

Nebraska Children's Commission

Seventeenth Meeting
November 19, 2013
9:00 AM – 3:00 PM
Country Inn and Suites, Omaha Room
5353 N. 27th Street, Lincoln, NE

Call to Order

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

Roll Call

Commission Members present: Pam Allen, Karen Authier, Beth Baxter, Nancy Forney, Kim Hawekotte, Gene Klein, Martin Klein, David Newell, John Northrop, Mary Jo Pankoke, Dale Shotkoski, Becky Sorensen, and Susan Staab.

Commission Members absent: Candy Kennedy-Goergen, Janteice Holston, Norman Langemach, Andrea Miller, and Jennifer Nelson.

Ex Officio Members present: Ellen Brokofsky, Senator Kathy Campbell, Senator Colby Coash, Hon. Linda Porter, Thomas Pristow, Julie Rogers, Vicky Weisz, and Kerry Winterer.

Ex Officio Members absent: Senator Jeremy Nordquist.

Also in attendance: Bethany Connor and Leesa Sorensen from the Nebraska Children's Commission.

Approval of Agenda

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

Approval of September 17, 2013, Minutes

A motion was made by Beth Baxter to approve the minutes of the October 16, 2013, meeting. The motion was seconded by John Northrop. Voting yes: Pam Allen, Karen Authier, Beth

Baxter, Nancy Forney, Kim Hawekotte, Gene Klein, Martin Klein, David Newell, John Northrop, Mary Jo Pankoke, Dale Shotkoski, Becky Sorensen, and Susan Staab. Voting no: none. Candy Kennedy-Goergen, Janteice Holston, Norman Langemach, Andrea Miller, and Jennifer Nelson were absent. Motion carried.

Chairperson's Report

Karen Authier provided a brief chair's report. Karen introduced Bethany Connor who has been hired as the Policy Analyst for the Nebraska Children's Commission. Karen explained that Bethany will be working to get up to speed on the projects that are currently being worked on by the Commission. Karen indicated that Bethany will be available to begin helping with research and other projects, but asked that all projects be cleared through Karen. A handout with proposed meeting dates for 2014 was provided to Commission members. The Commission will meet on Wednesday, January 22, 2014 and Wednesday, February 19 due to Monday holidays in January and February. Otherwise, the Commission will continue to meet on the 3rd Tuesday of the month for the remainder of 2014. Karen Authier, Debora Brownyard, Kim Hawekotte and Gene Klein provided testimony on November 14, 2013, before the Legislature's Health and Human Services Committee. Copies of Karen's Debora's and Gene's testimony were made available at the meeting and Kim's testimony will be e-mailed out after the meeting. Karen made mention of upcoming meetings including the joint commission's meeting that is scheduled for December. Karen also provided a reminder about committee reports that are due in December.

Legislative Update

Senator Kathy Campbell provided a legislative update on an upcoming interim study hearing that is scheduled for December 9. The hearing will cover LR300 which examines the treatment and services for people dually diagnosed with intellectual or developmental disabilities, mental illness, or behavioral health problems; and LR 143 which examines children's day health services. Senator Campbell also encouraged Commission members to review the testimony from the November 14 hearings, especially the information on the Barriers to Permanency Project that was presented by Kim Hawekotte.

Juvenile Services (OJS) Committee Report

Ellen Brokofsky and Martin Klein provided an update on the Juvenile Services (OJS) Committee report that is due December 1, 2013. The Committee was unable to reach consensus on a final version of the report to be provided to the legislature. The committee was concerned that the recommendations made in the report from the consultant were not strong enough and that the report did not adequately cover all of the work that had been completed since September 2012. The committee plans to ask for an extension of the delivery timeline until December 15, 2013 so that the committee can meet on December 10, 2013, to finish the recommendations. The

committee will have a final report for the Nebraska Children's Commission on December 17, 2013.

Marty and Ellen noted that the recommendations will include a suggestion to transition the system to a more regionally based system. The recommendations will also suggest that the Juvenile Services Committee be created as a more permanent entity to oversee the continued work of juvenile justice reform.

A motion was made by Gene Klein to accept the Juvenile Services (OJS) Committee update report with the final report due at the December meeting. The motion was seconded by Pam Allen. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Nancy Forney, Kim Hawekotte, Gene Klein, Martin Klein, David Newell, John Northrop, Mary Jo Pankoke, Dale Shotkoski, Becky Sorensen, and Susan Staab. Voting no: none. Candy Kennedy-Goergen, Janteice Holston, Norman Langemach, Andrea Miller, and Jennifer Nelson were absent. Motion carried.

Foster Care Reimbursement Rate Committee Report

Peg Harriott provided a written report on the committee's first two meetings that were held on October 18th and November 15th. The committee is at the beginning stages of: analyzing the Level of Care Assessment pilot project; identifying what additional work needs to be done with the Level of Care Assessment tool to fully operationalize the instrument; and identifying what the implementation implications are financially to the current foster homes and supporting agencies as well as the State of Nebraska. There was a brief discussion on the need to have better information on the state costs especially as the committee looks at implementation dates for the rates. A suggestion was made to contact Liz Hruska for this information. Peg indicated that she would attempt to get more information and the committee will be continuing to work on the items noted in accordance with the responsibilities assigned by LB530.

DHHS Report

Thomas Pristow gave a DHHS report. Thomas noted that DHHS has received the IV-E waiver and that the Alternative Response Model is a big part of the waiver. Thomas noted that additional work was needed to create a corrective action plan.

Thomas Pristow, Vicki Maca, Sara Goscha, Alicia Henderson, Gene Klein, and Sarah Forrest provided a panel presentation on the Alternative Response Model Development Report that was created by DHHS. The panel noted that the main concern of the group was making sure whatever model was chosen that children remain safe. The group reported on the various aspects of the report including the research that had been done by other states. The Commission members asked questions of the panel and discussed how to provide input on the report. It was noted that DHHS will continue to meet with the director's group as the Alternative Response model is implemented.

A motion was made by Mary Jo Pankoke to accept the Alternative Response Model Development Report with the cover letter, as written; and that the Commission will provide

additional input and information on the report after the December meeting. The motion was seconded by Beth Baxter. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Nancy Forney, Kim Hawekotte, Gene Klein, Martin Klein, David Newell, John Northrop, Mary Jo Pankoke, Dale Shotkoski, Becky Sorensen, and Susan Staab. Voting no: none. Candy Kennedy-Goergen, Janteice Holston, Norman Langemach, Andrea Miller, and Jennifer Nelson were absent. Motion carried.

Young Adult Voluntary Services and Support Advisory Committee Report

Mary Jo Pankoke, Jenny Skala, Jennifer Potterf, Amy West, Amy Williams, Sarah Helvey, Sara Goscha, Shannon Jo Hamilton, Nathan Busch, Mary Fraser Meints, Mary Kate Gulick, and Rhonda Newman gave a report on the Young Adult Voluntary Services and Support Advisory (YAVSSA) Committee's final recommendations document. The six workgroups of the YAVSSA Committee continued to meet to further develop the recommendations for the report that is due on December 15, 2013. The committee's report included items shown in yellow highlighting that indicated the information that had been updated since the report was presented to the Commission the first time. Each workgroup gave a brief summary of the changes that were made and the rationale for those changes. During the discussion with the panel it was noted that a recommendation needed to be made to expand the service and supports to young adults who were aging out of the juvenile justice system since LB 216 did not extend benefits to that group.

