RESEARCH ADVANCING PRACTICE
Y2Kids Conference SPECIAL EDITION

Welcome to this special issue of the RAP Sheet: Bits and Bytes from the Y2Kids Conference! In October, 1999, the Center on Children, Families and the Law, along with the Governor’s Commission for the Protection of Children and the Nebraska Court Improvement Project, convened a conference with nationally-recognized speakers to address a variety of issues related to child maltreatment. Protection and Safety workers, administrators, attorneys, judges, law enforcement personnel, health care providers, educators, and policymakers attended the four-day conference. This issue is devoted to highlighting features of the discussions and presentations that are of interest to our audience. Whether you were able to attend all, some, or none of the conference, we hope you will find useful information in the pages that follow.

SPECIAL THANKS to our guest contributors:
Eve M. Brackett, M.A.
Kimberly K. Griffith
Nghi D. Thai
Sarah C. Van Horn, B.A.

TUESDAY, OCTOBER 26, 1999

Plenary Session
• Marc Parent, Turning Stones: Doing the Work of Helping Children
Parent discussed the high rates of turnover among child protective service workers, the enormous stress of the job, and the lack of placements for children. Along with needed policy changes (which he also discusses in his book), Parent’s most compelling plea was to the workers themselves. Although he did call for more “frontline” voices into the national forum on child protection, his plea was simple and aimed at individual commitment and conviction. “Children don’t fall through the cracks,” he stated, “they fall through fingers.” Narrating his own experience of the one child he left in a home who later died at the hands of his parent, Parent expressed an understanding of the plight of workers who manage life-threatening situations with limited resources, and energized an audience of Nebraska child advocates to step up to the challenges of the field. “Set aside quiet moments and rediscover the voice that brought you in and is keeping you in (the field),” he encouraged.


Breakout Sessions
• Dr. Cindy Christian, Non-accidental Head Injuries
Dr. Christian presented an overview of injuries and symptoms related to non-accidental head injuries and how to differentiate them from accidental head injuries. The use of the name “shaken baby syndrome” is now being replaced with “non-accidental head injury” because it is more generic and encompasses all of the injuries that may have occurred.

Dr. Christian emphasized that “If a baby doesn’t cruise, a baby doesn’t bruise” (a baby who is not old enough to be ambulatory should not have bruises). Doctors should question suspicious bruises found on a child and be able to competently perform skeletal surveys of all bones. Cases where child abuse has been missed often involved younger infants, Caucasian children, children from two-parent families, and children without seizures or respiratory compromise.

• Dr. Cindy Christian, Sex Abuse Medical Examinations and Diagnosis
Dr. Christian discussed how examinations are conducted and what could be learned from them. Basically, there are no specific symptoms or behaviors for sexual abuse. This makes identifying sexual abuse more difficult for doctors, particularly when this diagnosis does not depend on the physical examination. Dr. Christian focused on female victims because they outnumber male victims. It is also more difficult for doctors to identify abuse in girls since their genitalia are hidden, unlike boys. Disclosure can occur by the child, a third party, a去年同期, or by discovery of a sexually transmitted disease. Identification of sexual abuse is often dependent on the child’s history, because in the majority of cases there are no genital injuries, or the injuries have healed. In addition, children are reluctant to disclose sexual abuse immediately because they think it is their fault. Other problems are that children are often not told, the name of their private parts, and that doctors rarely perform complete examinations on girls’ genitalia. Doctors need to perform thorough medical examinations and know what is normal in order to understand what is not normal in cases where sexual abuse has occurred.

Evening Session
• Governor Mike Johanns, The Responsibility of State Government for Child Protection: Working with Local Citizens for Safe and Healthy Children
Partnerships are key to getting communities to work together to find the best ways to utilize our resources. Despite numerous needs and limited resources, Nebraska is doing good things to support families and children. The police, hospitals, courts, and various agencies are collaborating together to investigate abuse. The Child Advocacy Center has been established to deal with child victims who have suffered from abuse. The Family Violence Council has begun to look at domestic violence from a policy perspective. More families are getting their children immunized, and Kids’...
Connection is allowing children from low-income families to receive comprehensive health care. Nebraskans are looking for solutions to child care, school safety issues and a rising infant mortality rate. Governor Johanns emphasized the need to work together to find new and innovative ways to making a difference for our kids.

