the impact of child abuse and neglect are borne by the victims and their families but also by society. This brief updates an earlier publication documenting the nationwide costs as a result of child abuse and neglect (Fromm, 2001). Similar to the earlier document, this brief places costs in two categories: direct costs, that is,

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those costs associated with the immediate needs of children who are abused or neglected; and indirect costs, that is, those costs associated with the long-term and/or secondary effects of child abuse and neglect. All estimated costs are presented in 2007 dollars. Adjustments for inflation have been conducted using the price indexes for gross domestic product published by the Bureau of Economic Analysis (http://www.bea.gov).

Based on data drawn from a variety of sources, the estimated annual cost of child abuse and neglect is **$103.8 billion** in 2007 value. This figure represents a conservative estimate as a result of the methods used for the calculation. First, only children who could be classified as being abused or neglected according to the Harm Standard in the Third National Incidence Study of Child Abuse and Neglect (NIS-3) are included in the analysis. The Harm Standard requirements, compared to the Endangerment Standard requirements used in NIS-3, are more stringent (Sedlak & Broadhurst, 1996). Second, only those costs related to victims are included. We have not attempted to quantify other costs associated with abuse and neglect, such as the costs of intervention or treatment services for the perpetrators or other members of the victim's family. Third, the categories of costs included in this analysis are by no means exhaustive. As examples, a large number of child victims require medical examinations or outpatient treatment for injuries not serious enough to require hospitalization; maltreated children are at greater risk of engaging in substance abuse and require alcohol and drug treatment services; and youth with histories of child abuse and neglect may be at greater risk of engaging in risky behaviors such as unprotected sexual activities as well as greater risk of teen pregnancy. We were not able to estimate these types of costs as data are not readily available.

Although the economic costs associated with child abuse and neglect are substantial, it is essential to recognize that it is impossible to calculate the impact of the pain, suffering, and reduced quality of life that victims of child abuse and neglect experience. These "intangible losses", though difficult to quantify in monetary terms, are real and should not be overlooked. Intangible losses, in fact, may represent the largest cost component of violence against children and should be taken into account when allocating resources (Miller, 1993).

This report was funded by The Pew Charitable Trusts

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Total Annual Cost of Child Abuse and Neglect in the United States
DIRECT COSTS

Direct Costs	Estimated Annual Cost (in 2007 dollars)
Hospitalization *Rationale: 565,000 maltreated children suffered serious injuries in 1993[1]. Assume that 50% of seriously injured victims require hospitalization[2]. The average cost of treating one hospitalized victim of abuse and neglect was $19,266 in 1999[3].* *Calculation: 565,000 x 0.50 x $19,266 = $5,442,645,000*	**$6,625,959,263**
Mental Health Care System *Rationale: 25% to 50% of child maltreatment victims need some form of mental health treatment[4]. For a conservative estimate, 25% is used. Mental health care cost per victim by type of maltreatment is: physical abuse ($2,700); sexual abuse ($5,800); emotional abuse ($2,700) and educational neglect ($910)[4]. Cross referenced against NIS-3 statistics on number of each incident occurring in 1993[1].* *Calculations: Physical Abuse – 381,700 x 0.25 x $2,700 = $257,647,500; Sexual Abuse – 217,700 x 0.25 x $5,800 = $315,665,000; Emotional Abuse – 204,500 x 0.25 x $2,700 = $138,037,500; and Educational Neglect – 397,300 x 0.25 x $910 = $90,385,750; Total = $801,735,750.*	**$1,080,706,049**
Child Welfare Services System *Rationale: The Urban Institute conducted a study estimating the child welfare expenditures associated with child abuse and neglect by state and local public child welfare agencies to be $23.3 billion in 2004[5].*	**$25,361,329,051**
Law Enforcement *Rationale: The National Institute of Justice estimated the following costs of police services for each of the following interventions: physical abuse ($20); sexual abuse ($56); emotional abuse ($20) and educational neglect ($2)[4]. Cross referenced against NIS-3 statistics on number of each incident occurring in 1993[1].* *Calculations: Physical Abuse – 381,700 x $20 = $7,634,000; Sexual Abuse – 217,700 x $56 = $12,191,200; Emotional Abuse – 204,500 x $20 = $4,090,000; and Educational Neglect – 397,300 x $2 = $794,600; Total = $24,709,800*	**$33,307,770**
Total Direct Costs	***$33,101,302,133***

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Total Annual Cost of Child Abuse and Neglect in the United States
INDIRECT COSTS

Indirect Costs	Estimated Annual Cost (in 2007 dollars)
Special Education *Rationale: 1,553,800 children experienced some form of maltreatment in 1993[1]. 22% of maltreated children have learning disorders requiring special education[6]. The additional expenditure attributable to special education services for students with disabilities was $5,918 per pupil in 2000[7].* *Calculation: 1,553,800 x 0.22 x $5,918 = $2,022,985,448*	**$2,410,306,242**
Juvenile Delinquency *Rationale: 1,553,800 children experienced some form of maltreatment in 1993[1]. 27% of children who are abused or neglected become delinquents, compared to 17% of children in the general population[8], for a difference of 10%. The annual cost of caring for a juvenile offender in a residential facility was $30,450 in 1989[9].* *Calculation: 1,553,800 x 0.10 x $30,450 = $4,731,321,000*	**$7,174,814,134**
Mental Health and Health Care *Rationale: 1,553,800 children experienced some form of maltreatment in 1993[1]. 30% of maltreated children suffer chronic health problems[5]. Increased mental health and health care costs for women with a history of childhood abuse and neglect, compared to women without childhood maltreatment histories, were estimated to be $8,175,816 for a population of 163,844 women, of whom 42.8% experienced childhood abuse and neglect[10]. This is equivalent to $117 [$8,175,816 / (163,844 x 0 .428)] additional health care costs associated with child maltreatment per woman per year. Assume that the additional health care costs attributable to childhood maltreatment are similar for men who experienced maltreatment as a child.* *Calculation: 1,553,800 x 0.30 x $117 = $54,346,699*	**$67,863,457**
Adult Criminal Justice System *Rationale: The direct expenditure for operating the nation's criminal justice system (including police protection, judicial and legal services, and corrections) was $204,136,015,000 in 2005[11]. According to the National Institute of Justice, 13% of all violence can be linked to earlier child maltreatment[4].* *Calculations: $204,136,015,000 x 0.13 = $26,537,681,950*	**$27,979,811,982**
Lost Productivity to Society *Rationale: The median annual earning for a full-time worker was $33,634 in 2006[12]. Assume that only children who suffer serious injuries due to maltreatment (565,000[1]) experience losses in potential lifetime earnings and that such impairments are limited to 5% of the child's total potential earnings[2]. The average length of participation in the labor force is 39.1 years for men and 29.3 years for women[13]; the overall average 34 years is used.* *Calculation: $33,634 x 565,000 x 0.05 x 34 = $32,305,457,000*	**$33,019,919,544**
Total Indirect Costs	***$70,652,715,359***
TOTAL COST	**$ 103,754,017,492**