A motion was made by Gene Klein to accept the YAVSSA Committee report as written and that the Commission should include in the cover letter for the report that the services and supports program should be expanded to cover youth involved in the juvenile justice system. The motion was seconded by Mary Jo Pankoke. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Nancy Forney, Gene Klein, Martin Klein, David Newell, John Northrop, Mary Jo Pankoke, Becky Sorensen, and Susan Staab. Voting no: Kim Hawekotte and Dale Shotkoski. Candy Kennedy-Goergen, Janteice Holston, Norman Langemach, Andrea Miller, and Jennifer Nelson were absent. Motion carried.

The Commission recessed for lunch at 12:25pm.

The Commission reconvened at 1:46pm.

Commission Members present: Pam Allen, Karen Authier, Beth Baxter, Kim Hawekotte, Gene Klein, Martin Klein, David Newell, John Northrop, Mary Jo Pankoke, Dale Shotkoski, and Susan Staab.

Commission Members absent: Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Norman Langemach, Andrea Miller, Jennifer Nelson, and Becky Sorensen.

Ex Officio Members present: Senator Kathy Campbell, Hon. Linda Porter, Julie Rogers, and Vicky Weisz.

Ex Officio Members absent: Ellen Brokofsky, Senator Colby Coash, Senator Jeremy Nordquist, Thomas Pristow, and Kerry Winterer.

Phase II Strategic Plan – Workgroup Reports

Each workgroup reported on the work they are currently doing related to the four goals included in the Phase 1 Strategic Plan:

Technology

The Technology workgroup noted they would have recommendations for the December meeting related to the systems that have been reviewed. It was also noted that in December the group would start working with the Prevention Partnership to begin the discussion on Whole Population outcomes. It is anticipated that the Whole Populations work will continue in 2014.

Community Ownership

The Community Ownership workgroup noted that they are working on a report regarding the mediation centers that will be presented to the Commission. The group is also discussing how to help communities take ownership of population data. The workgroup is also formulating the next series of recommendations.

Workforce

The Workforce workgroup noted that they are working on recommendations that will include work that is being done with the Juvenile Services (OJS) Committee. The workgroup is also working on a survey for case workers. The group was discussing the best avenue to deliver the survey.

System of Care

The System of Care workgroup is continuing to work on the System of Care grant with Behavior Health and focus groups.

Karen Authier noted that the Phase I Strategic Plan was very high level and we are getting to the point where we need to start working on getting some meat on the bones and make some specific recommendations.

New Business

Next Meeting Date

The next meeting is December 17, 2013, 9:00am-12:00pm at the Country Inn and Suites, 5353 North 27th Street, Lincoln, Nebraska. The meeting will be held in the Omaha room.

Adjourn

A motion was made by John Northrop to adjourn the meeting, seconded by Beth Baxter. The meeting adjourned at 2:22pm.

DRAFT

2014 Legislative Session*

Sun	Mon	Tues	Wed	Thur	Fri	Sat
January						
			1	2	3	4
5	6	7	8	9	10	11
			DAY 1	DAY 2	DAY 3	
12	13	14	15	16	17	18
	DAY 4	DAY 5	DAY 6	DAY 7	DAY 8	
19	20	21	22	23	24	25
	HOLIDAY	DAY 9	DAY 10	DAY 11	DAY 12	
26	27	28	29	30	31	
	DAY 13	DAY 14	DAY 15	DAY 16	DAY 17	

Sun	Mon	Tues	Wed	Thur	Fri	Sat
February						
						1
2	3	4	5	6	7	8
	DAY 18	DAY 19	DAY 20	DAY 21	DAY 22	
9	10	11	12	13	14	15
	DAY 23	DAY 24	DAY 25	DAY 26	RECESS	
16	17	18	19	20	21	22
	HOLIDAY	DAY 27	DAY 28	DAY 29	DAY 30	
23	24	25	26	27	28	
	DAY 31	DAY 32	DAY 33	DAY 34	DAY 35	

Sun	Mon	Tues	Wed	Thur	Fri	Sat
March						
						1
2	3	4	5	6	7	8
	RECESS	DAY 36	DAY 37	DAY 38	DAY 39	
9	10	11	12	13	14	15
	DAY 40	DAY 41	DAY 42	DAY 43	RECESS	
16	17	18	19	20	21	22
	RECESS	DAY 44	DAY 45	DAY 46	DAY 47	
23	24	25	26	27	28	29
	DAY 48	DAY 49	DAY 50	DAY 51	RECESS	
30	31					
	DAY 52					

Sun	Mon	Tues	Wed	Thur	Fri	Sat
April						
		1	2	3	4	5
		DAY 53	DAY 54	DAY 55	RECESS	
6	7	8	9	10	11	12
	DAY 56	DAY 57	DAY 58	DAY 59	RECESS	
13	14	15	16	17	18	19
	RECESS	RECESS	RECESS	DAY 60		
20	21	22	23	24	25	26
27	28	29	30			

Federal & State Holidays

January 1 – New Year's Day
 January 20 – Martin Luther King Jr. Day
 February 17 - Presidents' Day
 April 25 – Arbor Day

Legislative Recess Days

February 14
 March 3, 14, 17, 28
 April 4, 11, 14, 15, 16

*The Speaker reserves the right to revise the session calendar.

December 17, 2013

Karen Authier, Chairperson
Nebraska Children's Commission

Dear Karen Authier,

Legislative Bill 530 from the 2013 Legislative Session requires the Nebraska Children's Commission to provide a report to the department and Health and Human Services Committee of the Legislature by February 1st. The report should include "recommendations and any legislation necessary, including appropriations, to adopt the recommendations, regarding the adaptation or continuation of the implementation of a statewide standardized level of care assessment".

The attached report is a summation of the progress made by the Foster Care Rate Reimbursement Committee. The committee continues to:

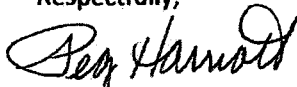
- review the ongoing results of the DHHS pilot project based on information provided,
- identify and complete additional work with the Level of Care Assessment tool to fully operationalize the instrument and
- discuss implementation implications for current foster homes, supporting agencies, DHHS, NFC, and Probation.

Funding Implications: Since the report last month to the commission, there has been additional information provided to the committee by Director Pristow and Liz Hruska regarding the department's ability to fund the new foster parent rates (base rate and levels of parenting). Director Pristow has been clear with the committee that funds are available to support the increased costs of implementing the new foster parent rates (base rate and levels of care) and this was supported by Liz Hruska. Based on this additional information, the committee does not have reason to recommend any legislative action to address additional appropriations at this time. The funds included in the DHHS budget for the implementation of the new foster care rates will need to be proportionally addressed with Probation and in the contract the Department has with NFC.

Exactly what financial impact there may be to individual foster parents who are currently paid over the new rates and contracting agencies (foster care agencies and NFC) remains unanswered at this time due to the need for further work to be completed:

- ongoing analysis of the pilot results
- committee work on the Level of Care Assessment tool,
- the work being done by the Department and an outside provider association to define the expectations for agency supported foster care services and
- input, plans and decisions by the department based on the above.

Respectfully,



Peg Harriott

Chairperson

Foster Care Reimbursement Rate Committee

Foster Care Reimbursement Rate Committee
Report to the Children's Commission
December 12, 2013

The Foster Care Reimbursement Rate Committee had its third meeting on December 9th. The workgroup assigned to further advance the Level of Care Assessment tool meet on December 3rd.

