Nebraska Children's Commission

Fifth Meeting
October 19, 2012
9:00 AM – 12:00 PM
Lincoln Heights Hotel – Lincoln Airport
1301 West Bond Cir, Lincoln, NE

Call to Order

Karen Authier called the meeting to order at 9:03am and noted that the Open Meetings Act information was posted in the back of the room as required by state law.

Roll Call

Commission Members present: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Gene Klein, Martin Klein, Norman Langemach, Jennifer Nelson, Mary Jo Pankoke, Thomas Pristow, Dale Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer.

Commission Members absent: Janteice Holston, Lisa Lechowicz, David Newell, and John Northrop.

Ex Officio Members present: Ellen Brokofsky, Senator Kathy Campbell, Senator Colby Coash, Hon. Linda Porter, and Vicky Weisz.

Ex Officio Members absent: Senator Lavon Heidemann

Also in attendance: Governor Dave Heineman; Sara Goscha, Wes Nespor, Terri Nutzman, and Leesa Sorensen from the Department of Health and Human Services.

Approval of Agenda

A motion was made by Susan Staab to approve the agenda as written, seconded by Kerry Winterer. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Gene Klein, Martin Klein, Norman Langemach, Jennifer Nelson, Mary Jo Pankoke, Thomas Pristow, Dale Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer. Voting no: none. Janteice Holston, Lisa Lechowicz, David Newell, and John Northrop were absent. Motion carried.

Approval of September 14, 2012, Minutes

A motion was made by Thomas Pristow to approve the minutes of the September 14, 2012, meeting, seconded by Jen Nelson. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Gene Klein, Martin Klein, Norman Langemach, Jennifer Nelson, Mary Jo Pankoke, Thomas Pristow, Dale Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer. Voting no: none. Janteice Holston, Lisa Lechowicz, David Newell, and John Northrop were absent. Motion carried.

Chairperson's Report

Karen Authier noted that the Strategic Planning RFP process resulted in a determination that the costs of all proposals were above funding allocated for the project. Karen requested a motion authorizing DHHS to reject all proponent proposals.

A motion was made by Gene Klein to authorize the Department of Health and Human Services to reject all proponent proposals submitted in response to Strategic Planning RFP 4079 Z1. The motion was seconded by Mary Jo Pankoke. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Gene Klein, Martin Klein, Norman Langemach, Jennifer Nelson, Mary Jo Pankoke, Thomas Pristow, Dale Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer. Voting no: none. Janteice Holston, Lisa Lechowicz, David Newell, and John Northrop were absent. Motion carried.

The next step was to solicit proposals for a strategic planning facilitator as determined at the August Commission meeting. The Executive Committee reviewed responses to the solicitation and recommended that DHHS contract with Burnight Facilitated Resources to facilitate the Strategic Planning process. Karen requested a motion to select Burnight Facilitated Resources as he facilitator for the Nebraska Children's Commission strategic plan.

A motion was made by Gene Klein to select Burnight Facilitated Resources as the facilitator for the Nebraska Children's Commission strategic plan. The motion was seconded by Mary Jo Pankoke. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Gene Klein, Martin Klein, Norman Langemach, Jennifer Nelson, Mary Jo Pankoke, Thomas Pristow, Dale Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer. Voting no: none. Janteice Holston, Lisa Lechowicz, David Newell, and John Northrop were absent. Motion carried.

Cross-Systems Analysis RFP

Thomas Pristow presented information on DHHS activities related to the Cross-System Analysis RFP. Thomas noted that the RFP process was complete and Public Consulting Group, Inc. has been selected to perform the cross-systems analysis for DHHS. He reported that Public Consulting Group was scheduled to begin the analysis process the week of October 22, 2012.

Legislative Reports

Senator Campbell thanked the Commission for attending previous public hearings and noted that handouts were available from the LR529 and LR525 hearings that were held on October 5. She also provided an update on upcoming Health and Human Services Committee public hearings on LR537 and LR533 scheduled for October 25. LR537 provides for an interim study on unmet needs of and gaps in services available to youth who transition or "age out" of Nebraska's foster care system. LR533 provides for an interim study to examine whether there are sufficient resources in schools to detect and treat mental illness in school-age children.

Senator Coash also thanked the Commission for supporting the public hearings. He noted that he was pleased with the information that was provided in the hearings and asked the Commission to keep the hearing information in mind as the Commission is finalizing recommendations for the Health and Human Services Committee. Senator Coash also noted that handouts from the LR525 hearings were available from his office.

Strategic Planning General Discussion

Deb Burnight and Brenda Thompson led the Commission members through a facilitated discussion in which participants were asked to describe a system of care in 2015 that will effectively support a prevention/intervention system of care in order to improve the safety, permanency and well-being of children and families across the State of Nebraska. The Commission members worked through the facilitated process to identify discussion groups that will continue the dialog on what should be included in the Commission's Strategic Plan recommendations.

New Business

General Discussion no action item

Next Meeting Date

The next meeting is November 20, 8:30- 2:00pm, at the Country Inns & Suites, Lincoln, NE.

Adjourn

A motion was made by Marty Klein to adjourn the meeting, seconded by Thomas Pristow. The meeting adjourned at 12:20pm.

Department of Health & Human Services
DHHS
NEBRASKA

Kerry T. Winterer
Chief Executive Officer

State of Nebraska
Dave Heineman, Governor

November 1, 2012

Patrick O'Donnell, Clerk of the Legislature
State Capitol, Room 2018
PO Box 94604
Lincoln, NE 68509

Dear Mr. O'Donnell:

Legislative Bill 821 of the 102nd Legislative Session of 2012 requires the Nebraska Children's Commission to report on its activities to the Health and Human Services Committee on November 1, 2012.

The attached report provides a progress summary regarding the activities the Commission has accomplished. The report includes the meeting agenda and minutes of the fourth meeting and the agenda for the fifth meeting.

Sincerely,

Kerry T. Winterer
Chief Executive Officer
Department of Health and Human Services

Attachment

REPORT FOR:	Nebraska Legislature, Health and Human Services Committee
REPORT DATE:	November 1, 2012
LEGISLATIVE BILL:	LB 821
COMMISSION NAME:	Nebraska Children's Commission
CONTACT PERSONS:	Kerry Winterer, CEO, DHHS, (402) 471-9433 Karen Authier, Chairperson, (402) 898-7754 Beth Baxter, Vice Chairperson, (308) 237-5113

General Information:

LB 821, passed during the 2012 Legislative Session, created the Nebraska Children's Commission. Responsibilities include to:

- Create a statewide strategic plan for reform of the child welfare system programs and services.
- Review the operations of DHHS regarding child welfare programs and services.
- Recommend, either by the establishment of a new division within DHHS or establishment of a new state agency, options for attaining the intent of this act.
- Provide a permanent forum for collaboration among state, local, community, public and private stakeholders in child welfare programs and services.

Also required are a committee to examine state policy regarding the prescription and administration of psychotropic drugs for state wards, a committee to examine the structure and responsibilities of the Office of Juvenile Services, and other committees as necessary.

Progress Summary:

The Nebraska Children's Commission met on September 14, 2012 and October 19, 2012, at the Lincoln Heights Hotel, Lincoln, NE. The meeting agendas and the minutes are attached.

During both the September and October meetings, the Commission continued the process of discussing what recommendations should be included in the Strategic Plan. The Commission's October planning process utilized the services of facilitators from Burnight Facilitated Resources. The preliminary report from that planning session is also attached. The Commission will be working on final recommendations for the Strategic Plan during November and December.

The Commission's four sub-committees continued to meet during September and October. Recommendations from the Psychotropic Medication Committee, Juvenile Services (OJS) Committee, Foster Care Reimbursement Rate Committee, and Title IV-E Demonstration Project

Committee will be included in the Strategic Plan that will be provided to the Health and Human Services Committee in December.

Issues:

No issues have been brought forward to date.

Recommendations:

Recommendations are expected in future reports.

NEBRASKA CHILDREN'S COMMISSION

Fourth Meeting
September 14, 2012
9:00 – 12:00 PM
Lincoln Heights Hotel - Lincoln Airport
1301 West Bond Cir, Lincoln, NE

I. Call to Order (Karen Authier)
   a. Announcement of the placement of the Open Meetings Act information
II. Roll Call
III. Approval of Agenda
IV. Approval of August 14, 2012, Minutes
V. Approval of the September 14, 2012, Report to the Health and Human Services Committee
VI. Public Comment

Public comment will be limited to three minutes per person and fifteen minutes total unless otherwise announced by the chairperson at the beginning of the public comment period. Persons wishing to offer public comment will be asked to provide name and address.

VII. Chairperson's Report (Karen Authier)
   a. Status of RFP's
      i. Action Item: Authorizing the Contract for Strategic Planning
VIII. Committee Reports
   a. Psychotropic Medication Committee
   b. Juvenile Services Committee
      i. Action Item: Approval of Additional members
   c. Foster Care Reimbursement Rate Committee
   d. Title IV-E Demonstration Project Committee
IX. Children and Family Services Report (Thomas Pristow)
X. Legislative Report (Sen. Campbell)
XI. Strategic Planning General Discussion
XII. New Business
XIII. General Discussion no action item (15 minutes)
XIV. Next Meeting Dates (All times 9:00 am-12:00 pm)
   a. Friday, October 19
   b. Tuesday, November 20
XV. Adjourn

Nebraska Children's Commission

Fourth Meeting
September 14, 2012
9:00 AM – 12:00 PM
Lincoln Heights Hotel – Lincoln Airport
1301 West Bond Cir, Lincoln, NE

Call to Order

Karen Authier called the meeting to order at 9:01am and noted that the Open Meetings Act information was posted in the back of the room as required by state law.