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Healthy Families Expansion Costs

	2009-2010		2010-2011	
INCOME				
Individual Donors			1342	
Local Support (United Way, City, County)			5,000	
Private Foundations	30,000		25,000	
Department of Human Services (proposed)	200,000		185,000	
Total Income		**$ 230,000**		**$ 216,342**
EXPENSES				
Personnel				
Program Director	8,353		5,455	
Site Manager	49,775		51,268	
Clerical Support	500		515	
Family Support Worker (2 .5 FTE)	46,111		47,494	
Supervision	3,068		3,160	
Employee Benefits	27,696		28,942	
Total Personnel Expenses		135,503		136,834
Other Expenses				
Occupancy	21,597		22,245	
Travel Expenses	11,330		11,670	
Training	5,000		5,150	
PhoneService	1,273		1,311	
Post., Supplies, Equip, Print.	13,197		13,593	
Other	567		583	
Start Up costs	15,000			
Total Other Expenses		67,964		54,552
Agency CAP (.1304)		26,533		24,956
		$ 230,000		**$ 216,342**

Projected Expenses 2009-2010	$230,000
Projected Expenses 2010-2011	$216,342
Projected Expenses for 2009-2011	**$446,342**

*Start up costs include staff recruitment, equipment and furnishings costs, travel related to program establishment, etc.

(4)

February 9, 2009

To: Chairman Holmberg and members of the senate appropriations committee

RE: SB 2396, to provide an appropriation to the department of human services for the purpose of implementing programs associated with the family impact initiative

My name is JoAnn Brager and I am the Vice President of Public Policy for the North Dakota Association for the Education of Young Children. The Association represents 400 members in North Dakota who work with and on behalf of children ages birth through age 8 years.

The Association strongly supports the investment in North Dakota's children and in their families that is required to help them develop into productive citizens. We know that by age 5, 85% of a child's personality and brain is developed and that the environment is of utmost importance.

Parents work hard to provide all they can for their children. Having resources available for parents will assist them to be the best they can be.

The North Dakota Association for the Education of Young Children strongly supports the investment in North Dakota's children. Please support SB 2396.

SB 2396

Senate Appropriations Committee

February 9, 2009

Chairman Holmberg and members of the Senate Appropriations Committee, I am Paul Ronningen, Executive Director of the National Association of Social Workers (NASW) North Dakota Chapter and also the State Coordinator for the Children's Defense Fund (CDF). Thank you for the opportunity to provide testimony **in support of SB 2396** for both NASW and the Children's Defense Fund.

SB 2395 provides additional dollars for prevention and early intervention programming for families at risk of entering the child welfare system. These Optional Adjustment Requests (OAR's) were not funded in the Department of Human Services budget. However, an investment in this **family impact initiative** will enable families to address their needs at the earliest possible point, hopefully without having to involve the child protective or foster care systems.

In the coming months, the Department of Human Services will be writing its Five Year Plan for Child Welfare, integrating the feedback from the Children and Family Services Review that occurred last spring, and issuing requests for proposals for several of the existing programs that are currently being carried out in the state. The programming offered in SB 2396 builds upon the work of the Division and will provide additional supports for families, and extended family members, to offer viable solutions for the care of their children.

Parent Resource Centers, Healthy Families Home Visiting Programs, Family Group Decision and Safety Permanency Funds (SB 2396) coupled with a comprehensive health insurance plan for children (SB 2363), an Earned Income Tax Credit program (SB 2379) and a comprehensive early childhood training and grant program (HB 1418 and SB 2225) will knit together a fabric of support for low income working families.

The Children's Defense Fund and the National Association of Social Workers are therefore pleased to **support SB 2396**. It links the private non-profit providers with families, to produce viable solutions for the care of their children.

#2

Testimony To The House Human Service Committee
RE: SB 2396
Representative Robin Weisz, Chairman

Mr. Chairman and members of the committee my name is Bob Sanderson and I am the CEO of Lutheran Social Services of ND (LSS/ND). Thank you for the opportunity to be here today to testify in support of SB2396 which includes $385,000.00 to expand our Healthy Families program.

These funds are absolutely essential for us to continue to provide protective services to children and prevent child neglect and abuse.

1. Even though this legislative body has created one of the best child welfare systems in this country, a strong and professional Department of Human Services and great partnerships between the public and private sectors we are still spending too much of our time and our resources working on the wrong end of the spectrum when it comes to protecting children.

2. Child Neglect and Abuse is a **GENERATIONAL** problem and we will never stop it or even curtail it to any significant degree if we just keep working on and paying for these problems **AFTER THEY OCCUR**.

3. We need to get in front of these problems and **PREVENT** them from happening.

4. Healthy Families is a program we currently manage in the Grand Forks/Nelson counties and Bismarck/Morton counties regions.

5. It is also a collaborative effort between a large number of agencies in these areas. This program began in Grand Forks in 2000 and expanded into Bismarck in 2008.

6. Healthy Families is a **VOLUNTARY & FREE** program for these families.
   a. This program begins parentally or at the birth of the child and can continue for as long as three years.
      1. The first three years of a child's life includes tremendous brain cell development.
      2. Children from birth to age three continue to be the age group most likely to be victims of maltreatment.
      3. Most maltreated babies are under age one and more than one third were harmed during their first week of life.

7. It is a program designed to **PREVENT** Child Neglect and Abuse.

8. The goal is to protect children, keep families intact and save taxpayer dollars.

9. Through weekly home visits we:
   a. Teach parenting skills including bonding, attachment, discipline and safety.
   b. Educate parents on healthy child development.
   c. Teach tactics to reduce family stressors.
   d. Develop a trusting relationship with the parents.