WEDNESDAY, OCTOBER 27, 1999

Plenary Session

• Dr. Cindy Christian, The Role of Physicians
  Dr. Christian advocated the physician’s participation in a coordinated, collaborative response to allegations or suspicions of child abuse and neglect. Abuse is not always easy to detect, but there are steps physicians can take. Doctors should give thorough examinations, especially in suspicious cases. They can try to understand why a child may have a ‘magical’ injury that is serious or life-threatening. They may also look at the history that someone gives them to see if it is consistent with what actually happened. They can see if the history changes significantly over time, and investigate whether the caregiver delayed in providing care to the child. Beyond the medical role, doctors can also be involved with multidisciplinary teams, child death review teams, training, and community, state and national advocacy.

Breakout Sessions

• Nancy Walker, Ph.D., Interviewing Children: Tips for Obtaining Accurate and Complete Reports
  Interviewing children for forensic purposes requires familiarity with research-based approaches to effective techniques. Such techniques, if used correctly, solicit more accurate information, are less traumatic to children, and contribute to a more complete investigation and prosecution. According to researchers, the best format for an interview with a child includes: 1) Explaining the purpose of the interview, 2) Explaining the "ground rules" for the interview (i.e., describe interviewer's role/job, allow the responses "I don't know," and "I don't understand," discuss the importance of the truth), 3) Establishing rapport (i.e., ask about the child's favorite topics), 4) Asking for free narrative (i.e., "please tell me everything that happened"), 5) Relying on open-ended questions (i.e., who, what, when, where -- avoiding why and how), 6) Using follow-up questions (i.e., "I'm really interested, I'd like to hear more"), 7) Pausing frequently (i.e., wait 10 seconds for the child to say more), and 8) Formally "closing" the interview with the child (i.e., review the main points the child has described to you, encourage the child to contact you if s/he remembers more details later, thank the child for talking with you). Among these elements, requesting free narrative is recommended by all of the leading researchers. However, in a study of the frequency of use of techniques among CPS workers (outside Nebraska), only 2% of the workers included this component in their interviews. Conversely, 100% of the workers in the study asked direct questions, which researchers caution should be kept to a minimum during interviews. The biggest mistake an interviewer can make is to go into an interview with preconceived notions about what happened; interviewers should be mindful of dominating the interview.

• Belva Morrison, Kevin Ruser, and Evelyn Labode, ADA/IDEA/ICWA/INS/MEPA: Important Acronyms for Protecting Children
  A study on state’s compliance with the Indian Child Welfare Act (ICWA; 1978) revealed several important findings; there is a lack of knowledge of tribal/state agreements in effect and ready access to criteria for judging whether the act does or does not apply in certain situations, and often there is nothing in a case file that declares a child’s status as Native American. There is also no consistent use of “qualified expert witnesses” for foster care placements. Recommendations include standardized forms and uniform procedures, provide training and technical assistance on ICWA issues, amend the Nebraska Indian Child Welfare Act, and develop policy on the implementation of the Indian Child Welfare Act for county attorneys.

The Immigration and Naturalization Service (INS) handles cases of special immigrant juveniles, or juveniles without documentation who have been abandoned in the United States. Some non-citizen juveniles with no immigration status are eligible to become permanent residents. A judge must declare it is not in the juvenile’s best interest to return to his or her country of nationality or residence. Such a decision may take some educating of the court. There are two steps in the application procedure: first, a petition (Form I-360), along with supporting documents must be filed with a District office; second, an Adjustment of Status application (Form I-485) must be filed. Time is of the essence when dealing with these cases.

The Multi-Ethnic Placement Act of 1994 (MEPA), and the Inter-Ethnic Adoption Provisions of the Small Business Act of 1996, prohibit the delay or denial of a child’s placement on the basis of race, color or national origin. Only the most compelling reasons to consider race or ethnicity in placements are allowed. It is important to actively recruit adoptive parents who match the pool of adoptive children.

Title II of the Americans with Disabilities Act (ADA) of 1990 prohibits discrimination by a public entity, and the Individuals with Disabilities Educational Amendment of 1997 (IDEA) ensures that children with disabilities are included in general state assessment programs with appropriate accommodations. Remember that disabilities (AIDS, diabetes, and ADHD, for example) are not always something you can see.