Roll Call

Commission Members present: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Norman Langemach, Jennifer Nelson, David Newell, Mary Jo Pankoke, Thomas Pristow, Dale Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer.

Commission Members absent: Gene Klein, Martin Klein, Lisa Lechowicz, and John Northrop.

Ex Officio Members present: Ellen Brokofsky, Senator Kathy Campbell, Senator Colby Coash, Hon. Linda Porter, and Vicky Weisz.

Ex Officio Members absent: Senator Lavon Heidemann

Also in attendance: Governor Dave Heineman; Jeremiah Blake from the Governor's Policy Research Office; Nathan Busch, Bonnie Engel, Sara Goscha, Vicki Maca, Wes Nespor, Terri Nutzman, and Leesa Sorensen from the Department of Health and Human Services; and Elton Larson from the Department of Administrative Services.

Approval of Agenda

A motion was made by Mary Jo Pankoke to approve the agenda as written, seconded by Jennifer Nelson. A unanimous voice vote of voting members present was received. Gene Klein, Martin Klein, Lisa Lechowicz, and John Northrop were absent. Motion carried.

Approval of July 16, 2012, Minutes

A motion was made by Mary Jo Pankoke to approve the minutes of the August 14, 2012, meeting, seconded by Janteice Holston. A unanimous voice vote of voting members present was

received. Gene Klein, Martin Klein, Lisa Lechowicz, and John Northrop were absent. Motion carried.

Approval of September 14, 2012, Report to the Health and Human Services Committee

A motion was made by Beth Baxter to approve the September 14, 2012, report, seconded by Candy Kennedy-Goergen. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Norman Langemach, Jennifer Nelson, David Newell, Mary Jo Pankoke, Thomas Pristow, Dale Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer. No opposition. Gene Klein, Martin Klein, Lisa Lechowicz, and John Northrop were absent. Motion carried.

Public Comment

Public comment was received from Sarah Helvey of Nebraska Appleseed who thanked all those who participated in the meetings on September 13, 2012. It was noted that 85 stakeholders participated in the meetings. Notes from the meetings and group discussion times will be made available on the Nebraska Appleseed website.

John Northrop arrived at 9:28am.

Chairperson's Report

Status of RFP's

Karen Authier noted that the RFPs were still in process and would not be complete until September 17, 2012. The process could result in a variety of outcomes, especially if the cost for the top ranked proposal proponent was not satisfactory. If the outcome of the RFP was not satisfactory, then it was noted that another approach would need to be taken including the possibility of hiring a facilitator.

A motion was made by Beth Baxter to authorize the Department of Health and Human Services to enter into a contract with the top ranked proposal proponent on the Strategic Planning RFP 4079 Z1, if the final contract cost is reasonable and would leave sufficient funds to carry out the remaining provisions of LB821 from the funds appropriated for that purpose. The motion was seconded by David Newell.

Mary Jo Pankoke then made a motion to amend the main motion by adding the phrase "with consultation of the Commission's executive committee," after the "Department of Health and Human Services". The motion was seconded by Becky Sorensen. The Commission voted on the amendment as follows: Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Norman Langemach, Jennifer Nelson, David Newell, John Northrop, Mary Jo Pankoke, Thomas Pristow, Dale

Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer. No opposition. Gene Klein, Martin Klein, and Lisa Lechowicz were absent. Motion carried.

The Commission then voted on the revised main motion as follows: Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Jennifer Nelson, David Newell, Mary Jo Pankoke, Thomas Pristow, Dale Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer. Voting no: Norman Langemach. Gene Klein, Martin Klein, and Lisa Lechowicz were absent. Motion carried.

Committee Reports

Psychotropic Medication Committee

Jennifer Nelson provided a written report with the final membership list for the Psychotropic Medication Committee. The committee's first meeting will be held on September 25, 2012.

A motion was made by Kerry Winterer to approve the Psychotropic Medication Committee report, seconded by Mary Jo Pankoke. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Norman Langemach, Jennifer Nelson, David Newell, John Northrop, Mary Jo Pankoke, Thomas Pristow, Dale Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer. No opposition. Gene Klein, Martin Klein, and Lisa Lechowicz were absent. Motion carried.

Martin Klein arrived at 9:32am.

Juvenile Services Committee

Martin Klein provided an update on the Juvenile Services Committee, including a written report.

Marty Klein made a motion to accept two new members to the committee – Pastor Tony Sanders and Dalene Walker. Janteice Holston seconded the motion. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Martin Klein, Norman Langemach, Jennifer Nelson, David Newell, John Northrop, Mary Jo Pankoke, Thomas Pristow, Dale Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer. No opposition. Gene Klein and Lisa Lechowicz were absent. Motion carried.

A motion was made by Mary Jo Pankoke to accept the Juvenile Services (OJS) Committee report, seconded by Thomas Pristow. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Martin Klein, Norman Langemach, Jennifer Nelson, David Newell, John Northrop, Mary Jo Pankoke, Thomas Pristow, Dale Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer. No opposition. Gene Klein and Lisa Lechowicz were absent. Motion carried.

Foster Care Reimbursement Rate Committee

Thomas Pristow provided an update on the Foster Care Reimbursement Rate Committee, including a written report.

A motion was made by Mary Jo Pankoke to accept the Foster Care Reimbursement Rate Committee report, seconded by Candy Kennedy-Goergen. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Martin Klein, Norman Langemach, Jennifer Nelson, David Newell, John Northrop, Mary Jo Pankoke, Thomas Pristow, Dale Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer. No opposition. Gene Klein and Lisa Lechowicz were absent. Motion carried.

IV-E Demonstration Project Committee

Thomas Pristow provided an update on the IV-E Demonstration Project Committee, including a written report.

A motion was made by Susan Staab to accept the IV-E Demonstration Project Committee report, seconded by Janteice Holston. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Martin Klein, Norman Langemach, Jennifer Nelson, David Newell, John Northrop, Mary Jo Pankoke, Thomas Pristow, Dale Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer. No opposition. Gene Klein and Lisa Lechowicz were absent. Motion carried.

Children and Family Services Report

Thomas Pristow presented information on DDHS activities related to the IV-E waiver and other objectives the department is moving forward on at this time.

Legislative Report

Update on Interim Studies

Senator Campbell provided an update on the Interim Studies assigned to the Health and Human Services Committee that have been scheduled for public hearing. She specifically noted the hearings on October 5 and October 25 that may be of interest to Commission members.

Recessed at 10:02am.

Reconvened at 10:22am with all members present as before.

Strategic Planning General Discussion

Beth Baxter provided the committee copies of the notes that came from small group discussions that took place on August 14, 2012 after the Commission meeting. The notes were provided as a discussion starter for items to consider in the Strategic Plan.

New Business

General Discussion no action item

Next Meeting Date

The next meeting is October 19, 9:00-12:00pm, at the Lincoln Heights Hotel.

Adjourn

A motion was made by Marty Klein to adjourn the meeting, seconded by Thomas Pristow. The meeting adjourned at 11:59am.

NEBRASKA CHILDREN'S COMMISSION

Fourth Meeting
October 19, 2012
9:00 – 12:00 PM
Lincoln Heights Hotel - Lincoln Airport
1301 West Bond Cir, Lincoln, NE

I. Call to Order (Karen Authier)
    a. Announcement of the placement of the Open Meetings Act information
II. Roll Call
III. Approval of Agenda
IV. Approval of September 14, 2012, Minutes
V. Chairperson's Report (Karen Authier)
    a. Status of Strategic Planning
        i. Action Item: DAS RFP Proposals
        ii. Action Item: Facilitator
VI. Cross-Systems Analysis RFP (Thomas Pristow)
VII. Legislative Reports (Sen. Campbell and Sen. Coash)
VIII. Strategic Planning General Discussion
IX. New Business
X. General Discussion no action item (15 minutes)
XI. Next Meeting Dates
    a. Tuesday, November 20
    b. December meeting - TBD
XII. Adjourn

Nebraska Children's Commission

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October 19, 2012
9:00 AM – 12:00 PM
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Call to Order

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Roll Call

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Commission Members absent: Janteice Holston, Lisa Lechowicz, David Newell, and John Northrop.

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Ex Officio Members absent: Senator Lavon Heidemann

Also in attendance: Governor Dave Heineman; Sara Goscha, Wes Nespor, Terri Nutzman, and Leesa Sorensen from the Department of Health and Human Services.

Approval of Agenda

A motion was made by Susan Staab to approve the agenda as written, seconded by Kerry Winterer. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Gene Klein, Martin Klein, Norman Langemach, Jennifer Nelson, Mary Jo Pankoke, Thomas Pristow, Dale Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer. Voting no: none. Janteice Holston, Lisa Lechowicz, David Newell, and John Northrop were absent. Motion carried.

Approval of September 14, 2012, Minutes

A motion was made by Thomas Pristow to approve the minutes of the September 14, 2012, meeting, seconded by Jen Nelson. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Gene Klein, Martin Klein, Norman Langemach, Jennifer Nelson, Mary Jo Pankoke, Thomas Pristow, Dale Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer. Voting no: none. Janteice Holston, Lisa Lechowicz, David Newell, and John Northrop were absent. Motion carried.