The third meeting addressed the following:

Base Rate Implementation:

- Department's current plan for implementation - with new contracts in April
- Funding available : Director Pristow and Liz Hruska
- Funding implications for foster parents/agencies paid by NFC and Probation

Standardized Level of Care:

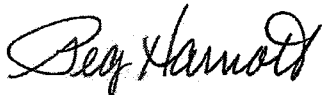
- Update from DHHS on the pilot project
- Department's current timeline for implementation
- Report from the work group
 - Need for pre-assessment rate for new children
 - Renaming the three parenting levels: Essential, Enhanced and Intensive
 - Need for communication and training plan
 - Recommended timeline: estimate 8.5 months

Agency Support/Services Rate: tabled until outside provider association and department define new service expectations.

Review of NFC letter dated 12/6/13 with recommendations for Foster Care Rate Committee.

Meeting dates for 2014 were identified. The next full committee is scheduled for January 7th.

Report completed by:



Peg Harriott
Foster Care Reimbursement Rate Committee



Alternative Response Pilot Sites

12/11/2013

Purpose

Alternative Response (AR) is an approach for the Division of Children and Family Services to have more than one way of responding to allegations of child abuse and neglect to keep children safe. The Division of Children and Family Services plans to use a staged implementation of Alternative Response that will be piloted in five sites across the state and move toward statewide implementation over the course of the Title IV-E Waiver Demonstration Project through 2018.

Methodology

The five suggested pilot sites represent various geographic, economic and demographic characteristics. The five suggested pilot sites were chosen based on the ability to have the requisite number of families to be served and to protect the rights of the families in Nebraska. Consideration was given to:

- the number of eligible Alternative Response Intakes for the months of August, September and October
- race/ethnicity
- children living below the state poverty level
- elevated numbers of foster care entries
- community scans having information on current service availability and gaps
- Child Advocacy Center locations for partnership and oversight
- desire to pilot in each serve area

Pilot Sites Selected

- | | |
|------------------------|-------------------------------|
| 1. Scotts Bluff County | Western Service Area (WSA) |
| 2. Lancaster County | Southeast Service Area (SESA) |
| 3. Hall County | Central Service Area (CSA) |
| 4. Dodge County | Northern Service Area (NSA) |
| 5. Sarpy County | Eastern Service Area (ESA) |

Pilot Sites Reviewed

- | | | |
|------------------------|------|--|
| 1. Scotts Bluff County | WSA | 7 Indicators (pg. 3 includes indicator definitions) |
| 2. Lincoln County | WSA | 6 Indicators |
| 3. Lancaster County | SESA | 6 Indicators |
| 4. Hall County | CSA | 6 Indicators |
| 5. Douglas County | ESA | 6 Indicators |
| 6. Madison County | NSA | 6 Indicators |
| 7. Sarpy County | ESA | 5 Indicators |
| 8. Dodge County | NSA | 5 Indicators |
| 9. Dawson County | WSA | 5 Indicators |
| 10. Dakota County | NSA | 5 Indicators |
| 11. Adams County | NSA | 4 Indicators |
| 12. Platte County | NSA | 3 Indicators |
| 13. Buffalo County | CSA | 3 Indicators |
| 14. Phelps County | CSA | 1 Indicator |

WSA

Scotts Bluff, Lincoln and Dawson Counties were reviewed for pilot site consideration. Scotts Bluff County was chosen as an initial pilot site due to number of indicators, rural representation and active community involvement.

SESA

Lancaster County had the second largest number of eligible AR reports for the state. Community leaders have a good knowledge base of AR to support implementation and oversight.

CSA

Hall, Buffalo and Phelps Counties were reviewed for pilot site consideration. Hall County was chosen as an initial pilot site due to number of indicators, rural representation and active community involvement.

NSA

Madison, Dodge, Dakota and Adams Counties were reviewed for pilot site consideration. Dodge County was chosen due to the active follow-up to their community scan. Dodge County leaders have expressed an interest in AR and have a history of active community partnership to meet the needs of children and families.

ESA

Douglas and Sarpy Counties were reviewed for pilot site consideration. It was decided that Sarpy County would be the first to roll out in this service area. This would allow Eastern Service Area the ability to focus on the needed changes within the hotline to support AR and the implementation of the RED Team for thorough and accurate screening. Choosing Sarpy County over Douglas County stays consistent to the Division of Children and Family Services commitment to taking small and gradual steps with implementing AR.

Communication Steps

1. Pilot site selection shared with the Center for Children Family and the Law Evaluation Team. Additional work will be done to decide what information will be collected and evaluated during the initial pilot site implementation process.
2. Pilot site selection shared with the Director's Steering Committee for discussion on 12/11/13.
3. The Director's Steering Committee informed the development of a communication plan to share site selection with local stakeholders.
4. Pilot site selection and methodology to be shared with the Children's Commission on 12/17/13.
5. Pilot site selection and methodology to be shared with the Statewide Advisory Committee on 12/17/13.

**Department of Health and Human Services
Division of Children and Family Services**

Data Utilized to Determine Selection of Alternative Response Pilot Sites, 12/11/13

	> 5 Eligible AR Reports Aug 2013 [1]	> 5 Eligible AR Reports Sept 2013 [1]	>5 Eligible AR Reports Oct 2013 [1]	Children Living in Poverty Higher than State Average of 16.1% [2]	>30 Children Entering Foster Care in 2012 [3]	Completed Community Scans by NE Children and Families Foundation	Child Advocacy Centers (CAC) Located Within the County and/or Close Proximity to Assist Oversight/Reviews	Total # of Indicators Identified	White Youth Served by DCFS (ratio per 1000) [4]	Non White Youth Served by DCFS (ratio per 1000) [4]**
County										
Scotts Bluff/WSA	11	17	11	Yes	Yes	Yes	Yes	7	11.9	20.1
Lincoln/WSA	9	9	9	No	Yes	Yes	Yes	6	16.5	23.5
Lancaster/SESA	52	57	51	Yes	Yes	No(Community Scan has just started)	Yes	6	15.3	31.9
Hall/CSA	15	18	17	No	Yes	Yes	Yes	6	10.1	11.2
Douglas/ESA	87	119	111	Yes	Yes	No	Yes	6	9.7	22.8
Madison/NSA	6	10	6	Yes	yes	No	Yes	6	9.5	16.6
Sarpy/ESA	12	24	19	No	Yes	No	Yes*	5	6.1	11.0
Dodge/ESA	6	7	4	Yes	Yes	Yes	No	5	14.2	19.8
Dawson/WSA	6	6	6	Yes	Yes	No	No	5	12.0	7.9
Dakota/NSA	2	2	7	Yes	Yes	Yes	Yes	5	12.2	10.5
Adams/CSA	2	9	6	Yes	Yes	No	No	4	10.5	14.7
Buffalo/CSA	5	11	11	No	Yes	No	No	3	13.6	19.8
Platte/NSA	4	7	2	No	Yes	Yes	No	3	9.8	12.3
Phelps/CSA	2	7	0	No	No	No	No	1	11.8	23.7

= Pilot Site Indicators

[1] NE Child Abuse and Neglect Hotline

[2] US Census Bureau, American Community Survey 2007-11 5 Year Est.