• Lisa Merkel-Holguin, Deborah Brownyard and Dawn Swanson, Putting Parents in the Driver’s Seat: On the Road to Family Group Conferences
  A Family Group Conference (FGC) brings together all people who are integral to a child who is, or may be, at risk of child abuse or neglect, and provides an opportunity to develop a plan to ensure that the child is cared for and protected. FGC is based on the philosophical principles that families want and have the right, to protect their children. The program was developed in New Zealand where every child now has the legislated right to have a FGC. The four main phases of a FGC are: 1) Referral to hold the conference, 2) Preparation and planning activities, 3) Conference, and 4) Post-conference event and planning. There are also four stages within the Conference: 1) Introductions, 2) Information sharing, 3) Private family time, and 4) Decision. In addition to the actual time involved at the conference it usually takes about 20-30 hours to prepare for a FGC. The professionals play an active role in the protection of the child because the child protection professional needs to approve the family’s decisions. In court-connected cases, the judge must also approve the plan. In Nebraska three pilot FGC projects are underway in Red Willow, Keith, and Dodge counties. Additional FGC projects are in the planning stages to expand to other children’s issues, such as juvenile delinquency and victim/offender matters.

Plenary Session

• Governor Howard Dean (VT), Programs for Families: Realistic Ways to Help Families Before They Are in Crisis
In recent years, child abuse reports in Vermont have dropped 30%, teen pregnancy rates are down, and the state’s child immunization rate is one of the highest in the nation. Governor Dean credited most of this change to Success-By-Six, a program in which every mother who gives birth is offered a home visit by a local nurse, school guidance counselor, or whomever the community chooses. (About 90% accept the offer.) If warning signs are detected during the home visit, the family is offered more help. In addition to services, parents are given a toll-free number they can call if they feel like they are going to abuse their child.

Vermont has worked on increasing the number of insured children. Welfare changes have also been made, where people work for welfare benefits. Gov. Dean said children need to grow up with parents who feel they are contributing something. Parents need the opportunity to contribute, and kids need the opportunity to see that. However, if the parents refuse to work, the kids should not be punished. Gov. Dean suggested removing discretionary income from parents, by doing things like giving out vouchers. The Vermont Legislature was eventually persuaded that if preventive programs can be used to break the cycle of child abuse, money will be saved.

**Breakout Sessions**

- **Cheryl Mitchell and Julie Benay, Vermont's Programs for Families: Challenges and Sucesses**
  Vermont’s Success-By-Six program, begun in 1994 as part of a history of welfare and healthcare reforms, faced many practical and political challenges prior to implementation. Adequate funding and community leadership are needed for a successful program, which can be implemented at the state, regional and local community levels (each program is structured differently). Three aspects of the program that have been shown to be critical are home visits, parent/child play groups, and education. The core principles of the program are inter-agency collaboration, parent-to-parent support, and community-based services that are developmentally appropriate, inclusive, comprehensive, family-centered, and user-friendly. Since the program began, physical abuse and neglect have started to decline, with sexual abuse for the youngest age group showing the greatest decline.

- **John E.B. Myers, Assisting the Trier of Fact: The Proper Role of the Expert in Child Abuse Trials**
  Professor Myers shared a number of suggestions for individuals serving as expert witnesses in child abuse cases. If your qualifications are challenged, do not become defensive, you are not expected to be an expert, but... your credentials will make you seem less credible. For example, in response to the question “Isn’t it true that you have never published an article on this topic?”, you might respond “That’s true. I devote all my time to providing therapy. I read the literature and go to presentations to keep my knowledge current, but my emphasis is on treatment rather than writing.” Refrain from answering “Yes, but...” to leading questions as you will likely be cut off. If asked “Isn’t it true that there is much we don’t know about evaluating children for sexual abuse?” try the following: “I have two things to say about that. Although it is true that.....we have learned a great deal...” If you are a private practitioner you may be asked about your fees for your work. You might reply, “Your questions seem to imply that my opinion in this case is for sale for the price of my fee. Would you like me to address that issue in answering your questions?” If you cannot answer a question with a yes or no, you can try “I can’t answer that question with a simple yes or no. May I explain?” If you appear honest, even-handed and prepared, and if your opinion falls within your range of expertise, you will likely be a credible witness.