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A motion was made by Gene Klein to authorize the Department of Health and Human Services to reject all proponent proposals submitted in response to Strategic Planning RFP 4079 Z1. The motion was seconded by Mary Jo Pankoke. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Gene Klein, Martin Klein, Norman Langemach, Jennifer Nelson, Mary Jo Pankoke, Thomas Pristow, Dale Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer. Voting no: none. Janteice Holston, Lisa Lechowicz, David Newell, and John Northrop were absent. Motion carried.

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A motion was made by Gene Klein to select Burnight Facilitated Resources as the facilitator for the Nebraska Children's Commission strategic plan. The motion was seconded by Mary Jo Pankoke. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Gene Klein, Martin Klein, Norman Langemach, Jennifer Nelson, Mary Jo Pankoke, Thomas Pristow, Dale Shotkoski, Becky Sorensen, Susan Staab, and Kerry Winterer. Voting no: none. Janteice Holston, Lisa Lechowicz, David Newell, and John Northrop were absent. Motion carried.

Cross-Systems Analysis RFP

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Senator Coash also thanked the Commission for supporting the public hearings. He noted that he was pleased with the information that was provided in the hearings and asked the Commission to keep the hearing information in mind as the Commission is finalizing recommendations for the Health and Human Services Committee. Senator Coash also noted that handouts from the LR525 hearings were available from his office.

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Deb Burnight and Brenda Thompson led the Commission members through a facilitated discussion in which participants were asked to describe a system of care in 2015 that will effectively support a prevention/intervention system of care in order to improve the safety, permanency and well-being of children and families across the State of Nebraska. The Commission members worked through the facilitated process to identify discussion groups that will continue the dialog on what should be included in the Commission's Strategic Plan recommendations.

New Business

General Discussion no action item

Next Meeting Date

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Adjourn

A motion was made by Marty Klein to adjourn the meeting, seconded by Thomas Pristow. The meeting adjourned at 12:20pm.

Nebraska Children's Commission
Strategy Session
October 19, 2012

Documentation of Strategic Work Products

Facilitated Resources
4504 DeRocher Path
Sioux City, Iowa, 51106
DMB1953@aol.com

Overall Strategic Focus

"What changes (or things to remain the same) will we recommend that will effectively support a prevention/intervention system of care in order to improve the safety, permanency and well-being of children and families across the State of Nebraska?"

Contents

Context

The Nebraska Children's Commission met in facilitated session on Friday, October 19, 2012, at the Lincoln Heights Hotel in Lincoln, Nebraska. The agenda included:

- Context
- Shared Vision
- Planning Operations
- Debrief

This report serves as documentation of the work products and consensus decisions of those participants in attendance at the meeting.

Setting the context for the session included the sharing of ground rules for discussion, a review of the planning process ahead and time for questions from Commission members regarding the work to be done. Discussion concluded with a consensus on the following focus question to guide the overall process (text in red type indicates changes added to the text during Commission discussion):

"What changes (or things to remain the same) will we recommend that will effectively support a prevention/intervention system of care in order to improve the safety, permanency and well-being of children and families across the State of Nebraska?"

This question will be informed by subsequent work of the Commission and will be revisited throughout the planning process.

An exercise was facilitated in which participants were asked to describe a system of care that did "improve the safety, permanency and well-being of children and families across the State of Nebraska." What would it look like? The result of their discussion is detailed on page 3 of this document. (Color-coding indicates the work teams that will form around these vision elements.)

Visioning

Vision Question: What do we see in place by 2015 as a result of our collective action?						
Consistent, stable, skilled workforce serving children and families	**Family driven, child focused and flexible system of care**	**Transparent system collaboration with shared partnerships and ownership**	**Community ownership of child well being**	**Timely access to effective services**	**Technological solutions to information exchange**	**Measured results across systems of care**
Caseworker retention is highest in country Educated, experienced professionals in all parts of system Single and stable point of contact for families Caseworkers are social workers, not brokers Case leadership with accountability	System of care is family driven and child focused Kids in the home with services Flexible, creative and individual responses Family focus, not just child focus (both CW and JJ) Shared resources Build upon/link current infrastructures = focus children and families	Team approach, both with families and systems Shared vision by all elements of system Shared accountability Effective collaboration among all system stakeholders Systemic view of factors that lead to family challenges Shared decisions Quality and accountability in system Effective communication across all systems	Community ownership of child well-being (public private partnerships) Importance of communities in system of care Early intervention Importance of primary and secondary prevention services Prevention = priority for resources and services Husker-level awareness of child well being	Timely and effective services Evidenced based practices/services match need Timely/consistent service array for families at risk Availability of services statewide No wrong door Immediate access to treatment services	Effective communication across all systems Open communication Shared information system Bring child/families resources together Fully-integrated database for services	Financial efficacy best in country (public and private $ fully utilized) Children's wellbeing improved by involvement in system Data driven decision making Quality and accountability in whole system
LEADERSHIP						

Planning Operations

Virtual Work Teams

Between now and the November 20th Commission meeting, Commission members will participate in virtual (online) discussions to explore options for recommendations that can build on the strengths of the current system of care and address gaps. Members decided to organize into four teams, combining some of the vision elements identified on page 3. Commission members were asked to rank their preferences for which team to participate on, and members of the Executive Committee completed team assignments following the meeting.

Teams formed as follows, with team lead noted in parentheses:

Orange (Susan Staab):

Consistent, stable, skilled workforce serving children and families

Team Members: Vicky Weisz, Thomas Pristow, Ellen Brokofsky, Hon. Linda Porter

Green (Gene Klein):

Family driven, child focused and flexible system of care

And

Transparent system collaboration with shared partnerships and ownership

Team Members: Beth Baxter, Norm Langemach, Candy Kennedy-Goergen, Senator Colby Coash

Pink (Mary Jo Pankoke):

Community ownership of child well being

And

Timely access to effective services

Team Members: Becky Sorensen, Kerry Winterer, Jennifer Nelson, Dale Shotkoski

Yellow (Nancy Forney):

Technological solutions to information exchange

And

Measured results across systems of care

Team Members: Martin Klein, Karen Authier, Dave Newell

Members not assigned a team are encouraged to select a team and contact the relevant team lead to join their virtual discussion. If members would like to participate on a different team than assigned, they are encouraged to inform the lead for their current team and then contact the lead for the team on which they would like to participate.

Each team will discuss current strengths and weaknesses in the focus areas, then identify potential strategies and recommendations. When brainstorming recommendations and strategies, team members are asked to consider the aspects of the four key areas mentioned by the legislature in LB821:

1. Integration and coordination of all services
2. Access
3. Data
4. Role of DHHS

Scheduling information and details for how to join the virtual discussion will be distributed by email.

Debrief

A debrief of the morning's work included the identification of the following Core Values related to the work of the Commission (listed in no order of priority):

- Care about children
- Action oriented
- Ownership
- Accountability
- Effectiveness
- Future-oriented
- Organic and dynamic processes

Respectfully submitted,
Facilitated Resources
10/22/12

Psychotropic Medication Committee

Report to the Nebraska Children's Commission

Chairperson: Jennifer Nelson

Co-Chairperson: Candy Kennedy-Goergen

Commission members

- Beth Baxter
- Norman Langemach
- Vicky Weisz

Committee members approved by the commission

- Amanda Blankenship, CASA, Lincoln
- Carla Lasley, Collaborative Industries; formerly Division of Developmental Disabilities NDHHS
- Kayla Pope, M.D., Psychiatrist, Boys Town National Research Hospital
- Blaine Shaffer, M.D., Chief Clinical Officer Division of Behavioral Health, NDHHS
- Gary Rihancek, PharmD, Wagey Drug, Lincoln
- Kristi Weber, APRN (psychiatric and family medicine), VP or Program, Epworth Village; private clinical practice
- Gregg Wright, M.D., M.Ed Center on Children, Families and the Law; Pediatrician; public health
- Pam Allen, Foster Care
- Sara Goscha, Special Projects Administrator for the Director, NDHHS

Meeting dates

September 25, 2012
October 10, 2012
November 6, 2012

Recommendations

The psychotropic committee members approved the modifications to the *AACAP (American Academy of Child and Adolescent Psychiatry) Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline* during the November 6, 2012 meeting. The committee members are in agreement that the attached recommendations to the Nebraska Children's Commission will benefit Nebraska's children and families.

Recommendations for Nebraska Law and Policy Regarding Safeguards for Psychotropic Medication use in Children and Youth who are Wards of the State[1]

Background

Children in state custody often have biological, psychological, and social risk factors that predispose them to emotional and behavioral disturbances. These risk factors can include genetic predisposition, *in utero* exposure to substances of abuse, medical illnesses, cognitive deficits, a history of abuse and neglect, trauma, disrupted attachments, and multiple placements. Resources for assessing and treating these children are often lacking. Due to multiple placements, medical and psychiatric care is frequently fragmented and lacking in continuity across placements. These factors present profound challenges to providing high quality mental health care to this unique population. Unlike children who experience a mental illness from intact families, these children often have no consistent interested party to provide informed consent for their treatment, to coordinate treatment planning and clinical care, or to provide longitudinal oversight of their treatment. The state has a duty to perform this protective role for children in state custody. However, the state must also ensure a continuum of services that is readily available and easily accessible to children and their caregivers and take care not to reduce access to needed and appropriate services.