10. 100% of our North Dakota Healthy Families children have received their immunizations versus 78% of the general North Dakota population.

11. Of the approximately 462 families that have been helped in the Grand Forks area project only 12 of these children became part of the child welfare system.

12. Conservatively (see attachment) it costs the United States taxpayers about $103,000,000,000.00 to treat these problems after they occur. Consequently we all pay a price for treating these problems after the damage is done.
    a. It is impossible to calculate the costs of the pain and suffering these children go through. These "intangible losses" may, in fact be the largest cost component of violence against children and should be taken into account when calculating costs.

Mr. Chairman and members of the committee, I will conclude my remarks with the following:

1. This problem is **GENERATIONAL**. Many children who grow up in these types of situations also abuse and neglect their children.

2. Many of these children end up in the **FOSTER CARE SYSTEM**.

3. Many of these children end up in the **PRISON SYSTEM**.

4. Many of these children require **MENTAL HEALTH SERVICES**.

5. Many of these children require **SPECIAL EDUCATION** services.

6. The list goes on.

There was an old oil commercial on TV many years ago and its slogan was, "You can pay me now or you can pay me later."

The same applies here. We can ignore these problems now, fail to do the things we need to do to prevent them from happening and pay a much

greater cost both financially and emotionally later on. The cost will be much greater in the future.

I have spent about 40 years of my life in the human service system in both the public and private sectors. Many of those years have been spent working in the area of child welfare in some capacity. I take no great pride in telling you I have seen at least two generations of these families and anecdotally have heard stories about the third generation who became involved in the need for these services through issues surrounding Child Neglect and Abuse. Let's start to take the steps that are necessary to stop this societal problem that destroys so many lives and utilizes so much of our resources and dollars.

Again thank you for the opportunity to be here today. I will be glad to answer any questions the committee might have.

#3

March 10, 2009

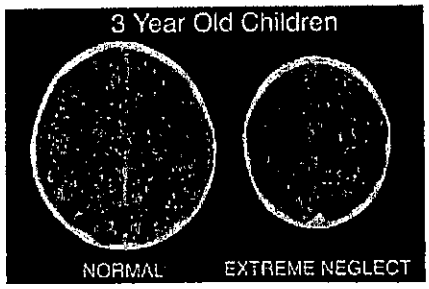
To: Chairman Weisz and members of the House Human Services Committee

RE: SB 2396, to provide an appropriation to the department of human services for the purpose of implementing programs associated with the family impact initiative

My name is JoAnn Brager and I am the Vice President of Public Policy for the North Dakota Association for the Education of Young Children. The Association represents 400 members in North Dakota who work with and on behalf of children ages birth through age 8 years.

The Association strongly supports the investment in North Dakota's children and in their families. We are the product of our childhoods. The health and creativity of a community is renewed each generation through its children. The family, community, or society that understands and values its children thrives; the society that does not is destined to fail. We know that by age 4, 90% of a child's personality and brain is developed.

The following images illustrate the negative impact of neglect on the developing brain. The CT scan on the left is from a healthy three-year-old with an average head size. The image on the right is from a three-year-old child suffering from severe sensory-deprivation neglect. This child's brain is significantly smaller and has abnormal development of cortex. (Dr. Bruce Perry, M.D., PH.D. is the Senior Fellow the *The ChildTrauma Academy*.)



The North Dakota Association for the Education of Young Children strongly supports the investment in North Dakota's children. Please support SB 2396.

THE Margaret McCain

LECTURE SERIES

Inaugural Lecture by
Bruce D. Perry, *M.D., Ph.D.*

Maltreatment and the Developing Child:

How Early Childhood Experience Shapes Child and Culture

Dr. Perry is an internationally recognized authority on child trauma and the effects of child maltreatment. His work is instrumental in understanding the impact of traumatic experiences and neglect on the neurobiology of the developing brain. He presented the inaugural Margaret McCain lecture on September 23, 2004

We seek to make the world a better place. No matter our profession or vocation, we share the desire – and the ability – to make a difference in a child's life.

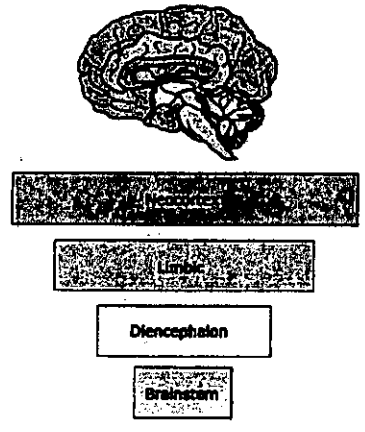
Humans are complex creatures. While having the capacity to be humane, we also have the capacity to be cruel. Why? What determines whether a child grows up to be compassionate, thoughtful, and productive? Or, impulsive, aggressive, hateful, and non-productive? Is it genetic?

Likely not. Human beings become a reflection of the world in which they develop. If that world is safe, predictable, and characterized by relationally and cognitively enriched opportunities, the child can grow to be self-regulating, thoughtful, and a productive member of family, community, and society. In contrast, if the developing child's world is chaotic, threatening, and devoid of kind words and supportive relationships, a child may become impulsive, aggressive, inattentive, and have difficulties with relationships. That child may require special educational services, mental health or even criminal justice intervention.

The challenge for us is to help each child reach his or her potential to be humane. To better understand how, we must appreciate the remarkable malleability of our species and the unique role played by the human brain.

The Developing Brain

The human brain mediates our movements, our senses, our thinking, feeling and behaving. The amazing, complex neural systems in our brain, which determine who we become, are shaped early.



The brainstem controls heart rate, body temperature, and other survival-related functions. It also stores anxiety or arousal states associated with a traumatic event. Moving outward towards the neocortex, complexity of functions increases. The limbic system stores emotional information and the neocortex controls abstract thought and cognitive memory.

In utero and during the first four years of life, a child's rapidly developing brain organizes to reflect the child's environment. This is because neurons, neural systems, and the brain change in a "use-dependent" way. Physical connections between neurons – synaptic connections – increase and strengthen through repetition, or wither through disuse. It follows, therefore, that each brain adapts uniquely to the unique set of stimuli and experiences of each child's world. Early life experiences, therefore, determine how genetic potential is expressed, or not.