[3] NE AFCARS data

[4] Nielsen/Claritis(Leading global information and measurement company that provides for a fee market research, demographic, population statistical reports) 2012 Report and NFOCUS Active Wards as of 11/18/13

* The CAC is located in Douglas County however it is blocks from the DCFS office in Sarpy Co.

** Native Hawaiian Pacific Islander, Multi-racial, Latino(a)/Hispanic, Black/African American, American Indian Alaskan Native, Asian

Prepared by Jerrilyn Crankshaw and Emily Kluver, DHHS DCFS Administrators, 12/11/13

Alternative Response Model Feedback
Report to the Nebraska Children's Commission

December 17, 2013

The Nebraska Children's Commission's Strategic Plan includes the development of an Alternative Response approach, and the Nebraska State Legislature has tasked the Department of Health and Human Services ("DHHS") with the development of an Alternative Response model. As a part of this task, DHHS convened stakeholders and families to develop this model and condensed its progress into its report, outlining the key elements of the model. On November 19, 2013, the Department of Health and Human Services and Alternative Response Advisory Committee presented to the Nebraska Children's Commission "Alternative Response Model Development: LB561 Report to the Children's Commission". A number of different issues were explored during the presentation and due to time constraints some important topics were not discussed. In order to obtain input on all areas of the report, Nebraska Children's Commission members were sent a survey covering three specific topics, the proposed criteria for Alternative Response ineligibility, the interview process and the pilot sites for program implementation. Additionally, the survey solicited general comments and feedback on the Alternative Response Model.

Ineligibility Criteria

The survey asked Commission members to rank their level of agreement with the criteria that would render a case ineligible for to be assigned to the Alternative Response Track and the codification of the criteria as policy and/or statute. These criteria have been taken from the Department of Health and Human Services' LB561 Report to the Children Commission dated November 2013, and found at pages 8-9. Members were asked to rate their level of agreement on a five point Likert Scale, with one indicating strong disagreement, and five indicating strong agreement. Each ineligibility criterion is reproduced here, with the results of the survey underneath.

1. Report alleges physical abuse that

a. Has resulted in serious bodily injury to a child (Neb. Rev. Stat. 28.109 (20))

- b. Involves a child under the age of 6 years AND has an injury to the head or torso*
- c. Involves a child that is limited by disability*
- d. Is likely to cause death or severe injury to a child (e.g., shaken baby, rough handling of an infant)*

This criterion received an average rating from Commission members of 4.8, indicating agreement to strong agreement that this criterion should render a case ineligible from the Alternative Response Track.

2. Reported domestic violence.

This criterion received an average rating from Commission members of 4.2, indicating agreement. Comments from Members include considering the severity and history of the domestic violence. Although this criterion has a high average level of agreement, one member indicated disagreement with the criterion, noting that there are services and supports that may assist families with histories of domestic violence to stop the cycle and create a safe home environment.

3. Report alleges sexual assault and/or sex trafficking of a child/minor (Neb. Rev. Stat. 28-319.01 and 28-830(13) and 28-831).

This criterion received an average rating from Commission members of 4.8, indicating agreement to strong agreement.

4. Report alleges a child is in imminent danger due to sexual exploitation.

All responding Commission members indicated that they are in strong agreement with this criterion.

5. Report alleges neglect that has resulted in serious bodily injury to a child (Neb. Rev. Stat. §28-109).

This criterion received an average rating of 4.8, indicating agreement to strong agreement. One Commission member did note that this factor may be redundant under the first factor.

6. *Any report that requires child advocacy centers, law enforcement, and DHHS coordination (Neb. Rev. Stat. §28-728(3)(D)(iii)).*

This factor received an average response of 4, indicating agreement. Contrary to the high appearance of the average, not all responses agreed with this factor. One cause of disagreement was broadness, since as written this would include well-child checks. Another perspective is that this should not be an automatic disqualifier, but should be based on family resources and other protective factors and a provider of an Alternative Response service can meet with the entities, obtain additional information to develop a treatment, safety and support plan for the family.

7. *Report alleges maltreatment resulting in a child death and other children reside in the home of the alleged perpetrator.*

This factor received an average response of 4.8, indicating that all responding members agree or strongly agree that these types of reports should render a case ineligible for an Alternative Response.

8. *Report alleges newborn with a positive urine or meconium drug screen for alcohol or drugs AND*
- a. *Parent has an addiction*
 - b. *Prior delivery of drug exposed infant without successful drug treatment*
 - c. *No preparation for infant's arrival*
 - d. *Current use and expressed intent to breastfeed or is breastfeeding*
 - e. *No in home support system or alternative primary care arrangements*

This criterion received an average response of 4.5, indicating agreement to strong agreement. One member noted that expressed intent to breastfeed or actual breastfeeding does not seem relevant to the factor. Another response indicated agreement if all factors were necessary for Alternative Response ineligibility.

9. *Report alleges the manufacturing and/or use of methamphetamine (Neb. Rev. Stat. § 28-401(13)) or other controlled substance (Neb. Rev. Stat. §28-401(4)).*

This factor received an average rating of 4.8, indicating strong agreement. One member did note that the definition of “controlled substance” should be considered and possibly reworded, as not

all substances defined under Neb. Rev. Stat. §28-401(4) should necessarily preclude an Alternative Response. A further comment from member indicates that the concern is not the substances themselves, but the dangerous environment that the use and manufacture of controlled substance creates for the child.

10. Reports of a positive methamphetamine or other controlled substance screen or test during the term of a pregnancy.

This factor received an average score of 4.2, indicating agreement with the factor. One Commission member again cautioned using the definition of controlled substance as found in Neb. Rev. Stat. §28-401(4). One response indicating disagreement suggested that if the mother is willing to go into treatment there are substance abuse services that allow the mother and child to attend. Providing these services may be more beneficial to the mother and child than a traditional investigation if the parent is willing to accept services.

11. Report alleges a child has contact with methamphetamine or other controlled substance including a positive meconium or hair follicle screen or test.

This factor received an average score of 4.7, indicating strong agreement. There was a consensus among responses without any dissent.

12. A report of an adult or caretaker residing in the home with a child where such adult or caretaker has previously had their parental rights terminated or relinquished their parental rights during a court involved case. Caretaker definition: Neb. Rev. Stat. §71-6721(3) which means a parent, foster parent, family member, friend, or legal guardian who provides care for an individual.

This criterion received an average rating of 4.2, indicating agreement. However, one Commission member had a neutral response, noting that there are other factors to consider, such as the reasons for and time passed since the relinquishment or termination of parental rights. Another response noted that this should not be blanket preclusion and screeners should look at whether the adult has been successful in complying with court orders and rectifying previous issues.

13. A report alleging abuse or neglect in a household where an active DCFS Traditional Investigation is occurring on one or more individuals residing in the home.

This factor received an average response of 5, indicating strong agreement. All responding members stated strong agreement with this as a precluding factor.

14. A report alleges abuse or neglect in a household where an individual or family is currently receiving services through the Protection and Safety section of the Division of Children and Family Services.

This criterion received an average response of 4.5, indicating agreement to strong agreement. However, one member cautioned that the new allegation should not be tied to the previous allegation. A blanket preclusion based on this factor assumes that the CFS intervention will not be effective for the ongoing issue.

15. Report alleges abuse of neglect that is occurring in an out-of-home setting (i.e. foster care, kinship care).

This criterion received an average rating of 4.3, indicating agreement. However, note that one Commission member did respond as disagreeing with the inclusion of this factor.