Many children in state custody benefit from psychotropic medications as part of a comprehensive mental health treatment plan. Policies and practices regarding psychotropic medications should balance protecting children from inappropriate prescribing with avoiding the unintended consequence of reducing access to necessary medical care. Further, any plan for monitoring psychotropic medications for individual children or in the aggregate should reflect the fact that psychotropic medications are part of a comprehensive mental health treatment plan and should be assessed within the context of those plans, not in isolation.

Basic Principles

1. Youth in state custody who require mental health services are entitled to continuity of care, effective case management, and longitudinal individualized treatment planning.
2. Youth in state custody should have access to effective psychosocial, psychotherapeutic, and behavioral treatments, and, when indicated, pharmacotherapy.
3. Psychiatric treatment of children and adolescents requires a rational consent procedure. This is a two-staged process involving informed consent provided by a person authorized by the state to act *in loco parentis* and assent from the youth.
4. Effective medication management requires careful identification of target symptoms at baseline, monitoring response to treatment, and screening for adverse effects. Effective medication management also requires the appropriate education for the youth and his/her caregiver regarding the short and long-term effects and side effects of each psychotropic medication used in their individualized pharmacotherapy.

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[1] Portions of this document have been taken from the AACAP Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline.

5. Children and adolescents in state custody should get the pharmacological treatment they need in a timely manner.

Recommendations for Medication Monitoring Program

For monitoring pharmacotherapy for youth in state custody with severe emotional disturbances, the following guidelines are recommended.

1. The Nebraska Department of Health and Human Services (DHHS), which is empowered by law to consent for treatment with psychotropic medications, in consultation with child and adolescent psychiatrists, should establish policies and procedures to guide the psychotropic medication management of youth in state custody. DHHS should:

    a. Identify the parties empowered to consent for treatment for youth in state custody in a timely fashion.
    b. Establish a mechanism to obtain assent for psychotropic medication management from minors when possible.
    c. Make available simply written psychoeducational materials and medication information sheets to facilitate the consent and assent process.
    d. Establish training requirements for child welfare, and/or foster parents to help them become more effective advocates for children and adolescents in their custody. This training should include the names and indications for use of commonly prescribed psychotropic medications, monitoring for medication effectiveness and side effects, and maintaining medication logs. Materials for this training should include a written "Guide to Psychotropic Medications" that includes many of the basic guidelines reviewed in the psychotropic medication training curriculum.

2. DHHS should design and implement effective oversight procedures that:
    a. Establish guidelines for the use of psychotropic medications for youth in state custody.
    b. Establish a program, administered by child and adolescent psychiatrists, to oversee the utilization of medications for youth in state custody. This program would:
        i. Establish an advisory committee (composed of agency and community child and adolescent psychiatrists, pediatricians, other mental health providers, consulting clinical pharmacists, family advocates or parents, youth involved in the child welfare system and state child advocates) to oversee a medication formulary and provide medication monitoring guidelines to practitioners who treat children in the child welfare system.
        ii. Monitor the rate and types of psychotropic medication usage and the rate of adverse reactions among youth in state custody.
        iii. Establish a process to review non-standard, unusual, PRN, and/or experimental psychiatric interventions with children who are in state custody.

iv. Establish a process to review all psychotropic medication usage for children five and under.
v. Collect and analyze data and make quarterly reports to the state child welfare agency regarding the rates and types of psychotropic medication use. Make this data available to clinicians in the state to improve the quality of care provided.

c. Maintain an ongoing record of diagnoses, height and weight, allergies, medical history, ongoing medical problem list, psychotropic medications, and adverse medication reactions that are easily available to treating clinicians 24 hours a day.

3. DHHS should design a consultation program administered by child and adolescent psychiatrists. This consultation service should provide face to face evaluations when possible, or by telepsychiatry in remote areas. The service will address the following:

   a. Provides consultation by child and adolescent psychiatrists to the persons or agency that is responsible for consenting for treatment with psychotropic medications.
   b. Provides consultations by child and adolescent psychiatrists to, and at the request of, treatment providers treating this difficult patient population.
   c. Conducts evaluations of youth by child and adolescent psychiatrists at the request of the child welfare agency, the juvenile court, or other state agencies empowered by law to consent for treatment with psychotropic medications when concerns have been raised about the pharmacological regimen.

4. DHHS should create a website to provide ready access for clinicians, foster parents, and other caregivers to pertinent policies and procedures governing psychotropic medication management, psychoeducational materials about psychotropic medications, consent forms, adverse effect rating forms, reports on prescription patterns for psychotropic medications, and links to helpful, accurate, and ethical websites about child and adolescent psychiatric diagnoses and psychotropic medications.

5. DHHS and Administrative Office of the Courts along with other system stakeholders should work together on guidelines and protocols that address the principles and recommendations set forth in this document.

Juvenile Services (OJS) Committee Recommendations

The Juvenile Services (OJS) Committee has been working on the LB 821 charge to examine and review:

- the structure and responsibilities of the Office of Juvenile Services;
- the role and effectiveness of the youth rehabilitation and treatment centers; and
- the responsibilities of the Administrator of the Office of Juvenile Services, including oversight of the youth rehabilitation and treatment centers and juvenile parole.

The committee began its thoughtful examination of these areas and is currently working on the review of previous recommendations to determine what future changes, if any, need to be recommended for the juvenile justice continuum of care. Although the committee's assessment is not complete, the committee has committed to have initial recommendations to present to the Nebraska Children's Commission on the future responsibilities of the OJS administrator and the future role of the youth rehabilitation and treatment centers in the juvenile justice continuum of care by July 1, 2013.

Until the initial recommendations are completed, the Juvenile Services (OJS) Committee would like to voice its support of the Nebraska Children's Commission vision to develop collaborative recommendations that strengthens both child welfare and the juvenile justice systems by:

- creating a consistent, stable, skilled workforce that serves children and families;
- creating a family driven, child focused and flexible system of care that includes transparent system collaboration with shared partnerships and ownership that contemplate the needs of the juvenile justice continuum of care;
- developing community ownership of child well being;
- enhancing timely access to services;
- collaborating on the development of technologic solutions that properly enhance information exchange and create measured results across all systems of care.

This final report includes the recommendations regarding Foster Care Reimbursement Rates and Level of Care Assessment Tools.

LB820 Final Legislative Report

Division of Children and Family Services

Department of Health & Human Services

DHHS

NEBRASKA

Background

LB 820, Sections 4 & 5 requires the Department of Health and Human Services to create a committee to develop a standard statewide foster care reimbursement rate structure. This will include a statewide standardized level of care assessment and tie performance with payments to achieve permanency outcomes for children and families.

The following committee was appointed by Kerry T. Winterer, CEO, Department of Health and Human Services.

Committee Members		
Name	**Position, Organization**	**Representation**
Thomas D. Pristow	Director, Children & Family Services	Designee of the chief executive officer of the department
Debbie Silverman	Administrator, Western Service Area	Representatives from the Division of Children and Family Services of the department from each service area.
Charlie Ponec	Resource Developer, Central Service Area	
Karen Knapp	Children & Family Services Specialist, Northern Service Area	
Jodi Allen	Children & Family Services Specialist Supervisor, Southeast Service Area	
Carrie Hauschild	Children & Family Services Specialist Supervisor, Eastern Service Area	
Carol Krueger	Nebraska Children's Home Society (Eastern)	Representatives from a child welfare agency that contracts directly with foster parents, from each of such service areas.
Gregg Nicklas	Christian Heritage (Southeast)	
Jackie Meyer	Building Blocks for Community Enrichment (Northern)	
Susan Henrie	South Central Behavioral Services (Central)	
Cory Rathbun	St. Francis Community (Western)	
Lana Temple-Plotz	Foster Family-Based Treatment Association, Boys Town	A representative from an advocacy organization which deals with legal and policy issues that include child welfare.
Leigh Esau	Foster Care Closet	A representative from an advocacy organization the singular focus of which is issues impacting children.
Barb Nissen	Nebraska Foster and Adoptive Parent Association	A representative from a foster and adoptive parent association.
David Newell	Nebraska Families Collaborative	A representative from a lead agency.
Rosey Higgs	Project Everlast	A representative from a child advocacy organization that supports young adults who were in foster care as children.
Bev Stutzman	Wood River, Nebraska	A foster parent who contracts directly with the department.
Joan Kinsey	Lincoln, Nebraska	A foster parent who contracts with a child welfare agency.
Sara Goscha	Administrator, DHHS Division of Children and Family Services, Special Projects	Director appointment.

The committee met once a month from June – November 2012. Two sub-committees were established to address the committee's legislative requirements: The Level of Care Assessment Sub-Committee and the Foster Care Rate Sub-Committee. The Nebraska Public Meeting Calendar was used for meeting notices. The committee's meeting agendas, minutes and information can be viewed at:
http://dhhs.ne.gov/ChildrensCommission/Pages/Home.aspx
The reports submitted to the legislature can be viewed on-line at:
http://www.nebraskalegislature.gov/agencies/view.php

Recommended Actions for Foster Care Reimbursement Rates

Goal: The committee was instructed to adjust the standard reimbursement rate to reflect the reasonable cost of achieving measurable outcomes for all children in foster care in Nebraska.