As the brain organizes, the lower more regulatory systems develop first. During the first years of life, the higher parts of the brain become organized and more functionally capable. Brain growth and development is profoundly "front loaded" such that by age four, a child's brain is 90% adult size! This time of great opportunity is a biological gift. In a nurturing environment, a child can grow to achieve the full potential pre-ordained by underlying genetics. We can promote this by fostering conditions of optimal development.

Optimal Development

A child is most likely to reach her full potential if she experiences consistent, predictable, enriched, and stimulating interactions in a context of attentive and nurturing relationships. Aided by many relational interactions – perhaps with mother, father, sibling, grandparent, neighbour and more – young children learn to walk, talk, self-regulate, share, and solve problems.

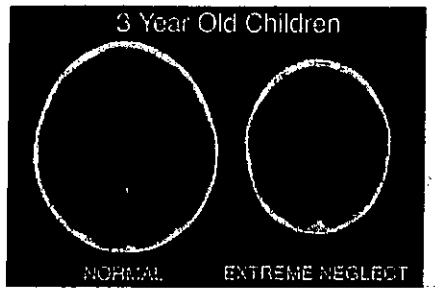
Every child will face new and challenging situations. These stress-inducing experiences per se need not be problematic. Moderate, predictable stress, triggering moderate activation of the stress response, helps create a capable and strong stress-response capacity, in other words, resilience. The first day of kindergarten, for example, is stressful for children. Those embedded in a safe and stable home base overcome the stress of this new situation, able to embrace the challenges of learning.

Disrupted Development

While most children experience safe and stable upbringings, we know all too well that many children do not.

The very biological gifts that make early childhood a time of great opportunity also make children very vulnerable to negative experiences: inappropriate or abusive caregiving, a lack of nurturing, chaotic and cognitively or relationally impoverished environments, unpredictable stress, persisting fear, and persisting physical threat. These adverse effects could be associated with stressed, inexperienced, ill-informed, pre-occupied or isolated caregivers, parental substance abuse and/or alcoholism, social isolation, or family violence. Chronic exposure is more problematic than episodic exposure.

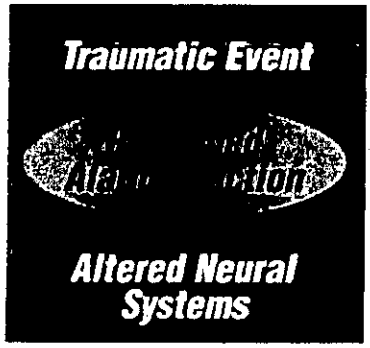
In the most extreme and tragic cases of profound neglect, such as when children are raised by animals, the damage to the developing brain – and child – is severe, chronic, and resistant to interventions later in life.



These images illustrate the negative impact of neglect on the developing brain. The CT scan on the left is from a healthy three-year-old with an average head size. The image on the right is from a three-year-33old child suffering from severe sensory-deprivation neglect. This child's brain is significantly smaller and has abnormal development of cortex.

The Adaptive Response to Threat

When a child is exposed to any threat, his brain will activate a set of adaptive responses designed to help him survive. There is a continuum of adaptive responses to threat and different children have different adaptive styles. Some use a hyperarousal response (e.g., fight or flight) and some a dissociative response (essentially "tuning out" the impending threat). In most traumatic events, a combination of the two is used.



A child adopting a hyperarousal response may display defiance, easily misinterpreted as wilful opposition. These children may be resistant or even aggressive. They are locked in a persistent "fight or flight" state. They often display hypervigilance, anxiety, panic, or increased heart rate.

A hyperarousal response is more common in older children, males, and in circumstances where trauma involves witnessing or playing an active role in the event.

The dissociative response involves avoidance or psychological flight, withdrawing from the outside world and focusing on the inner. The intensity of dissociation varies with the intensity of the trauma. Children may be detached, numb, and have a low heart rate. In extreme cases, they may withdraw into a fantasy world. A dissociative child is often compliant (even robotic), displays rhythmic self-soothing such as rocking, or may faint if feeling extreme distress. Dissociation is more common in young children, females, and during traumatic events characterized by pain or inability to escape.

Differential "State" Reactivity

A child with a brain adapted for an environment of chaos, unpredictability, threat, and distress is ill-suited to the modern classroom or playground. It is an unfortunate reality that the very adaptive responses that help the child survive and cope in a chaotic and unpredictable environment puts the child at a disadvantage when outside that context.

When children experience repetitive activation of the stress response systems, their baseline state of arousal is altered. The result is that even when there is no external threat or demand, they are physiologically in a state of alarm, of "fight or flight." When a stressor arises, perhaps an argument with a peer or a demanding school task, they can escalate to a state of fear very quickly. When faced with a typical exchange with an adult, perhaps a teacher in a slightly frustrated mood, the child may over-read the non-verbal cues such as eye contact or touch.

Compared to their peers, therefore, traumatized children may have less capacity to tolerate the normal

demands and stresses of school, home, and social life. When faced with a challenge, for example, resilient children are likely to stay calm. Normal children in the same situation may become vigilant or perhaps slightly anxious. Vulnerable children will react with fear or terror.

Fear Changes the Way We Think

Children in a state of fear retrieve information from the world differently than children who feel calm.

In a state of calm, we use the higher, more complex parts of our brain to process and act on information. In a state of fear, we use the lower, more primitive parts of our brain. As the perceived threat level goes up, the less thoughtful and the more reactive our responses become. Actions in this state may be governed by emotional and reactive thinking styles.

As noted above, when children experience repetitive activation of the stress response systems, their baseline state of arousal is altered. The traumatized child lives in an aroused state, ill-prepared to learn from social, emotional, and other life experiences. She is living in the minute and may not fully appreciate the consequences of her actions. Add alcohol to the mix, or other drugs, and the effect is magnified.

Decreasing the Alarm State

It is important to understand that the brain altered in destructive ways by trauma and neglect can also be altered in reparative, healing ways. Exposing the child, over and over again, to developmentally appropriate experiences is the key. With adequate repetition, this therapeutic healing process will influence those parts of the brain altered by developmental trauma. Unfortunately most of our therapeutic efforts fall short of this.

We can also be good role models: in all our interactions with children we can be attentive, respectful, honest, and caring. Children will learn that not all adults are inattentive, abusive, unpredictable, or violent.

It is paramount that we provide environments which are relationally enriched, safe, predictable, and nurturing. Failing this, our conventional therapies are doomed to be ineffective.