16. Report by a physician, mental health, or other health care provider alleging significant mental health diagnosis.

This factor received an average response of 4, indicating agreement. However, one comment stated that the criterion should be amended to require that the alleged significant mental health diagnosis impairs parenting ability and there exists no other appropriate caretaker for the child. Another comment was that the screener should need to determine if the parent is seeking mental health treatment or refer the parent to a mental health provider. This assumes that a parent with a mental illness cannot safely parent their child.

17. Report alleges symptoms related to a parental significant mental illness including but not limited to: psychotic behaviors, delusional behaviors, and/or danger to self or others.

This criterion received an average score of 4.2, indicating agreement. One response indicated strong disagreement, suggesting that there is adequate treatment and support for the parent in the

behavioral health system, with wrap around supports for the entire family without using the traditional response track. A further suggestion was to combine factors 16 and 17 into one. One member noted that language should be added to this factor stating that the symptoms impair parenting ability and there exists no other appropriate caretaker for the child.

18. Biological parent(s) of alleged victim is a current or former state ward.

This factor received an average rating of 3, indicating a neutral response. This was in fact a controversial factor; with ratings ranging from strongly agree to strongly disagree. One member noted that status as a ward or former ward of the state should not be blanket ineligibility, but the screener should look at why the biological parent is or was a state ward.

19. Family has had a prior accepted report within the past six months and there are two or more children under the age of five or one child under the age of two.

This criterion received an average rating of 4.5, indicating agreement. One member did note that ineligibility should depend on the allegations of the prior accepted report.

20. Previous court substantiated reports of abuse/neglect.

This factor received an average response of 4.2, indicating agreement. One response indicated disagreement, noting that the screener should first determine if there was a positive outcome from the previous issue, whether the family complied with the court and issues were positively resolved.

21. Previous agency substantiated and currently on Central Register.

This factor received an average response of 3.8, indicating agreement. This factor was controversial; with answers ranging from strongly agree to disagree. One member cautioned that the screener should determine whether there was a positive outcome from the issue and whether the family complied and positively resolved the issue.

22. Past maltreatment concerns not resolved at case closure and there are two or more children under the age of five or one child under the age of two.

This factor received an average response of 4 indicating agreement. However, one Commission member tempered that agreement with the consideration that the critical issue should be the nature of the unresolved adjudication and the specific issues that place the children at risk of harm, rather than the ages and number of children. Another member noted that the factor is too vague, and questioned why a case would be closed if maltreatment concerns persist.

23. Parent name, whereabouts or address unknown at the time of the report.

This factor received an average response of 4.8, indicating agreement to strong agreement. One Commission member responded with strong agreement conditioned on adding the term “custodial” to “parent”.

24. Current open Alternative Response case.

This factor received an average response of 4, indicating agreement. It should be noted that one member disagreed with this factor, questioning the relation between the open Alternative Response case and the subsequent report.

25. Citation issued prior to intake or at time of intake.

This factor received an average response of 4.2, indicating agreement. One Commission member did respond as disagreeing, stating that it should depend on the facts and citation.

26. Pending law enforcement investigation.

This factor received an average response of 4.5, indicating agreement. Although agreement was high, members responded that this factor should clarify that the law enforcement investigation is related to abuse neglect, and another added that the investigation should need to involve a felony. Another member noted that a pending law enforcement investigation may indicate too many issues for the family to address and resolve at the current time, making Alternative Response an inappropriate track for the report.

27. Report of alcohol and other mood-altering chemical consumption and allegation of abuse/neglect to a child two or younger.

This factor received an average response of 3.8, indicating agreement. However, two Commission members did disagree with the factor. One commented that this situation should not be an automatic barrier to ineligibility and these reports should be individually evaluated. At the time of the November 2013 report, DHHS noted that this criterion was under consideration.

Codification of Ineligibility Criteria

Commission members were asked to rate their level of agreement on Likert scale, as above, with the following statement regarding the codification of the ineligibility criteria as statute or policy:

“The Department of Health and Human Services will develop the ineligibility criteria and determine which criteria will be statutory and which will be policy, and submit to the Nebraska Children’s Commission for approval.”

While this statement received an average response of 3, indicating a neutral response, the actual responses were anything but neutral. One half of the answers indicated a strong agreement, and one half of the responses indicated either disagreement or strong disagreement. One response stated that legislature should determine this issue. Another response stated that the Alternative Response Advisory Committee should be involved in this decision and DHHS should not perform this function in isolation or unilaterally.

Alternative Response Interview Process

The Alternative Response Model Development Report considers the investigation process on page ten, noting stakeholder concerns regarding the effectiveness of interviews of children conducted in the presence of parents. Commission members were asked to rate their level of agreement with the following statement:

“Traditional Investigations allow for the interview of children without the parents’ knowledge. In the Alternative Response model, children would not be interviewed without parents’ knowledge. “

This statement received an average response of 3.2, indicating a neutral response. The responses ranged from strongly agree to strongly disagree. One Commission member who strongly agreed

that the Alternative Response interview of the children should occur only with the parents' knowledge noted the importance of maintaining fidelity to the model.

Pilot Sites for Implementation

At the time of the dissemination of the survey, the Department of Health and Human Services had chosen the five pilot sites, but would not release that information until the December 17, 2013, Children's Commission meeting. As the survey was unable to request specific feedback due to a lack of information, the survey solicited general feedback about the pilot sites. One member noted that there is a need for geographic diversity as well as both rural and urban samples. Another noted that the criteria for choosing pilot sites should include community readiness for implementation. Readiness for implementation indicators includes an active community coalition that can provide guidance and oversight.

General Feedback

One commission member stated a general concern with the procedure currently utilized by the Department at the time of the report whether to conduct an investigation, noting multiple cases wherein a report has been screened out and the children have later been injured or placed at a serious risk of harm. This feedback raised the issue of the efficacy of the current screening tool, and does not believe that more cases should be screened out of a traditional investigation. The suggestion to remedy this issue is that only reports that are currently being screened out entirely should be eligible for an Alternative Response. Another Commissioner strongly supported Alternative Response as an important and potentially successful alternative to child removal and relinquishment, allowing parents to retain custody of their children while receiving specific and tailored services.

Summary

In general, the Children's Commission is very supportive of the implementation of the Alternative Response Model. This survey captures the Commission's feedback on three areas that were not discussed at the November 2013 Commission meeting due to time concerns. The first area surveyed was the ineligibility factors. There were no factors that received absolute disagreement; all factors had some measure of agreement from responders. The factors that received mixed responses generally dealt with mental health or substance use, which some respondents reported did not always merit a traditional investigation due to possible availability of resources. Another consideration is whether the inclusion of all substances defined as "controlled substances" under Neb. Rev. Stat. §28-405 is overly broad for the purposes of ineligibility. A common source of responses indicating disagreement were due to respondent's views that the factor as written was not necessarily related to current child safety, such as a prior termination or relinquishment of parental rights, previous court or agency substantiated reports, citations and law enforcement investigations. There is substantial disagreement over the process of codifying the ineligibility requirements and the interview process. Due to a lack of information on the pilot sites, the survey was unable to adequately capture feedback on this subject, but respondents do note the need for representation of both rural and urban counties. While there is concern about the efficacy of the current screening tool, other respondents support Alternative Response as an important model for reducing the removal of children and improving outcomes for families in Nebraska.