The committee shall
(a) analyze consumer expenditure data reflecting the costs of caring for a child in Nebraska,
(b) identify and account for additional costs specific to children in foster care, and
(c) apply a geographic cost-of-living adjustment for Nebraska.
The reimbursement rate structure shall comply with funding requirements related to Title IV-E of the federal Social Security Act, as amended, and other federal programs as appropriate to maximize the utilization of federal funds to support foster care.

Rate discussion included analysis of:

- Nebraska FCPAY checklist (Foster Care Pay, currently in use)
- M.A.R.C. (Hitting the M.A.R.C. Establishing Foster Care Minimum Adequate Rates for Children) study and data, and
- USDA (US Department of Agriculture, Center for Nutrition Policy and Promotion, Expenditures on Children by Families, 2011).

These documents include similar information, although they are not directly parallel with each other. The USDA cost of raising children included additional expense categories already provided by DHHS for children in foster care (e.g. child care and medical insurance) which were excluded from the recommendation.

The sub-committee chose to use an average of two Midwest Urban two parent family categories as a baseline to calculate the minimum rate to care for a child in foster care. This average took into consideration food, clothing, shelter, normal family transportation, and miscellaneous costs related to children in a two parent family. The committee recommended a set of base foster care reimbursement rates by age grouping, which include a minimal amount of transportation. Foster care brings an additional layer of transportation needs to foster families so the committee also recommends a transportation reimbursement plan for families who use more than 100 miles extra in a month in the course of providing care.

Foster Care Reimbursement Rate Recommendations:

The following Foster Care Reimbursement rates were recommended:

Age	Daily	Monthly	Annual
0-5	$ 20.00	$608.33	$7,300.00
6-11	$ 23.00	$699.58	$8,395.00
12-18	$ 25.00	$760.42	$9,125.00

Recommended Statewide Standardized Level of Care Assessment

Goal: The committee was instructed to develop a statewide standardized level of care assessment containing standardized criteria to determine a foster child's placement needs and to appropriately identify the foster care reimbursement rate.

The committee shall review other states' assessment models and foster care reimbursement rate structures in completing the statewide standardized level of care assessment and the standard statewide foster care reimbursement rate structure.

The statewide standardized level of care assessment shall be research-based, supported by evidence-based practices, and reflect the commitment to systems of care and a trauma-informed, child-centered, family-involved, coordinated process.

The committee shall develop the statewide standardized level of care assessment and the standard statewide foster care reimbursement rate structure in a manner that provides incentives to tie performance in achieving the goals of safety, maintaining family connection, permanency, stability, and well-being to reimbursements received.

The Level of Care sub-committee discussions centered on researching assessment tools within Nebraska and other states, evaluating their effectiveness, attributes and complications of each tool. Sub-committee members spent considerable time personally contacting experts in other states to gain insight into their assessments.

Ten tools researched and assessed from eight states. Thirteen experts were interviewed. The tools and experts are documented in committee minutes and available on the Nebraska Children's Commission webpage http://dhhs.ne.gov/Pages/childrenscommission.aspx.

Two assessment tools were recommended in order to better assess the level of care needs of the child, and level of responsibility required by the foster parent. Foster parents asked to provide a higher level of care which requires additional training would be paid an additional amount per day. The advanced care needs of medically fragile children who require special feeding, in-home health care, and transportation requirements would be an example. Children with severe mental health concerns which require additional programming, supervision or special services that the foster parent can be trained to provide would result in an additional payment to the foster parent.

Level of Care Assessment Tool Recommendations:

The Level of Care Assessment tool recommendations are:

- Child Needs Assessment: Child and Adolescent Needs and Strengths Comprehensive (CANS)
- Caregiver Responsibilities: Nebraska Caregiver Responsibilities (NCR)

Level of Care Assessment caution: Do not tie foster parent payment directly to the assessment of a child.

Potential Impact Items

The Level of Care Assessment sub-committee received strong recommendations from other states regarding the use of Level of Care Assessment tools, and their use in combination with establishing foster care reimbursement rates.

1. All states interviewed recommended not tying an assessment to foster care payments initially. Instead all states recommended a "hold harmless" phase where foster parents rates do not change for a period of time;
2. An ongoing quality assurance process is critical to success;
3. Other states recommended training, implementation, ongoing training support; and
4. Use caution when developing or choosing a tool to ensure the tool or subsequent payment methodology does not include behaviors or conditions that overlap with other services/funding streams (i.e., developmental disabilities, behavioral health, medically fragile, OJS).

This final report includes the recommendations to address barriers to Title IV-E participation and reimbursement and the Title IV-E Waiver Application Implementation Plan and Timeline

LB820 Final Legislative Report

Division of Children and Family Services

Department of Health & Human Services

DHHS

NEBRASKA

Background

LB 820 required the Department to appoint a IV-E Demonstration Committee. The committee's responsibilities included reviewing, reporting and providing recommendations regarding application for a Title IV-E Waiver Demonstration Project. There was no consultant hired for this effort. The committee was to review the current Title IV-E participation and penetration rates, review strategies and solutions for raising Nebraska's participation rate and reimbursement for Title IV-E in child placement, case management, replacement, training, adoption, court findings, and proceedings and recommend specific actions for addressing barriers to participation and reimbursement. The committee was also to create an implementation plan and time line for making application for a Title IV-E waiver. The implementation plan presented in this final report supports and aligns with the goals of the statewide strategic plan requirement in LB 821.

The following committee was appointed by Thomas D. Pristow, Children and Family Services Director. The committee members are representative of the department and child welfare stakeholder entities as identified in the bill.

Committee Members			
Name	**Committee Role**	**Title / Organization**	**Committee Representation**
Sara Goscha	Committee Chair	Special Projects Administrator, DHHS Division of Children and Family Services	DHHS Representative
Kevin R. Nelson	Committee Member	Internal Auditor, DHHS Operations Division	DHHS Representative
Sarah Forrest	Committee Member	Policy Coordinator, Voices for Children	Advocacy Organization Dealing with Legal and Policy Issues
Candy Goergen-Kennedy	Committee Member	Executive Director, Nebraska Federation of Families for Children's Mental Health	Advocacy Organization with the Singular Focus Issues Impacting Children
Jerry Davis	Committee Member	Vice President National Advocacy and Public Policy, Boys Town	Child Welfare Agency Providing and Array of Services
Jim Blue	Committee Member	President, CEDARS	Child Welfare Agency Providing and Array of Services
Bill Reay	Committee Member	President and CEO, OMNI Behavioral Health	One Entity which is a Lead Contractor
Gene Klein	Committee Co-Chair	Project Harmony Director, Child Advocacy Center	Commission Member
Corey Steel	Ex-Officio	Assistant Deputy Administrator, Office of Probation Administration	Ex-Officio
Sheri Dawson	Ex-Officio	Deputy Director, DHHS Division of Behavioral Health	Ex-Officio
The Honorable Judge Inbody	Ex-Officio	Chief Judge of the Court of Appeals, 5th Judicial District	Ex-Officio
Vicky Weisz	Ex-Officio	Director, Nebraska Court Improvement Project	Ex-Officio

The committee convened on June 21, 2012 and met monthly through November 2012. There were two sub-committees established to address the committee's legislative requirements: The IV-E Penetration Rate sub-committee and the IV-E Waiver Implementation Plan sub-committee. The Nebraska Public Meeting Calendar was used for meeting notices. The committee's meeting agendas, minutes and information can be viewed at: http://dhhs.ne.gov/Pages/childrenscommission.aspx. The reports submitted to the legislature can be viewed on-line at: http://www.nebraskalegislature.gov/agencies/view.php

Recommended Actions for Addressing Barriers to Title IV- E Participation and Reimbursement

Recommendations for Increasing IV-E Penetration Rate

The most significant factor limiting Nebraska's IV-E penetration rate is the family income of the home from which the child is removed (typically, the biological family). This eligibility rate is tied to Nebraska's 1996 AFDC eligibility standard, the rates that states must use to determine current IV-E eligibility. Nebraska's rate is low with only four states lower than Nebraska. To illustrate, in this region: NE- cutoff is $364/month for family of 3; IA-$849; KS-$429; MO-$846.

An analysis of current cases indicates that around 60% of Nebraska's children in out of home care are ineligible for IV-E due to family income. Consequently, Nebraska's IV-E penetration could not be expected to substantially exceed 40%.The state's current penetration rate is approximately 30%.

An analysis of cases where children were financially eligible, but the cases were ineligible for IV-E for other reasons, indicated that two areas of improvement were likely to yield significant improvements in the overall penetration rate. One involves required judicial findings that affect the child's eligibility. The second involves the licensing of kinship homes. See Appendix A.

Increase required judicial findings and their identification by reviewers

In order for children to be IV-E eligible, specific court findings have to be made that clearly demonstrate proper judicial oversight of children and youth's removals from their homes. Common reasons for a child's case to be ineligible for IV-E funding include: judge error in proper documentation of findings, reviewer error (e.g. overly narrow interpretation of requirement; failure to review all pertinent orders), and delinquency system issues (e.g. removals to detention that do not always involve judicial oversight).