If a child is in a therapeutic relationship, we can help him better understand the feelings and behaviours that are the legacy of abuse and neglect. Information helps. A traumatized child may act impulsively and misunderstand why – perhaps believing she is stupid, bad, selfish or damaged. We can also teach adults in a child's life about how traumatized children think, feel, and behave.

Among the possible therapeutic options to help maltreated and traumatized children are cognitive-behavioural therapy, individual insight-oriented psychotherapy, family therapy, group therapy, play or art therapy, eye-movement desensitization and re-programming (EMDR), and pharmacotherapy. Each of these has some promising results and many disappointments.

Therapy with maltreated children is difficult for many reasons. In the long term, the wisest strategy is to prevent abusive, neglectful, and chaotic caregiving. In that way, fewer children will require therapy.

Prevention and Solutions

We are the product of our childhoods. The health and creativity of a community is renewed each generation through its children. The family, community, or society that understands and values its children thrives; the society that does not is destined to fail. To truly help our children meet their potential, *we* must adapt and change our world. Some ways to do this follow:

1) Promote education about brain and child development

We must as a society provide enriching cognitive, emotional, social, and physical experiences for children. The challenge is how best to do this. Understanding fundamental principles of healthy development will move us beyond good intentions to help shape sensitive caregiving in homes, early childhood settings, and schools. Research is key. Public education must be informed by good research and by the implementation and testing of educational and intervention programs. An important component of public understanding must be awareness of the power of the media over children.

What to do? Integrate key principles of brain development, child development and caregiving into public education. We presently require more formal education and training to drive a car than to be a parent. More research in child development and basic neurobiology is needed to guide sensible changes in policy, programs and practice.

2) Respect the gifts of early childhood

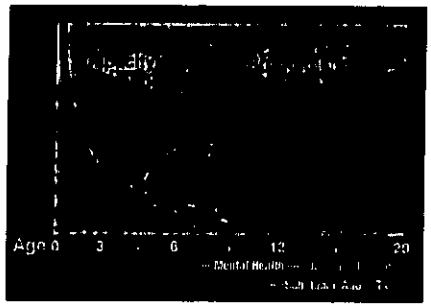
Enriching environments do exist. Many homes and high-quality, early childhood educational settings provide the safe, predictable, and nurturing experiences needed by young children. Unfortunately, we often squander the wonderful opportunity of early childhood.

At a time when the brain is most easily shaped – infancy and early childhood – we spend the fewest public dollars to influence brain development. However, expenditures on programs designed to change the brain dramatically increase for later stages of development (e.g., mental health, substance abuse or juvenile justice interventions).

Investing in high-quality early childhood programs could avoid the expensive, often inefficient or ineffective, interventions required later. Unfortunately, these expensive interventions can be reactive, fragmented, chaotic, disrespectful and, sadly, sometimes traumatic. Our public systems may recreate the mess that

many abused and neglected children find in their families.

What to do? Innovative and effective early intervention and enrichment models exist. Integrate them into the policy and practices in your community. Help the most isolated, at-risk young parents connect with community resources, both pre-natally and post-partum. Demand and support high standards for child care, foster care, education, and child protective service.



3) Address the relational poverty in our modern world

We are designed for a different world than we have created for ourselves. Humankind has spent 99 percent of its history living in small, intergenerational groups. A child's day brought many opportunities to interact with the variety of caregivers available to protect, nurture, enrich, and educate. But, the relational landscape is changing.

Today, with our smaller families, we have less connection with extended families and fewer opportunities to interact with neighbours. Children spend a great deal of time watching television. While we in the western world are materially wealthy, we are relationally impoverished. Far too many children grow up without the number and quality of relational opportunities needed to organize fully the neural networks to mediate important socio-emotional characteristics such as empathy.

What to do? Increase opportunities for children to interact with others, especially those who are good role models. Simple changes at home and school can help: limiting television use, having family meals, playing games together, including neighbours, extended family and the elderly in the lives of children, and bringing retired volunteers into schools to create multi-age educational activities.

4) Foster healthy developmental strengths

Certain skills and attitudes help children meet the inevitable challenges of life. They may even inoculate children against the adverse effects of violence. A child who develops six core strengths will be resourceful, successful in social situations, resilient, and may recover quickly from stressors and traumatic incidents.

When one or more core strengths does not develop normally, the child may be vulnerable (for example, to bullying and/or being a bully) and may cope less well with stressors. These strengths develop sequentially during the child's life, so every year brings opportunities for their expansion and modification.

What to do? The major providers of early childhood experiences are parents. Supporting and strengthening the family will increase the likelihood of optimal childhood experiences. Also important will be peer and teacher interactions. Specific ways to foster strengths at home and at school are suggested on The ChildTrauma Academy's website: *www.ChildTrauma.org*

Conclusion

The effects of maltreating and traumatizing children have a complex impact on society. Because our species is always changing, better understanding of these issues would help us develop more effective solutions.

The human brain is designed for life in small, relationally healthy groups. Law, policy and practice that are biologically respectful are more effective and enduring. Unfortunately, many trends in caregiving, education, child protection and mental health are disrespectful of our biological gifts and limitations, fostering poverty of relationships. If society ignores the laws of biology, there will inevitably be neurodevelopmental consequences. If, on the other hand, we choose to continue researching, educating and creating problem-solving models, we can shape optimal developmental experiences for our children. The result will be no less than a realization of our full potential as a humane society.

Dr. Bruce Perry's Six Core Strengths for Children:
A Vaccine Against Violence

ATTACHMENT:	being able to form and maintain healthy emotional bonds and relationships
SELF-REGULATION:	containing impulses, the ability to notice and control primary urges as well as feelings such as frustration
AFFILIATION:	being able to join and contribute to a group
ATTUNEMENT:	being aware of others, recognizing the needs, interests, strengths and values of others
TOLERANCE:	understanding and accepting differences in others
RESPECT:	finding value in differences, appreciating worth in yourself and others

For more information on the Six Core Strengths, visit the *"Meet Dr. Bruce Perry"* page at http://teacher.scholastic.com/professional/bruceperry

Margaret Norrie McCain

The Honourable Margaret N. McCain was co-chair with Dr. Fraser Mustard of the highly regarded Early Years Study: Reversing the Real Brain Drain (1999) and is the Children's Champion at Voices for Children. Among her many accomplishments, she is a founding member of the Muriel McQueen Fergusson Foundation in New Brunswick whose mission is the elimination of family violence through public education and research.