- **Victor Vieth, In My Neighbor’s House: Confronting Child Abuse in Rural Communities**
  Mr. Vieth discussed his experience as a prosecutor in rural Minnesota and offered tips on how child abuse can be addressed in rural settings. Dealing with these kinds of cases in rural areas is extremely difficult for those involved: the community may not have the skills or resources to confront child abuse and may not be willing to accept that this can happen in their area; coordination of groups can often raise fears that each may lose power; and, child abuse professionals often are not respected in small communities. One way to promote cooperation includes developing a protocol for dealing with child abuse cases. The number of investigators should be limited, and they should work in specialized teams. The number of prosecutors should also be limited, and they should be involved with the case at the outset. Communities should have child-friendly interview rooms, and once the interview is completed the team should check for corroboration of the child’s report. Also, investigators should be trained to interview the children and the suspects. It is extremely important to educate the community about child abuse. Use grant money to buy newspaper space for ads or articles about kids. The prosecutor’s office can write and send out press releases regarding convictions. Volunteer to speak to civic groups. Reach out to groups of other cultures, involve the clergy and impress on them that abuse can happen in their congregations. Train local physicians by inviting speakers to a day-long conference and encourage surrounding communities to attend. Assist teachers and child care providers with training to recognize and deal with child abuse. And lastly, remember Chief Justice Warren’s quote, that “everything I did in my life that was worthwhile, I caught hell for.”

**THURSDAY, OCTOBER 28, 1999**

**Breakout Sessions**

- **Mark Hardin, Exceptions to Required “Reasonable Efforts” under ASFA**
  The Adoption and Safe Families Act of 1997 (ASFA) requires that states make reasonable efforts to prevent the need for foster care placement of children and to quickly reunify families if children have been removed by you. However, in instances of maltreatment present such a serious threat to the safety of children that reasonable efforts to reunify are not required. ASFA outlines the following as grounds where reasonable efforts are not required: when a parent has committed certain specified crimes or abandoned an infant, or the parental rights concerning a sibling have previously been terminated. Beyond these exceptions, states may also define other instances, referred to as “aggravated circumstances,” in which reunification need not be sought. Some possible examples of aggravated circumstances that would excuse a state from making reasonable efforts to reunify include: a parent’s extreme disinterest toward a child, a parent’s abandonment of an infant or small child for a specified time (such as 30-60 days), a parent has committed heinous acts against the child or a sibling, or the parent chooses not to seek reunification with the child.

- **Victor Vieth, A Call to “Protect and Serve” Our Families: Investigating and Prosecuting Cases of Domestic Violence**
  Domestic violence is a family problem: 87% of children in violent homes are aware of the domestic
violence. Between 30-70% of families with spousal abuse in the home also have child abuse, and both the abuser and the victim abuse the children. Exposure to domestic violence is associated with many problems, including truancy, dropping-out of school, suicide attempts, health problems, criminal behavior, and drug and alcohol problems.

The nature of domestic violence prosecution -- primarily a reluctant or inconsistent victim witness -- makes these cases difficult to prosecute. However, several things can be done to more effectively prosecute domestic violence. The investigator should make a detailed report of the victim’s emotional state, and document behavior showing that the victim was under stress. Officers should get a present-sense impression by conducting prompt interviews, seizing 911 tapes, and taking photos of injuries with an instant camera. The victims should also be photographed on a later day, as bruising and other injuries may be more apparent later. The crime scene should be documented, and all physical evidence seized and/or documented, such as torn or blood-stained clothing, damaged property, alcohol, answering machine tapes, notes, and letters containing threats. Past medical records and even billing records should be obtained (the billing records can be used to inform the jury that past beatings have resulted in not just one trip to the doctor, but $7,000 worth of injuries). The investigator on the scene should try to get the entire history of violence in the family, and obtain information that will help locate the victim as the trial nears.

The investigator should refer the victim to domestic violence resources, cross-screen for child abuse, make a report to social services if children are in the home, and interview everyone with knowledge about the domestic violence (past boyfriends/girlfriends, parents). A “no-drop” policy should be adopted in the prosecutor’s office, for several reasons: without accountability, violence goes up; without intervention, the number of victims goes up; intervention protects children; intervention does not heighten danger to the victim and does not discourage the victim from dialing 911; and the failure to adopt a no-drop policy condones violence. However, it is essential that the victim be protected by responding to violations of release conditions, filing CHIPs, having a victim-witness coordinator, and developing a working relationship with local crisis centers. At the trial, the prosecutor can educate the jury during the voir dire on the potential pitfalls of the case, such as recantation and reporting delay. In the cross examination, incorporate a theme, note the size differential between the victim and spouse, and point out inconsistencies. In the closing argument, list all the reasons why the victim should be believed, and remind the jury of the medical and physical evidence. When a defendant does testify, the prosecutor should contrast the credibility of the victim’s oath with the credibility of the defendant’s oath. If you have no expert witness, you can recruit your own from someone local in your community familiar with domestic violence. Lastly, Mr. Vierheller stated that this agency (American Prosecutors Research Institute National Center for Prosecution of Child Abuse) can be used as a reference for all prosecutors (1-800-765-6560).