Recommendations:

1. Administrative Office of the Court (AOC)/Judicial Branch Education should continue to provide ongoing training to judges, clerks, bailiffs regarding judicial findings that are required for IV-E eligibility.
2. AOC/JUSTICE (Court's data management system) should make modifications to DOCKET court orders consistent with required judicial findings.
3. Nebraska Department of Health and Human Services (NDHHS) should continue to conduct monthly internal reviews of all court orders for income eligible children that have been determined to be ineligible because of missing judicial findings.
    a. NDHHS should provide all noncompliant court orders of income eligible children to the Court Improvement Project/AOC on a monthly basis.
    b. Court Improvement Project/AOC should distribute noncompliant court orders to judges and provide training and technical assistance as needed.
4. A workgroup should be formed, including representatives of NDHHS, AOC, Probation, and the Legislature's Judiciary Committee to study and make recommendations to the Children's Commission regarding systemic barriers to IV-E necessary judicial findings in delinquency cases.

Increase the Number of Licensed Kinship Homes in Nebraska

In order for states to receive IV-E reimbursement for services, children must reside in licensed foster homes. In 2010, 1,153 Nebraska children in foster care lived in homes with kin (relatives or others with emotionally significant relationships).1 Only 6% of relative foster homes were licensed in 2010, however, one of the lowest

[1] 2010 AFCARS data as provided by *Kids Count Data Center* (datacenter.kidscount.org).

rates in the country.2 A July 2, 2012 report found that 52.7% of children ineligible for IV-E were ineligible due to their placement.3

While living with kin is beneficial to children, the low rate of licensed kin negatively impacts Nebraska's ability to claim IV-E funds. With more emphasis nationally and locally on notifying relatives and placing children with their kin, Nebraska needs to increase its number of licensed kinship homes. The committee recommends the following steps:

1. DHHS should issue new foster home regulations as soon as possible that allow families to meet requirements for children's safety, health, and well-being in a variety of ways. For example, instead of square footage requirements regulations could require families to provide adequate space for children. These new, more flexible regulations must apply to both kin and non-kin foster homes, as IV-E regulations do not permit different requirements for kin and non-kin homes.
2. DHHS should use its authority to issue waivers to relative homes for non-safety requirements for licensure on a case-by-case basis, as allowed by federal law. DHHS should issue new regulations that establish this practice.
3. DHHS should use a portion of its IV-E administrative dollars to create a fund that can help kinship homes meet safety requirements for licensure. For example, the lack of an egress window or new fire alarms could be installed, even if a family could not afford it, so the family could be fully licensed.
4. DHHS and its partner agencies should make active efforts to provide information and support to kinship families regarding licensure.
5. DHHS should conduct a survey of or focus groups with unlicensed relative homes to help identify systemic barriers to licensure, which can then be addressed.
6. Ongoing monitoring and review of the number of unlicensed kinship homes and their barriers to licensure should be established.

Title IV-E Waiver Application Implementation Plan and Timeline

Goal: The goal selected for the Nebraska Waiver Demonstration Project is to prevent child abuse and neglect and the re-entry of infants, children, and youth into foster care. The waiver project will focus on safely reducing the number of children in foster care while ensuring the physical and mental health of children in foster care is being met. Refer to Appendix B for the Waiver Demonstration Project Implementation Plan and Timeline.

Child Welfare Program Improvement Policies: The two child welfare program improvement policies planned for implementation are:

1. Addressing Health and Mental Health Needs of Children in Foster Care
2. Establishment of Specific Programs to Prevent Foster Care Entry or Provide Permanency

Capacity Assessment: The Department of Health and Human Services (DHHS) has the ability and capacity to effectively use the authority to conduct a waiver project and is committed to creating and sustaining lasting change within the Child Welfare System. This is evidenced through the numerous efforts that have been undertaken thus far to create and improve a system that will safely reduce the number of children in foster care.

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[2] Report to Congress on States' Use of Waivers of Non-Safety Licensing Standards for Relative Foster Family Homes, Children's Bureau, Administration on Children, Youth and Families. Administration for Children and Families, U.S. Department of Health and Human Services, 2011.

[3] Data provided NE DHHS. Data were controlled for youth who were ineligible for income, deprivations and citizenship requirements, but the other reasons for ineligibility could be duplicated. See Appendix A.

The Division of Children and Family Services (CFS) has undergone organizational changes that shifted some operational accountability creating a foundation that allows for a more streamlined environment. This change included the creation of a Special Projects Administrator position that will be dedicated to developing the waiver application along with collaboration of the IV-E Implementation Plan Committee.

Differential Response is anticipated to be a part of the proposed demonstration project for the Title IV-E waiver. Early this summer, the division expanded collaboration with Casey Family Programs, and requested their assistance with learning more about how a Differential Response model could benefit Nebraska's children and families. Differential Response encompasses a best practice model enabling families to see our role as a support that connects them to the community resources they need in order to resolve issues that are putting their children at risk and to strengthen what is already working. A Differential Response will always assess safety and risk but in an approach that is different from our traditional forensic investigations. A Differential Response is a way to support families in a caring and helpful way. With Casey's assistance, we invited key stakeholders along with protection and safety staff to come together as a team to both learn more about Differential Response and to advise the division about how Differential Response could best be implemented in Nebraska. It is the department's intent to implement Differential Response beginning in the summer of 2013. Potentially impacting the implementation of a Differential Response System is that currently Nebraska has no legislation to support this type of system. The Title IV-E waiver will allow monies to be shifted for the differential response system; however, an investment at the beginning of implementation will be necessary to develop the service array needed to implement this type of system.

DHHS has improved data and the ability of being able to use that data to inform decisions regarding children and families to be served by the waiver. This capability will help DHHS identify the target population and how to maintain a control group in determining whether the demonstration project is effective in improving the well-being of children and families.

A team has been assembled including both internal cross divisional partners and external stakeholders to discuss implementation and how this waiver could look in the State of Nebraska. Since the waiver needs to be cost neutral, meaning that DHHS cannot be reimbursed for more title IV-E funds for children served by the waiver than without the waiver, DHHS has taken steps to increase the percentage of children receiving IV-E dollars. It is important that the capped allotment be a benefit to the state to produce a shifting of dollars to prevent re-entry of children and families into the system and abuse and neglect.

Potential Impact

As stated above, Nebraska intends to include the implementation of a Differential Response Model in the waiver application. Currently there is no legislation or additional funding to support a Differential Response System in Nebraska, which could potentially affect the awarding of the Title IV-E waiver to Nebraska in 2013.

Nebraska received a disallowance letter for IV-E funds paid through the lead agencies for 2010. Nebraska is currently working with Federal staff in Washington, DC to continue with the efforts to submit a waiver application. At this time, the department is working to recoup at least part of the disallowance. Director Pristow has also stated that any disallowance would not have an impact on the services that are provided to children and families.

Appendix A

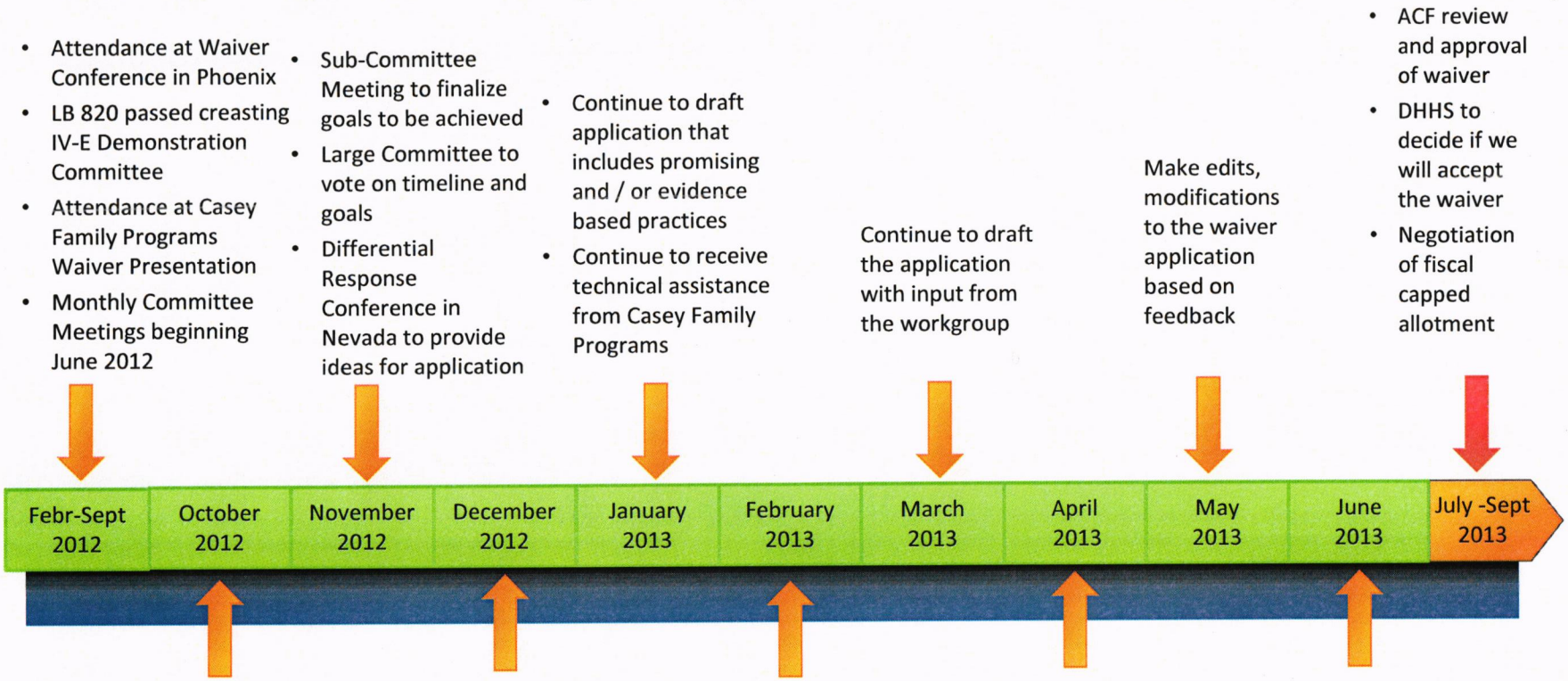
Youth Who are Passing the IV-E Income, Deprivation and Citizenship Requirements and are Failing IV-E Eligibility for Another Reason