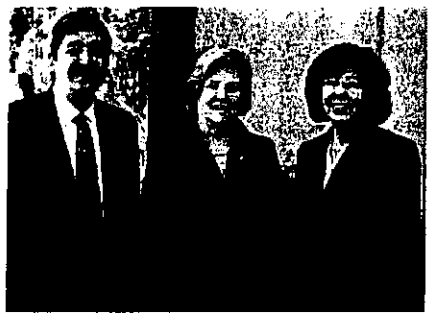
I am delighted that Dr. Bruce Perry was invited to give the inaugural Margaret McCain Lecture because he is a person whose work I have long admired. His research and writing on the effects of family violence on children have had an enormous influence on me. In fact, they led to my decision to focus my time and energy on early child development. Dr. Perry should be listened to by all politicians and policy makers at the highest levels. The information he presents is powerful and irrefutable and it could change dramatically the lives of children and families.

Margaret N. McCain

The Lecture Series

In September, we held the first of an annual series of lectures addressing topics of interest shared by Margaret and our Centre, such as the early years and the effects of violence on children. All proceeds go to the Centre's Upstream Endowment campaign. We are delighted that Margaret has agreed to lend her name to our new lecture series. We greatly admire her dedication to children's interests. We are also pleased that Dr. Bruce Perry agreed to be the inaugural speaker. An audience of over 300 watched his lecture at the London Convention Centre. His approach is in harmony with our own in many ways: begin early, apply a developmental framework, understand how children cope with adversities, support caregivers to support children, and help professionals understand how children think, feel and learn. For those not able to join us for the inaugural lecture, we are providing here a summary of Dr. Perry's talk. We hope you can join us at the next lecture.

Linda Baker
Ph.D., C.Psych., Executive Director
Centre for Children & Families in the Justice System.



Margaret is seen here between Dr. Peter Jaffe and Dr. Linda Baker

...a Note from the Series Editor

Researchers repeatedly find statistical correlations between living with violence – at home and in the community – and problematic outcomes in children. The most sophisticated studies show us how the correlations are mediated and moderated by factors themselves correlated with violence, including economic poverty, child maltreatment, emotional and physical neglect, parental substance abuse, parental stress, and parental mental illness.

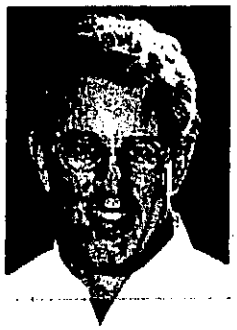
These large studies prove what front-line workers already know: children living with adult domestic violence rarely experience violence as the only life adversity. At the Centre, we call this the *"adversity package"*, a term used by Dr. Robbie Rossman. Dr. Perry calls it the *"malignant combination of experience"*.

Simply put, the more obstacles in front of a child, the harder time he or she has navigating the journey down the road of childhood, especially if progress is judged against peers racing forward unencumbered by adversities What causally links the *"adversity package"* and poor child outcome? What mechanism or mechanisms is at work to reduce a child's chances for success in life?

Finding those mechanisms is the key to designing effective prevention and intervention strategies.

Some observers focus on learning and modelling, while others see psycho-dynamic factors as important. Feminist thought and gender analysis have had a great impact on our collective understanding of violence. Each view has different implications for intervention. Dr. Perry posits another causal mechanism, hidden from view deep inside the brain. Traumatic features of a violent world – noise, chaos, fear, isolation, deprivation, neglect – alter the developing brain of fetuses, babies, and toddlers. Their brains adapt appropriately to toxic environments, but these adaptations are at odds with requirements for school and social relationships. These children are primed to survive their world, leaving them ill-prepared to achieve their full potential in our world. This document is a brief summary of Dr. Perry's stimulating lecture, pointing readers to other sources of information.

Alison Cunningham, M.A.(Crim.),
Director of Research & Planning,
Centre for Children & Families in the Justice System



Bruce Perry

M.D., Ph.D., Senior Fellow,
Child Trauma Academy,
Houston, Texas

Dr. Perry served as the Thomas S. Trammel Research Professor of Child Psychiatry at Baylor College of Medicine and Chief of Psychiatry at Texas Children's Hospital in Houston, from 1992 to 2001. Dr. Perry consults on incidents involving traumatized children, including the Columbine High School shootings, the Oklahoma City Bombing, the Branch Davidian siege and the September 11 terrorist attacks. He has served as the Director of Provincial Programs in Children's Mental Health for Alberta, and is the author of more than 250 scientific articles and chapters. He is an internationally recognized authority in the area of child maltreatment and the impact of trauma and neglect on the developing brain. Dr. Perry attended medical and graduate school at Northwestern University and completed a residency in general psychiatry at Yale University School of Medicine and a fellowship in Child an Adolescent Psychiatry at the University of Chicago.

Readers interested in additional material by Dr. Perry can visit the Child Trauma Academy at: *www.childtrauma.org* or *www.childtraumaacademy.com* (with free on-line courses)

Bruce D. Perry (2004). *Maltreated Children: Experience, Brain Development, and the Next Generation.* New York: W.W. Norton.

Additional Resources Recommended by Dr. Perry

Marian Diamond & Janet Hopson (1999). *Magic Trees of the Mind: How to Nurture Your Child's Intelligence, Creativity and Healthy Emotions from Birth Through Adolescence.* Plume Books.

Robin Fancourt (2001). *Brainy Babies: Build and Develop Your Baby's Intelligence.* Penguin.

Alison Gopnik, Andrew N. Meltzoff & Patricia Kuhl (2000). *The Scientist in the Crib: Minds, Brains and How Children Learn.* Perennial.

Ronald Kotulak (1997). *Inside the Brain: Revolutionary Discoveries of How the Mind Works.* Andrews McMeel Publishing.