Plenary Session

• Judge Richard Fitzgerald, The Impact of Federal Child Welfare Requirements on the States

Judge Fitzgerald gave numerous practical suggestions that he developed in a juvenile court judge. First, grief in children is cumulative, and increases every time they are moved from placement to placement. For this reason, all actors in the court process must work together in the best interest of the children. Children should be physically present at court hearings if possible, particularly at the permanency planning hearings, and foster parents should be involved in the court process as well. Put children’s pictures on their files every six months as a reminder of how much these children change over what seems like a short length of time to an adult. As for the court process itself, be straightforward with parents, and tell them by what date they need to have the kids back in their home. However, the case plan can proceed during this time (for example, holding a permanency planning hearing, or actively recruiting an adoptive home while waiting for a TPR). As for the difficulty in finding adoptive homes for children, he pointed to a program in Louisville called Adoption Day. During their highly publicized Adoption Day they were able to finalize 43 adoptions. We must believe that there are no unwanted children, just unfound parents.

Breakouts

• Judge Richard Fitzgerald and Marsha Roberts-Blethen, Court-Agency Collaboration

This session focused on factors that make inter-agency collaboration work. The presenters gave several examples of interagency programs in Louisville, KY, such as “One-stop-shops” for neighborhoods, a lice task-force, and a school-based trucancy court. Ten suggestions were given as to how interagency collaboration can be made more effective.

1) Co-training among agencies should occur whenever possible, so that all parties have a better understanding of what the others do.

2) A communication forum in which the entire community can address the needs of families and children.

3) Model a system of mutual respect. Foster parents and kids should be asked about Guardians Ad Litem (GALs), and GALs should reapply to the court every two years based upon a letter of recommendation from CPS workers. As another example, if a judge discovers a policy problem with HHS, the judge should not demean the worker in front of the client, but instead talk to someone higher up in the department.

4) Case Management, Scheduling, time frames, and no-continuance policy: Court should be scheduled around professionals’ time, and everyone should be asked if they are available (including workers, CASAs and attorneys). To aid scheduling for workers, HHS has a Court Agency Liaison in each court room that has a CPS training schedule. In addition, court should be run around a child’s sense of time. A no-continuance policy ensures everyone is prepared for court.

5) Clear written court orders. Initial case plans should be done within five days. Risks should be identified, and the case planning should be related to these risks.

6) Everyone comes to the table in an information-sharing environment.

7) Insistence on professional representation by all players.

8) Video/audio sharing of tapes and reports.

9) Service linkages with all players, Court liaisons, such as an Education Liaison, can have school information for each child on computer for quick access.

10) Community-based protocol for investigation of family violence/physical abuse/sexual abuse cases.

For example, a Police-CPS team can go out together on most reports of child physical and sexual abuse.

Lastly, one important principle to use when collaborating is to have the ability to “agree to disagree.”

• Audrie Berman, Funding the Vision

Grant proposals are persuasive documents must make a strong case for why the grant should be funded. This is done by having a compelling need, and a well-documented explanation of the needs
your project will address. Try to assemble a team to help design your project and develop a work plan to be sure you allow enough time. Follow the guidelines exactly; re-read them often to make sure you haven’t overlooked anything. In the proposal tell a story about the people the grant will affect. Describe real people and real situations—not just statistics. Remember that when the application asks for “goals” it means the overall general statement of your project’s purpose that is usually not measurable in and of itself. The “objectives” define specifically who will do what and by what amount. The “activities” are the specific actions taken to carry out the objectives. Make sure your proposal shows the relationship of each need to specific goals and the objectives and activities designed to meet that goal.