Source: Non-IV-E Report July 2, 2012

Current Placement	(All)					
	Column Labels					
Values	**Central**	**Eastern**	**Northern**	**Southeast**	**Western**	**Grand Total**
Count of Youth	120	468	89	249	92	1018
Contrary to the Welfare	22.5%	8.8%	32.6%	12.9%	14.1%	13.9%
Reasonable Efforts	31.7%	10.3%	27.0%	18.5%	22.8%	17.4%
No Permanency Hearing	11.7%	29.7%	9.0%	8.4%	3.3%	18.2%
Age	0.8%	2.4%	0.0%	1.6%	1.1%	1.7%
Placement Facility	50.8%	48.7%	43.8%	57.4%	70.7%	52.7%
School Attendance	0.8%	0.6%	0.0%	0.0%	0.0%	0.4%
SSI	6.7%	11.1%	13.5%	12.4%	15.2%	11.5%
Youth may fail for more than one reason. Because of this duplication, the percent will not add up to 100%.						
Placement Facility Failures include youth placed in the YRTC and Detention.						

Appendix B

IV-E Demonstration Project Implementation Plan and Timeline



Committee Reports:
Participant Observations and Insights

What stands out to you from these reports? • Psychotropic Medication Committee • Juvenile Services Committee • Foster Care Reimbursement Rate Committee • Title IV-E Demonstration Project Committee	**What new questions or considerations do these committee reports raise for you?**
Where are there some common themes or threads among these reports?	**What other observations would you make at this time?**

Community Ownership of Child Well Being & Timely access to effective services	
Map available data for resources, gaps, needs and services	1. Develop a map of Nebraska resources and gaps based on available data on problem areas, agreed upon family support needs (such as those defined in the service array process), an accurate picture of present community resources and services (both public and private).
Strengthen and expand community collaboratives	2. Strengthen and expand community collaboratives. The pathway to improved child well-being is through the communities in which children and families live. There are examples of strong community collaboratives taking ownership for child well-being. These successful efforts should be showcased and built upon.
Build state level infrastructure for prevention with integration and blended funds	3. Build a broad-based infrastructure at the state level to lead prevention efforts through integration of services and blending of funds (both public and private).
Raise visibility and encourage dialogue	4. Raise the visibility of child abuse and neglect, trauma informed care and other issues affecting child well-being and encourage dialogue on these important issues.
Develop common data systems and standards with external data mining	5. Develop common data systems/standards across all state and private services and utilize an outside entity to mine data.
Identify, promote and achieve broad support for key elements for successful families	6. Identify the supports or essential services (both formal services and informal supports) that a family needs to be successful – with no assumption that the State is the sole provider. Develop, disseminate and encourage the incorporation into practice the knowledge base on promoting child well-being. This includes information and skills related to the prevention of child abuse and neglect, building on family and community strengths, promoting protective factors, brain development, trauma informed care and other relevant areas.

Consistent, stable, skilled workforce serving children and families.	
Hire and adequately compensate well-trained professionals	1. Develop a plan to hire competent, trained and adequately compensated professionals that are investigating allegations of neglect and abuse, formulating and monitoring reasonable and relevant case plans and recommending permanency plans for children and families. ○ NOT an entry level position into Child Welfare ○ Require and/or incentivize BSW and MSW for all caseworkers ○ Utilize apprenticeship/mentor program
Develop retention plan for caseworkers	2. Develop (with current caseworkers) a retention plan for current and future workers that may include pay and career trajectory, administrative support, clarity of expectations, supervisor effectiveness.
Clearly define point person and roles of all working with children and families	3. Clearly define the point person and role of any person or entity working with children and families (juvenile probation officer, an OJS worker, DHHS worker; any contracting entity).
Identify model for collaboration and cooperation	4. Identify model and a system to support that model for collaboration of all entities involved (juvenile probation officer, an OJS worker, DHHS worker; any contracting entity) in case management that develops and encourages full cooperation and working relationships and fully utilizes the resources and organizations already in place across the state.
Develop pilot project (urban and rural) for guardian ad litems	5. Develop a pilot project for Guardian ad litems-1 rural, 1 urban-that carefully follows the GAL guidelines with appropriate supports.
Benchmark the state with lowest caseworker turnover	6. Benchmark the state with the lowest caseworker turnover (or states' children with the fewest worker changes).
Assess and address morale and culture	7. Assess and address the morale, lack of trust/organizational culture and climate so that the front line staff is working in an empowered and supported capacity.
Conduct comprehensive review of caseworker training and curriculum	8. Conduct a comprehensive review of caseworker training and curriculum and change/update as needed to best equip those interacting directly with families. In addition, consider caseworker specialization to improve preparedness and efficacy.

Developing technological solutions to information exchange to achieve measured outcomes across systems of care.	
Reach agreement on population outcomes and indicators	1. Agreement on whole-population outcomes-then specific indicators and strategies can be developed by the system of care across the state.
Create an appropriations schedule utilizing system design	2. Utilize system design and consultant input to create an appropriations schedule for the Legislature and talk to foundations for funding partnerships.
Design data system for integration, coordination and accessibility	3. Data system be designed to support integration, coordination and accessibility of all services provided by the state.
Explore University expertise for data analysis	4. Explore utilization of university expertise to review, analyze and ensure data integrity to establish trend lines.
Develop action steps in cross-divisional programming	5. The Department develops action steps in cross-divisional programming.

Family driven, child focused and flexible system of care & Transparent system collaboration with shared partnerships and ownership	
Develop shared commitment, including trauma informed response	1. Develop a shared commitment to the system of care values that includes trauma informed response for children and families across the entire system of care
Invest in prevention	2. Invest in prevention through trauma informed care, mental health promotion, wellness (both physically and mentally) and early intervention
Develop differential response system	3. Develop a differential response system
Develop plan for retention of frontline staff	4. Ask CFS to develop a plan to increase retention of front line workers and lend Commission support to that effort.
Address education and training for staff	5. Ask DHHS to address education and training requirements (including trauma informed care) for caseworkers and supervisors, including funding issues.
Develop team-based approach for decision making	6. Develop a strong team approach to decision making on a case by case basis - family would understand that a team is working on their case
Develop educated system partners and include oversight	7. Develop educated system partners and include oversight
Realign operations to support trauma informed system of care	8. Realign current system operations so that they support and are congruent with a trauma informed system of care.

November 15, 2012

Sub-team: Developing Technological solutions to information exchange to achieve measured outcomes across systems of care.

Key points/issues our team took into consideration:

- Money has been appropriated from the legislature
- Stakeholders recognize the need for information sharing
- Other systems have been developed across the country to solve technology issues
- There need to be agreement on whole population outcomes
- There is inadequate collection, retrieval and analysis across our system
- We don't trust our current data and system
- Our system needs to be "real time" useful and user friendly
- We don't have a complete "buy in" by our workforce
- We could use our state resources (University of Nebraska) to a greater degree
- We need to have responsive leadership and expert consultation available
- We need to determine legal barriers to information sharing
- We need to assist in building an appropriations schedule for the legislature

Our final Recommendations are:

1) Agreement on whole-population outcomes-then specific indicators and strategies can be developed by the system of care across the state.

2) Utilize system design and consultant input to create an appropriations schedule for the Legislature and talk to foundations for funding partnerships.

3) Data system be designed to support integration, coordination and accessibility of all services provided by the state.

4) Explore utilization of university expertise to review, analyze and ensure data integrity to establish trend lines.

5) The Department develops action steps in cross-divisional programming.

DRAFT November 16, 2012

Sub-team: Consistent, stable, skilled workforce serving children and families.

What key points/issues did your team take into consideration when making your recommendations? *Our vision for this team guided our recommendations:*

- Caseworker retention is highest in the country
- Educated, experienced professionals in all parts of the system
- Single and stable point of contact for families
- Caseworkers are social workers, not brokers
- Case leadership with accountability.

What seemed clear from the start? What not so much? *Our team had clarity on the gaps in the system and less clarity on the strengths/assets. The gaps are addressed in our recommendations section. The strengths/assets we identified are:*

- Caseload size is being addressed by DHHS and has been set (that should allow time to do their role)
- We have a capable training facility, and university system to meet the educational requirements to equip workers
- There are models (safety plan, mentorship for new caseworkers, etc) that have been developed and practiced
- Strong leadership and accountability exist and DHHS is stabilizing
- Regarding GALs, stakeholder groups are giving attention to/taking interest in improving GAL work.