Community Ownership of Child Well-Being Workgroup
Report to the Nebraska Children's Commission
December 17, 2013

The Community Ownership of Child Well-Being Workgroup was charged with researching concerns that had been expressed about inadequate funding for facilitated conferences and mediation in juvenile court cases. The workgroup started by making a list of questions to collect the information needed to understand what is currently being done and where the gaps are in order to make an informed recommendation to the Commission. Debora Brownyard from the Administrative Office of the Courts/Office of Dispute Resolution provided responses to the questions posed by the workgroup. The workgroup met to review the information provided. Kerry Winterer and Mary Jo Pankoke also met with the Chief Justice, Ellen Brokofsky, Debora Brownyard, Janice Walker, and Cindy Tierney, Director of Concord Mediation Center in Omaha, to gather additional information and to get their input. Following is a summary of the information collected and considered by the workgroup and the workgroup's recommendation regarding funding for facilitated conferences and mediation in juvenile court cases.

Prehearing Conferences

There are three types of pre-hearing conferences in Nebraska:

- Pre-hearing conference facilitation – initial removal – immediately preceding the initial protective custody hearing, a day-of-court use of neutral knowledgeable child welfare facilitators to assist in facilitating a brief (30-45 minute) conference to address key preliminary issues with parents, child welfare, attorneys, guardians of litem.
- Pre-hearing conference facilitation – twelve month permanency reviews - optimally scheduled 60 days prior to twelve-month permanency review court hearing, this court-ordered off-site facilitated pre-hearing conference for the parents, child welfare, attorneys, GALs requires the parties to confront critical permanency decisions and action steps.
- Facilitated pre-hearing conference of termination of parental rights matters – optimally scheduled 60 days prior to a termination of parental rights trial date, this court-ordered off-site facilitated conference requires parents, attorneys, GALs and other professionals to confront the critical issues and determine next steps in a termination of parental rights matter.

Pre-hearing conferences began as a pilot project in 2003 as an outcome of the first statewide Children's Summit, and were based upon the National Council of Juvenile and Family Court Judges' best practices to front-load the child welfare case, to reduce a child's time in the system and increase permanency. The pilot project was expanded to statewide implementation between 2007 and 2009 and the number of pre-hearing conferences skyrocketed, the mediation centers reporting a 229% increase during that period. The number leveled off in 2010. From July 2010 through June 2012, pre-hearing conferences increased by 25% and from July 2012-June 2013, they increased another 22%, from 545 to 665 pre-hearing conferences. Similarly, pre-hearing conferences prior to 12 month permanency review and termination of

parental rights hearings increased by 34% from 2010 to 2011 and by 20% in each of the two following years, even with a suspension in services due to insufficient grant funds in May 2013.

Family Group Conferencing

Based on the New Zealand model for child abuse, neglect and vulnerable teen cases in which family connections and decision-making are essential elements. This family-centered approach may be used at any stage of the child welfare process. An engaged family and network of others creating a family plan for permanency, addressing critical safety issues, is the outcome. Family group conferences can be conducted with families involved in the court system or on a voluntary basis with non-court-involved cases served by the Dept. of Health and Human Services. It is estimated that all of the family group conferences conducted in the Eastern Service Area are court-involved and the conferences are court ordered. The estimate is a 50/50 split between court-ordered family group conferences and non-court-involved cases in the remainder of the state.

Expedited family group conferencing is a family group conference specially created for use in Nebraska cases for the purpose of placement issues only at the initial removal or placement disruption stage.

Victim-Offender Mediation

Victim-Offender Mediation is a structured process where juvenile offenders, typically first-time, and their victim(s) engage in a face-to-face dialogue that is facilitated by a trained mediator. Models vary but they all include a discussion of the offense, with the victim having the opportunity to tell the offender about the full impact of the offense including information about property damage, feelings, and desire for restitution. The offender has the opportunity to tell the victim about the circumstances, motives, and feelings that created the context for the offense. A restitution plan is developed and any follow-up actions are planned. The goals of Victim-Offender Mediation programs include 1) victim satisfaction with the process; 2) offender accountability; 3) avoidance of Juvenile Court; 4) reduced recidivism.

Evaluation Results

Pre-hearing conferences in child welfare cases were evaluated regarding their impact on case progression. Cases that utilized pre-hearing conferences adjudicated about a month faster than cases that did not utilize a pre-hearing conference. Similarly, the median time from adjudication to disposition was about a week shorter for pre-hearing conference cases. Thus, the pre-hearing conference cases reached disposition about five weeks before non-pre-hearing conference cases.

In 2012, the Concord Mediation Center in Omaha conducted a study of 36 pre-hearing conferences facilitated in termination of parental rights cases. In 44% of the facilitated termination of parental rights conferences, with their attorneys participating, parents made the decision to voluntarily relinquish parental rights, either during the conference or soon thereafter. Voluntary relinquishment leads to several important outcomes due to the certainty of relinquishment:

- Children were more speedily adopted by waiting families;
- Birth parents were able to make the very difficult decision voluntarily to “do the right thing” for their children with dignity;
- County attorneys, defense attorneys, caseworkers, and courts significantly reduced their adversarial termination trial dockets as well as court appeal dockets; and
- Costs to the county and state in prosecuting termination of parental rights cases were avoided entirely.

Family Group Conferences – Data regarding 88 child welfare family group conferences and 46 juvenile justice family group conferences from across the state were gathered including surveys of participants. Family group conferences were very well attended by extended family with, on average, about eight family members attending conferences. Family group conferences enjoyed high levels of satisfaction from all participants, including parents with abuse/neglect allegations, offending youth, extended family, and professionals. Family members felt that the conferences were fair, that they had an opportunity to express their views, and that the conferences resulted in good plans to address the abuse, neglect and juvenile justice issues confronting the family. Professionals also had very positive perceptions and viewed the process as an effective mechanism for good decision-making. The surveys demonstrated that family engagement, one of the key federal indicators for measuring success in child welfare outcomes, was achieved through the family group conferencing process.

Expedited Family Group Conferences – A small quasi-experimental outcome study was conducted of 33 expedited family group conferences that occurred within 30 days of removal for abuse/neglect. The comparison group consisted of 33 removed children randomly selected from the NDHSS data system who did not have any family group conference. This study found no differences between the groups on time to discharge from the system. It did find a significant difference in where children were living. A significantly greater proportion of expedited family group conferencing children were either reunified with their parents, in a trial home visit, or living with a relative than the comparison group (51%).

Victim-Offender Mediation – There is good evidence that Victim-Offender Mediation reduces juvenile recidivism. A recent meta-analysis of 15 studies involving over 9,000 juveniles demonstrated a 34% reduction in recidivism through participation in Victim-Offender Mediation.

Time-benefit and Cost-benefit Analysis

The focus of facilitated conferencing in Nebraska is on ensuring the safety, permanency and well-being of children and families involved in the juvenile court system. The intended outcomes – improved time to permanency, increased family engagement, increased non-adversarial discussion within a formalized court process, and better information to enhance decision-making – keep focus on that goal. Facilitative processes can also be a benefit to the court system, specifically in maximizing their limited resources. While the financial value of increasing family engagement or making better decisions is difficult to quantify, studies have shown a cost-benefit to court systems utilizing mediation and facilitation.