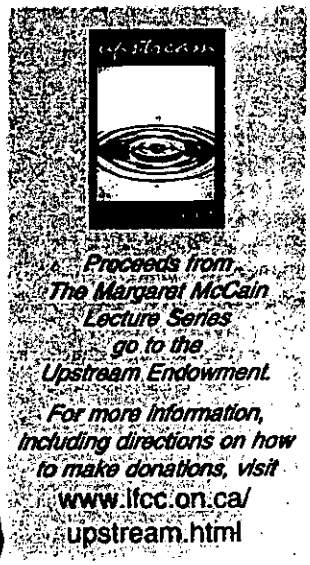
Web Sites

Attachment Parenting International: *www.attachmentparenting.org*

Society for Neuroscience: *www.sfn.org*

National Association to Protect Children: *www.protect.org*

California Attorney General's Safe from the Start Initiative:
Reducing Children's Exposure to Violence: *www.safefromthestart.org*



THE Margaret McCain LECTURE SERIES

is an initiative of:
The Centre for Children & Families in the Justice System
200 - 254 Pall Mall St. LONDON ON N6A 5P6 CANADA
www.lfcc.on.ca

The Centre is a non-profit organization dedicated to helping children and families involved with the justice system, as young offenders, victims of crime or abuse, the subjects of custody/access disputes, the subjects of child welfare proceedings, parties in civil litigation, or as residents of treatment or custody facilities.

We help vulnerable children achieve their full potentials in life, through professional training, resource development, applied research, public education, community collaboration and by providing informed and sensitive clinical services.

Revenue Canada Charitable Registration No. 12991 5153 RR0001

#5

For the record, I am John Ford, Executive Director of the North Dakota Coalition for CPS and Foster Care Reform. This is testimony in support of SB 2396.

While we are in support of SB 2396, we do want to caution the legislature of moving forward with this bill without some process for the handling of complaints and concerns for families. After a lengthy conversation with Karen Blumen, Deputy Director of Alleghany County regarding her thoughts on why this model for CPS and foster care resources was so successful, she informed me that she believed it was a result of several factors, including the DHS Director's Action Line (DAL). The DAL is the formal process for addressing concerns and complaints of families. Ms. Blumen believes that a formal complaint process is imperative to the successes that her agency has seen.

In researching other state systems, I had the opportunity to speak with Richard Wexler Executive Director, National Coalition for Child Protection Reform who also agrees that there must be safe guards in place for changes to be effective. Mr. Wexler believes that while the DAL is a step in the right direction, the fact that Pennsylvania law has open juvenile court proceedings, as well as open juvenile court records has had a huge impact on its success. Mr. Wexler has also pointed to the Alabama "System of Care." This is one of the most successful child welfare reforms in the country. The reforms are the result of a consent decree growing out of a lawsuit brought by the Bazelon Center for Mental Health Law. The consent decree requires the state to rebuild its entire system from the bottom up, with an emphasis on keeping families together. The rate at which children are taken from their homes is among the lowest in the country, and re-abuse of children left in their own homes has been cut sharply. An independent monitor appointed by the court has found that children are *safer* now than before the changes. This system also has complaint and appeal processes that don't require administrative law appeals.

Currently there is no process for families to file formal complaints regarding CPS or out of home placements. Informal complaints are routinely dismissed by DHS and it is clear from the sheer numbers of CPS investigations in our state that DHS needs oversight and a formal complaint process. An article in the Minot Daily News following the hearing on SB2097 stated, "Mulhauser later said the human services department is an executive branch agency overseen by the governor" and in an effort to test this claim, I sent an e mail to Governor Hoeven regarding the failure of DHS to investigate a number of reports of suspected abuse of children in Pierce County. I have attached the text of that e mail to this testimony. The Governor ignored the e mail. The tragedy in this is that at least 7 children in Pierce County are emotionally scarred for life. The in-actions of DHS to investigate these reports are illegal under both state and federal laws. One can only wonder why the Governor ignored the illegal actions of an agency under his "oversight" and we can only seek to try and convince you that while this bill may produce some positive changes, we need to be sure we aren't wasting over $1 million dollars on a program with no safeguards. We must insure that our children aren't subjected to continued abuse due to a flawed system with no safeguards.

In closing, let me say that statistics from the Administration for Children and Families shows that North Dakota has one of the worst records for CPS and out of home placements. We are in the top 10 worst states in almost every category. The Family Impact Initiative is a good bill that is derived from a good working model. It does however need oversight added to the bill in order for it to be successful.

John Ford
North Dakota Coalition for
CPS and Foster Care Reform

Governor Hoeven,

The following is a quote from this morning Minot Daily News: *"Mulhauser later said the human services department is an executive branch agency overseen by the governor."*That being said and since you oversee DHS, I am bringing the following to your attention: Approximately a year ago, Boyd Wilkie was arrested and charged with Gross Sexual Imposition and Continuing Sexual Abuse of a Minor. Mr. Wilkie had been sexually abusing his step daughter for over 6 years. The child ended up pregnant at age 14. This tragedy was compounded by the fact that about one year prior to the child becoming pregnant, at least two parents of friends filed reports of suspected child abuse with Pierce County Social Services. There was never an investigation completed. Mr. Wilkie pled guilty to both charges and was sentenced to 20 years in the state prison 14 days ago. Additionally, about 10 months ago, Lori Voeller, a local day care operator, was arrested and charged with 6 counts of felony child abuse and neglect. Ms. Voeller is scheduled to go on trial next month. Once again this tragedy was compounded by the fact that at least 4 reports of suspected abuse were filed with Pierce County Social Services and no investigations were completed. It wasn't until one of the children involved was a child of a Rugby police officer that any investigation was instituted. There are at least 2 other cases of suspected abuse that we know about reported but no 960's filed by Pierce County Social Services.

As I am sure you are aware Governor, North Dakota State Law makes it a crime for certain people failing to report suspected abuse of children. This includes the social workers at DHS. Since Ms. Mulhauser and Ms. Olson have been aware of the horrendous fulfillment of CPS duties in Pierce County, I want to know why nothing has been done to bring these professionals to justice and insure that ALL children in North Dakota are protected. The rural counties of North Dakota are rift with corruption when it comes to children and families relocating to our state. I know you are aware of the huge amounts of federal funds that become available for Title IV-E placed children. There comes a time when you have to face realities Governor and realize that political loyalties need to be cast aside in the name of justice. Now is the time for you to act Governor. Your Department of Human Services is a disaster when it comes to protecting children and fostering safe families with true family values. Therefore, when can we expect that disciplinary actions will be taken upon the employees who have continued to allow the cover up of DHS CPS agents?

As you may be aware, our coalition presented the Senate Human Services Committee with the proposal for an ombudsman's office for family consumers of CPS and/or foster care programs. A study for an ombudsman was added to SB 2420 as an amendment well as a study to SB 2396 for study on services.