What recommendations does your team propose? What is the rationale for proposing them? *Our recommendations are:*

- Develop a plan to hire competent, trained and adequately compensated professionals that are investigating allegations of neglect and abuse, formulating and monitoring reasonable and relevant case plans and recommending permanency plans for children and families.
    - NOT an entry level position into Child Welfare
    - Require and/or incentivize BSW and MSW for all caseworkers
    - Utilize apprenticeship/mentor program
- Develop (with current caseworkers) a retention plan for current and future workers that may include pay and career trajectory, administrative support, clarity of expectations, supervisor effectiveness.
- Clearly define the point person and role of any person or entity working with children and families (juvenile probation officer, an OJS worker, DHHS worker; any contracting entity).

- Identify model and a system to support that model for collaboration of all entities involved (juvenile probation officer, an OJS worker, DHHS worker; any contracting entity) in case management that develops and encourages full cooperation and working relationships and fully utilizes the resources and organizations already in place across the state.
- Develop a pilot project for Guardian ad litems-1 rural, 1 urban-that carefully follows the GAL guidelines with appropriate supports.
- Benchmark the state with the lowest caseworker turnover (or states' children with the fewest worker changes).
- Assess and address the morale, lack of trust/organizational culture and climate so that the front line staff is working in an empowered and supported capacity.
- Conduct a comprehensive review of caseworker training and curriculum and change/update as needed to best equip those interacting directly with families. In addition, consider caseworker specialization to improve preparedness and efficacy.

Our rationale for these recommendations is that they address the weaknesses/gaps in our system that are an impediment to realizing our vision.

If they became a reality, what difference would these recommendations make for children and families? *All of these are positive steps to make the whole system more responsive and robust and contribute to meaningful changes in the Child welfare system in Nebraska. Summarily, a consistent, stable, skilled workforce serving children and families will result in fewer children in out-of-home placement, a shorter time in out-of-home-placement, increased safety and an overall sense of being better for having been served by the system.*

Community Ownership of Child Well Being and Access to Services Team's Report

1) What key points/issues did your team take into consideration when making your recommendations?

The following themes emerged from our discussion of the current strengths and weaknesses in the system.

a. Need to better define what prevention/intervention means and ensure priority is given to all three levels of prevention. Emphasis in the past has been on tertiary prevention through intervention after a family is already involved in the child welfare system. Primary and secondary prevention need to be made a priority.

b. Government can't do it alone – the private sector must be engaged. There are models in place for public/private collaboration for prevention on a statewide basis. There is a strong, active committed private sector.

c. There is broad-based community concern with issues affecting child well-being. Communities are willing to accept responsibility for child well-being if given direction and support.

d. There is growing awareness that child safety is a necessary goal but that child well-being is also an important goal.

e. Importance of public/private partnerships. There are already significant state resources committed to child welfare. Private philanthropy is committed to improving child well-being outcomes and is willing to partner with government.

f. There is a lack of integrated services at the state level and funding streams are not integrated for prevention.

g. Lack of a full service array (prevention/intervention) across the state. A full continuum of supports and services should be available from informal supports to high-end evidence-based services.

h. Need to take a systems approach. It is not always more services that are needed. Coordination and integration of existing services can improve access to services and ensure families get what they need in a timely manner.

i. Community-based prevention efforts are the key to improved child well-being. There is a need for long-range plan with goals, objectives, and strategies for statewide growth of community-based prevention efforts. A community prevention infrastructure exists in high-need communities that can be built upon.

j. Need for university partners to assist in developing a research component to determine effectiveness of community-based prevention.

2) What seemed clear from the start? What not so much?

a. The importance of public/private partnerships and collaborations. It will take both the public and private sectors to improve child well-being.

b. Important role of communities in improving child well-being. Need to build on the efforts currently underway in communities.

c. Primary and secondary prevention should be a priority.

d. Lots of interest and political will but need an umbrella of leadership and guidance – need a common vision and direction.

e. Need for infrastructures at both the community and state level to support integration of services, blending of funding streams, and improved access to services.

f. Although there is growing awareness that child well-being is an important goal, there is lack of agreement regarding domains/elements regarding child well-being goals.

3) What recommendations does your team propose? What is the rationale for proposing them?

a. Develop a map of Nebraska resources and gaps based on available data on problem areas, agreed upon family support needs (such as those defined in the service array process), an accurate picture of present community resources and services (both public and private). (Rationale: Need to get baseline data on where we are at and to build on what already exists.)

b. Strengthen and expand community collaboratives. The pathway to improved child well-being is through the communities in which children and families live. There are examples of strong community collaboratives taking ownership for child well-being. These successful efforts should be showcased and built upon. (Rationale: Child abuse and neglect and other social problems affecting child well-being are too complex for any single program or organization to address singlehandedly. Strong community collaboratives that utilize a collective impact approach are key to ensuring that essential supports and services are in place in communities, accessible to the families in a timely manner, and that agencies operate in a more coordinated and integrated manner. Implementing promising programs is an important condition for improving child and family outcomes, but equally important is defining the infrastructure and systemic change needed to support and sustain these efforts.)

c. Build a broad-based infrastructure at the state level to lead prevention efforts through integration of services and blending of funds (both public and private). (Rationale: Existing systems – child welfare, health, behavioral health, public assistance, juvenile justice, education, etc. have a role to play in the well-being of children. These systems need to operate in a much more coordinated and integrated manner in order to achieve better outcomes for children. Private funders should be at the table as cross-system collaborative approaches to addressing problems are developed.)

d. Raise the visibility of child abuse and neglect, trauma informed care and other issues affecting child well-being and encourage dialog on these important issues. (Rationale: For child well-being to become elevated to a "husker level" of importance in Nebraska will require citizens to become more informed of issues affecting child well-being and to become engaged in creating safer and more supportive communities.)

e. Develop common data systems/standards across all state and private services and utilize an outside entity to mine data. (Rationale: Collecting data and looking at results across multiple services are necessary in order to spot patterns, find solutions and implement them rapidly.)

f. Identify the supports or essential services (both formal services and informal supports) that a family needs to be successful – with no assumption that the State is the sole provider. Develop, disseminate and encourage the incorporation into practice the knowledge base on promoting child well-being. This includes information and skills related to the prevention of child abuse and neglect, building on family and community strengths, promoting protective factors, brain development, trauma informed care and other relevant areas. (Rationale: It is essential that families have access to the supports and services they need to be successful whether it is assistance with rent to avoid a conviction notice or an evidence-based intervention. This should not be viewed as government's responsibility alone. It should be viewed as a shared community concern with the public and private sectors joining together to provide a web of support for families and create safe, healthy environments for children to thrive.)

4) If they became a reality, what difference would these recommendations make for children and families?

a. Children and families would have access to the services they need in a timely manner.

b. Children and families would live in supportive communities where the safety, permanency and well-being of children are a collective responsibility

Nebraska Children's Commission
Strategy Session
November 20, 2012

Documentation of Process and Decisions Made

Overall Strategic Focus

"What changes (or things to remain the same) will we recommend that will effectively support a prevention/ intervention system of care in order to improve the safety, permanency and well-being of children and families across the State of Nebraska?"

Facilitated Resources
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Overall Strategic Focus

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Strategy Development Agenda

- Context
- Committee Presentations
- Discussion Group Presentations (Virtual Teams)
- Confirmation of Strategic Recommendations
- Confirmation of Key Elements of "The Plan"
- Next Steps

Context

Ground rules were revisited, the overarching focus question reviewed and the agenda confirmed.

A short video (the "Shoelace" Ted Talk) was shown and the facilitator gave a brief reference to its possible implications for the work of the Commission.

Committee Presentations

The following committees presented updates and/or recommendations from their work to date:

- Psychotropic Medication Committee
- Juvenile Services Committee
- Foster Care Reimbursement Rate Committee
- Title IV-E Demonstration Project Committee

Discussion Group Presentations (Virtual Teams)

Virtual team leaders presented recommendations based on their online work:

- Technology Solutions
- Workforce
- Community Ownership/Access
- System of Care

Following facilitated discussion, the Commission confirmed all recommendations made by the teams.

Key Elements of the Strategic Plan

Commission members listed the following elements as essential to the strategic plan:

- Definitions – a "Glossary of Terms"
- Committee Reports
- Strategic Recommendations
- Placeholder for juvenile justice recommendations to come
- Statement that this is about both child welfare and juvenile justice populations
- Timelines and individual groups/leads (short and long term)
- Leadership – who is responsible and will carry the vision – recognize the importance of all 3 branches of government
- Quality assurance – what is our baseline
- Identified areas for legislative action
- Values set the tone
- Statement regarding public/private partnerships
- Disproportionality
- Commission ownership must be confirmed
- Define roles where possible
- Address all parts of Bill, even if "needing more time" is the statement/place holder ("We will fill in more detail on the following…")

Lingering elements yet to be determined include recommendations regarding:

- Privatization issues
- Agency – remain or new?
- Implementation details
- Alternative Dispute Resolution

Next Steps

A debriefing conversation confirmed that the writing team (Leesa Sorensen, Karen Authier and Beth Baxter) would take all work products of the Commission and its committees and create a first draft of the strategic plan for Commission review. The Commission will confirm the final plan at its December 11 meeting, in time for submission by the December 15 deadline.

Respectfully submitted,
D. Burnight, CTF
Facilitated Resources
11/21/12