In 2010, the Collaborative Processes Subcommittee of the Nebraska Supreme Court Commission on Children in the Court surveyed court professionals – including judges – on the use of collaborative practices. 72% of the judges indicated that facilitated conferences were cost-effective with none finding they were not. There was strong consensus among all legal professionals – judges, county attorneys and guardians ad litem – that facilitated conferences were positively impacting the timeliness of court process, timeliness of service provision, and timeliness to permanency.

Oversight and Accountability

There are standards in place for all types of facilitated conferencing. Pre-hearing conferences are conducted in accordance with Through the Eyes of the Child/Office of Dispute Resolution protocols and Family Group Conferences are conducted in accordance with Office of Dispute Resolution protocols. There is unified training on these services. Performance of these services is based upon standard protocols, training guidelines and facilitation principles. Mediation centers are encouraged to be flexible in working with local jurisdictions, while maintaining fidelity to principles of facilitation and conferencing practice.

In addition, there is a statewide required Office of Dispute Resolution policy, standards and ethics applicable to all six mediation centers for mediation generally.

The Office of Dispute Resolution and its Supreme Court-appointed Dispute Resolution Council monitor the six mediation centers quarterly and approve them annually. A uniform and standardized case data reporting system is utilized and required. Quarterly data reports are required. Quarterly narratives, quarterly financial reports, and annual audits are required.

Current Funding Structure/Mechanism

Pre-hearing conferencing funds, through a grant between NDHHS and the Office of Dispute Resolution, in the amount of \$235,000 is administered by the Office of Dispute Resolution and subcontracted to the six mediation centers. The six centers invoice the Office of Dispute Resolution upon performance of each pre-hearing conference. The source of funding from DHHS is a federal grant of which the Department has carved off a portion to support pre-hearing conferences. The federal grant is not specifically for the purpose of supporting pre-hearing conferences and the amount of the grant has decreased in recent years. The need for pre-hearing conferences exceeds the current funding available by an estimated \$120,000.

Family Group Conferencing – The Department contracts directly with the mediation centers for family group conferencing. Nebraska Families Collaborative contracts with Concord Mediation Center for family group conferencing in the Eastern Service Area. The total amount of funding through the contracts with the mediation centers is approximately \$600,000 per year. The need for the service exceeds the current funding available by an estimated \$158,000.

Summary of Key Points

- The mediation centers are a key component of community-based prevention systems for children and families. They provide services on a sliding fee scale to help families address problems before intervention by the child welfare or juvenile justice system is necessary.
- The facilitated conferencing and mediation services provided by the mediation centers for both child welfare and juvenile justice cases have proven to be effective in ensuring the safety, permanency and well-being of children and families involved in the juvenile court system. The services have also shown a cost savings.
- Current funding provided by the Department of Health and Human Services for pre-hearing conferences is not a secure and sustainable source of funding. The federal grant that serves as the current source of funding has decreased in recent years and there is no guarantee that it will continue.
- Pre-hearing conferences are part of the judicial system. The conferences are ordered by judges and oversight is provided by the Administrative Office of the Courts/Office of Dispute Resolution.
- Family group conferences can be ordered by a judge for cases involved in the juvenile court system or can be requested by the Department of Health and Human Services for non-court involved cases if a family voluntarily agrees to participate. The need for mediation services in voluntary cases could increase significantly with the implementation of Alternative Response in Nebraska.
- The need for both pre-hearing conferences and family group conferences exceeds current funding allocations. There is a need for a dedicated, sustainable source of funding for both types of services for both child welfare and juvenile justice cases.

Recommendation

The Community Ownership of Child Well-Being Workgroup recommends that funding for pre-hearing conferences and court-ordered family group conferences for both child welfare and juvenile justice cases be funded by the Legislature as part of the Supreme Court's budget. Family group conferences for non-court involved child welfare cases should continue to be funded through contracts between the Department of Health and Human Services and the Office of Dispute Resolution approved mediation centers.

and other relevant services Conferencing
Not to exclude potential other sources of funding such as sliding court scales

Information Technology Workgroup

Report to the Nebraska Children's Commission

Work Group Co-Chairs

- Nancy Forney, CASA Volunteer
- Dave Newell, President and CEO of Nebraska Families Collaborative

Commission Members

- Karen Authier, Executive Director of Nebraska Children's Home Society
- Kim Hawekotte, Executive Director of Foster Care Review Office
- Martin Klein, Deputy Hall County Attorney
- Thomas Pristow, Director of Children and Family Services within the Department of Health and Human Services
- Vicky Weisz, Nebraska Court Improvement Project

Subject Matter Experts

- Doug Beran, Department of Health and Human Services
- Lynn Castrianno, Nebraska Families Collaborative
- Linda Cox, Foster Care Review Office
- Paula Crouse, Justice
- Brenda Decker, OCIO
- Dean Folkers, Department of Education
- Steve Gedwillo, Probation
- Kelli Hauptman, Center for Children, Families, and the Law
- Chrissy Hauschel, Voices for Children
- Eric Henrichsen, Department of Health and Human Services
- Linda Leatherman, Justice
- Mike Overton, NCJIS Admin at Crime Commission
- Liz Neely, Objective Advantage, LLC
- Corey Steel, Probation

Preamble

Child welfare agencies and organizations utilize a diverse array of technology, with hundreds of different systems in use. However, the use of technology in child welfare is approximately a decade behind the business sector. The current system in Nebraska, N-FOCUS, has been in operation statewide since 1996. In the seventeen years that N-FOCUS has been utilized, a number of other systems have developed and advanced to assist in the collection and analysis of data. In April of 2012, the Nebraska State Legislature passed LB 1160, which called for a solution to the technological, data collection, and workforce challenges faced by child welfare in Nebraska. LB 1160 recognizes that the capacity to collect child welfare data effectively has many benefits at both the field level and the policy level. Enhanced data collection and analysis allows the legislature to provide better oversight and create responsive legislation that addresses the current needs and challenges of the child welfare system. Timely and quality case management decisions and actions can be made only with access to complete and accurate data. In turn, this ability to access information and manage caseloads leads to a more competent and stable workforce with greater retention of case workers. An electronic data collection system with the capacity to integrate child welfare information into one system can more effectively manage, track, and share information, leading to better outcomes for children and families.

Workgroup Responsibilities

The Nebraska Children's Commission formed the IT Workgroup for the purpose of recommending technological solutions to information exchange and measured results across Nebraska's systems of care (see Appendix A for the Information Technology Work Group Charter). The purpose of the IT Workgroup is to recommend information management/technology solutions that will improve data sharing, communication and accountability, and foster data driven decision making by administrators and policy makers. A goal of the Nebraska Children's Commission's Strategic Plan is the utilization of technological solutions to information exchange to ensure measured results across systems of care and the IT workgroup was created to further this goal. One role of the Work Group is to develop a proposal for system integration, coordination and accessibility. The IT Workgroup has explored and analyzed a number of different systems and ideas as potential solutions.

Recommendations

The IT Work group has reviewed a number of different systems. Three of the ideas and systems considered have risen to the top as highly promising practices for the utilization and organization of data, and are recommended for further exploration. These highly promising systems are Management Information Systems, Data Aggregate Systems, and Predictive Analytics Systems. The IT Workgroup recognizes that each organization or agency will need to implement a solution to meet its unique business needs. While each organization or agency may choose a different IT solution, any system should have the following characteristics:

- Consistent and accurate data management;
- Improves reporting capabilities;
- Improves capacity of workers to perform the major functions of their jobs; and
- Provides stakeholders with access to information and tools that support consistent policy and practice standards across the state.