- **Bill Hammond, Working Together: A Collaborative Approach to Child Abuse Investigations**
  Child abuse is a community problem that needs to be dealt with through collaboration. Working together is beneficial for agencies and disciplines so that they have more access to “case relevant” and “case appropriate” information, resolve cases faster, and reduce burnout. The key elements to collaborating are including primary (e.g., social, medical, law enforcement, and prosecutors) and secondary (e.g., schools, community civics groups, the media) agencies, knowing what types of information are needed, having protocols in writing, communication links, providing training and contingency plans. In order to maintain the collaboration there needs to be feedback, closed-case reviews, conflict resolution, reviewing, updating and developing protocols, and a long-range plan specifically tailored to the needs, resources and priorities of the community.

- **Evening Session**
  (Senator Kerrey was unable to make an in-person appearance as planned. In his absence, a videotape of his comments was provided.)

Outbreaks of violence, especially in our nation’s schools, represent in part a failure of government. As a response to the issue of the threatened safety of America’s children, Kerrey outlined the following Congressional actions:

- **Violent and Repeat Juvenile Offender Act:** allocates money for prevention efforts, resources for mentoring programs to provide at-risk youth with role models, and tougher penalties for offenders.
- **Juvenile Justice Bill:** an effort to merge the House’s juvenile crime bill (“Consequences for Juvenile Offenders Act”) with the Senate’s (“Violent and Repeat Juvenile Offender Act”) went to a Conference Committee where members attempted to negotiate the difference between the two bills in order to send one to the President. No further action was taken on the Bill for the year, however negotiations will resume next term.

American Safe Families Act includes safeguards to permanency and the implications for the child welfare system inherent in this Act.

To learn more about federal legislation affecting children visit Senator Kerrey’s website at www.senate.gov/~Kerrey/

**FRIDAY, OCTOBER 29, 1999**

**Plenary Session**

- **Kathleen West, Ph.D., Substance Abuse and ASFA**
  Kathleen West focused on the challenges of assessing and treating substance-abusing parents, particularly in light of the ASFA time frame. Many children in the foster care system have been exposed to alcohol or illegal substances. These drugs serve as major contributors to child neglect and abuse and are barriers to family reunification. Dr. West argued that drug-affected families need timely referrals to effective treatment programs. A good treatment center should have a retention rate of about 80% and a 70-80% graduation rate. If parents do not effectively address their substance problems, permanency plans should be developed.

There is growing awareness that home-based meth/amphetamine labs present a grave danger to children. Meth/amphetamine is easily made at home and recipes can be found on the Internet. Children may mistake the drug as a fruit drink or Kool-Aid when they find it in their refrigerators. Children found in these homes require medical examinations to ensure that they have not been exposed to toxic substances.

**Breakout Sessions**

- **Lynn Ayers, Developing a Child Advocacy Center in Your Community**
  The Lincoln/Lancaster County Child Advocacy Center (CAC) was five years in the making for community task force members. The Center’s primary function is to provide a place where victimized children can receive trauma services and where investigative interviews can be conducted in a child-friendly environment rather than in a police station or hospital emergency room. The Center also has on-site medical specialists who perform exams for children. Counseling and community support resources are available as well. The success of the CAC is attributable to community support and commitment. Ayers is a specialist in interviewing children. In addition, the CAC task force includes key players in the capital city’s system of child protection including Chief of Police Tom Casady, County Attorney Gary Lacey, and County Sheriff Terry Wagner, among other child advocates. Further support was contributed by Lincoln hospitals which provided both financial resources and professional cooperation; interagency protocols were also rewritten to provide for interviewing at the CAC and incorporated into the General Orders of local law enforcement.

  For more information on the formation and operation of the CAC, contact Lynn Ayers at sмоvoices@aol.com or (402) 476-3200. For information on starting a child advocacy center in your community visit the National Children’s Alliance website at www.nncac.org, or call (202) 639-0597.

- **Ron Ross, The Good Life**
  Nebraska’s Director of Health and Human Services highlighted the reforms being implemented in the state to strengthen child protection and safety. Included in these efforts was the announcement that DHHS has allotted 60 new “forward-fill” positions in anticipation of worker turnover. Individuals in these positions will provide assistance with paperwork to current workers while they wait to begin training to take on a caseload. Positions have also been made to provide clerical aid. Other improvements to the system include advancing worker access to technology, possibly by providing workers with laptop computers as has been piloted in other state departments.

**NOTES:**

- The RAP Sheet will soon be available online! Look for the URL in an upcoming issue.
- For your information, the Y2Kids Planning Conference has begun planning for the next conference, to be held in the spring of 2001 in Lincoln.