I would be delighted to be able to include that the Governor has been apprised of the situation and is taking appropriate steps to insure that children and their families are provided the tools that they need to live safe, happy, and healthy lives and that these social workers that continue to use their positions for political benefit are removed from their jobs. It would seem to me Governor that rather than keep ignoring our cause, you could learn to set aside you personal differences towards me and work with us to insure that North Dakota Children are protected.

Even you and your staff can't ignore the fact that DHS is failing miserably in CPS and Foster Care Services. I look forward to your prompt response.

Sincerely yours,

John Ford
Executive Director,
North Dakota Coalition for
CPS and Foster Care Reform
P.O. Box 431
Rugby, ND 58368
701-

Director's Action Line Statement of Purpose

The Allegheny County Department of Human Services (DHS) is responsible for serving the comprehensive needs of individuals and families throughout Allegheny County.

The Director's Action Line (DAL) provides Allegheny County residents served by DHS—as well as other interested parties—quick and easy access to knowledgeable specialists who are able to answer questions and resolve concerns and complaints regarding services provided through DHS.

How the DAL Specialist will Help

- ★ The DAL Specialist will listen carefully and reply either immediately or within three working days with an answer to your question, depending on the situation
- ★ The DAL Specialist can initiate a review of decisions made by DHS or DHS-contracted agencies regarding services
- ★ The DAL Specialist will work with DHS staff and others to promptly resolve concerns or complaints
- ★ The DAL Specialist will call you back to make sure your concerns are being addressed
- ★ The DAL Specialist will record all concerns and complaints so they may be used to evaluate DHS policies and procedures

DAL Services

DAL provides:

- ★ Consultation – a conversation with a trained professional to listen to the details of your situation
- ★ Referrals – ideas about where you might find help for your situation
- ★ Support – realistic options to resolve your difficulties
- ★ Information – about DHS and community-based resources and services
- ★ Clarification – help in understanding DHS policies and procedures, including DHS service plans and court orders through Children's Court
- ★ Financial Concerns – support in resolving problems with DHS-issued payments

DAL is Easy to Use

DAL Specialists are available weekdays by phone or in person.

By phone – please call 1-800-862-6783 between 8:00 a.m. and 5:00 p.m.

In person – please visit our offices at:

The Human Services Building
One Smithfield Street, First Floor
Pittsburgh, PA 15222

between 8:30 a.m. and 4:30 p.m.

No appointment needed. Simply sign in at the front desk in the Human Services Building lobby. You will be directed to the DAL.

DAL Guarantees Quality Service

DAL addresses all DHS services. DAL specialists respond to calls concerning all services offered through the Allegheny County Department of Human Services, including:

- ★ Child protective services
- ★ Services for children and families
- ★ Services for older adults
- ★ Services to protect older adults from abuse or exploitation
- ★ Services for children and adults with mental health concerns
- ★ Services for youth and adults with substance abuse concerns
- ★ Services for incarcerated parents of dependent children
- ★ Services for persons with mental retardation and/or developmental disabilities
- ★ Hunger services
- ★ Housing services
- ★ Energy assistance
- ★ Non-emergency medical transportation

Good morning Chairman Weisz and members of the House Human Services Committee

My name is Mike Remboldt; I am the CEO of HIT Inc., a non-profit agency located in Mandan. HIT provides services to people with Developmental Disabilities, Infant Development services to children, services to people with Acquired Brain Injuries, services to low-income families through the Head Start program. Our service delivery area covers Western North Dakota, from Watford City to the South Dakota border.

I am here today to provide testimony on SB 2198, discuss some of the services available for people with traumatic brain injuries, and additional services services/funding needed to fill the gaps in these services.

Currently in North Dakota, there are only 3 residential programs for people with Brain Injuries.

- Dakota Alpha is a 20 bed skilled nursing facility in Mandan. 11 beds are designated as a 24 month heavy rehabilitation program and the remaining 9 beds are designated as long-term beds for people with severe behaviors that don't have any other alternatives in North Dakota

- Dakota Pointe is a 10 bed basic care facility in Mandan. The residents are unable to move directly to the community after rehabilitation and require some additional assistance during a transition period to give them the skills to move back into the community.

- Hi-Soaring Eagle Ranch is a basic care facility in Valley City, which is also transitional facility for people with brain injuries.

In addition these 3 residential programs, there are a few people living in their own residence that require QSP services (similar to ISLA in the DD program) to maintain their independence and continue living in the community.

HIT has several people with a brain injury in our services that have the desire to maintain a job in the community. They, with the assistance of a job developer and job coach, don't have any trouble finding a job that is gratifying to them and fulfills the needs of an employer by providing a valuable service.

The trouble begins when the job developing and job coaching monies run out. The traditional Supported Employment Program and Vocational Development programs are time limited in nature. Their purpose is to help someone find a job, provide supports to stabilize the relationship with the employer and back out of the equation. As I stated earlier, they are time limited programs. This is where the breakdown in services occurs.

I am not expert by any means about characteristics and behaviors of people with brain injuries, but I do know that someone with a brain injury needs ongoing support. A typical person with a TBI can remember high school or things that happened a long time ago, but ask them about this morning or yesterday and they get a frustrated look on their face. This carries into their vocation. They can maintain a job and be a contributing member of their local communities with ongoing vocational supports. There needs to be a funding source for ongoing vocational supports after the time limited Supported Employment and Vocational Development programs have concluded. People with brain injuries need the ongoing vocational support of an extended service program---like TBI extended services.

The other issue that I would like to address is the lack of information for the people with a traumatic brain injury and their families. Where do they go to find out about a brain injury and what types of services are available? How many people in North Dakota are diagnosed with an acquired or traumatic brain injury? These are all real questions and real concerns about the gap of information and services for North Dakota citizens with brain injuries. I know there is talk about creating a registry, and I am in favor of creating this list of people with brain injuries, but I ask you what good is a list of people that require services if the services are not available.

Please support SB 2198 and help enhance the information available to North Dakota citizens about the characteristics of a brain injury, types of services available, and how to access these services. However, more importantly, please help provide the money and programs for people in North Dakota with a brain injury that want to be an employed, contributing member of the communities in which they reside.

I would like to thank you for the time you allowed me to provide testimony and invite you to ask questions about the types of services HIT provides and the needed funding for ongoing supports of people with brain injuries in a competitive employment situation.