The purpose of this report is to provide a brief summary and overview of each of these systems to inform further deliberation and exploration. There are a number of products that provide technological solutions and this report considers three in particular. In addition to the products considered here, there are other promising products, such as Casebooks and SAP. At pages 12-17, each of the three systems has been placed on a matrix comprising of key considerations when selecting a system. These criteria are the components of the necessary characteristics for any solution. Because each agency and organization has their own needs, not every criterion will need to be met to fulfill its unique business needs. Included at page 18 is a blank matrix for further exploration of other systems.

Background

The IT Workgroup recognizes the importance of reliable data as it relates to child welfare and services. Organized and accurate data is necessary to improve outcomes for children and families as it facilitates tracking, scheduling, reviewing, reporting, and other necessary functions in identifying service needs and providing necessary interventions. There is little doubt that the child welfare and juvenile justice systems in the State of Nebraska have a wealth of

administrative data. However, the data currently collected by various State and private agencies is not currently being utilized to its fullest potential. The quantity of data has increased, but due to challenges in reporting, access, and training, the availability of real information is limited which has resulted in DRIP (data rich information poor).

Although many of the data points needed for decision making are in the data base, extracting this data in one manageable report is often unavailable, making it difficult for decision makers to obtain all necessary information to inform decisions. Having data in one accessible place would give decision makers all of the information needed to inform their actions, leading to better outcomes for children and families. Data is not only important in making decisions, but without data it becomes impossible to measure outcomes to ensure that the appropriate services and programs are available in communities for families. There is a saying “if you can’t measure it, you can’t manage it”. Although we’re measuring quite a bit, we still can’t manage because we can’t access what we’re measuring. Technological solutions to information exchange are necessary in order to support a prevention and intervention system of care to improve the safety, permanency and well-being of children and families across the State of Nebraska.

The Current System

Nebraska’s current system, N-FOCUS, has been the subject of a Legislative Bill, LB 1160, passed by the 102nd session of the Nebraska Legislature identifying several key weaknesses that any new system would need to address. There are three main issues which impact the ability of N-FOCUS to meet the data capture and reporting needs for Child Welfare. The first is that the N-FOCUS system does not have the capacity to analyze routinely and effectively the data required to inform policy decisions, child welfare service development, and evaluation of its child welfare system. As an example, the Foster Care Review Office, (“FCRO”) has been tasked by statute with a number of data tracking and reporting tasks regarding children in out-of-home care. However, the FCRO has encountered a number of hurdles in performing these tasks due to the structure and functioning of N-FOCUS. The FCRO’s 2013 annual report notes that N-FOCUS does not have the capacity to respond to changes in the child welfare system in a timely manner, is unable to meet FCRO’s data needs, and the FCRO must resort to cumbersome and time consuming methods of obtaining data, such as hand counts and other manual means.

The second is that the system is difficult to use and does not provide the appropriate reports for meaningful monitoring of the child welfare system for children's safety, permanency and wellness. N-FOCUS requires trained professionals to make program changes and only a select few can successfully query the system. New caseworkers enter the job accustomed to using up to date technology and are burdened with learning an outdated and esoteric system. This issue has had drastic effects on the ability to maintain a stable and consistent workforce in front line child welfare workers. Caseworkers spend a significant amount of time at their desks redundantly entering data instead of providing services to children and families in the field. The data is inconvenient to enter and does not result in any usable reports. This means poor worker buy in to the current system, and consequently, timely and accurate data entry is not a priority to caseworkers.

The third issue is that the system does not easily integrate with other computer systems that have different purposes, capacities, file structures, and operating systems, resulting in silos of operation and information. N-FOCUS does not interface with the court's data system (JUSTICE), juvenile probation computer system, and the department of education's computer system. Each of these systems has relevant data about children that should be shared, but N-FOCUS does not support the exchange of data between entities.

These issues deal with the effectiveness, accuracy, and ease of use of the N-FOCUS system. Any proposed solution to information exchange needs to address the three above issues.

Management Information System: FAMCare

The first type of system considered by the IT workgroup was a Management Information System (MIS). The purpose of a MIS is to provide information that organizations require to manage themselves efficiently and effectively. This purpose is achieved through running reports that provide information about business operations. The term MIS is broadly used and includes decision support systems, resource and people management applications, project management, and database retrieval applications.

In investigating this type of system, the IT workgroup considered a case management program owned by Global Visions Technology, ("GVT"). GVT specializes in software solutions for agencies involved in health care and human services. GVT created "FAMCare," a web based case management platform and has continued to update the system since its creation twelve years

ago. At this time, over 9,500 state employed workers nationwide use the FAMCare system. FAMCare's website is accessible at www.famcare.net.

In order to implement the FAMCare system in the State of Nebraska, GVT would approach the process by slowly shifting the legacy system (N-FOCUS) to the FAMCare system. In the beginning stages of the implementation process, data would be entered directly into the legacy system. On a periodic basis, the data would be extracted and sent to the FAMCare system to avoid duplicate entry of data. The transferred data would include case notes, demographic information, placement information, and court information. An Electronic Data Interface would be created to allow for Nebraska's legacy system to share data with FAMCare. The social worker would not need to enter duplicate data into the FAMCare system; however since N-FOCUS does not perform all functions the social workers need, some additional data would need to be entered into the FAMCare system as well.

Child welfare agencies and workers put significant amounts of effort and time into collecting and entering data about the communities, families, and children they serve. Workers then collect the data and spend significant amounts of time interpreting the data. FAMCare has the capacity to allow staff to run reports that would enhance the agency's ability to provide services based on timely feedback without the burden of time and labor intensive raw data analysis. Because the reports would give staff ownership in the outcomes, there would be an incentive for staff to take greater care to ensure data entry and documentation is complete and accurate.

FAMCare has a number of strengths, including cost effectiveness, ability to meet the requirements of 1160, and ability to create reports. One highly important consideration for any solution is the continued operation of Nebraska's legacy system during a transition to a different system. This system would allow for the infrastructure of N-FOCUS to be maintained while transitioning to the FAMCare system.

The end goal of the FAMCare system is to create software allowing all data to reside in one system so that reports can be made accurately and with ease. This goal has the effect of saving staff time, reducing staff burnout, and allowing for more information to be easily available to the staff, resulting in better decisions made based on outcomes for the children in the State of Nebraska child welfare and juvenile justice system.

A possible strategy with this solution is to develop a “Proof of Concept” in conjunction with the FCRO. This would pilot the ability to transfer data from the N-FOCUS legacy system to a case management database designed specifically for the FCRO. This database would allow the FCRO to manage data collection and match it with data from N-FOCUS.

Data Aggregate System: Data Warehouse

The second type of system explored by the IT Workgroup was a Data Aggregate System. A Data Aggregate System is database use for reporting and data analysis. Data are deposited in the warehouse from disparate sources, and then are congregated into a single database. As an example of the data warehouse, the workgroup investigated the People Service Center Data Warehouse, a central depository database. People Service Center (“PSC”) is headquartered in the state, in Omaha, Nebraska, and has been in operation since 2001. PSC’s website is accessible at <http://www.peopleservices.biz/PSCProducts/Pages/BIDataWarehousing.aspx>.

The Data Warehouse is created in a series of steps that allow for the customization of the database to the needs of the client. The creation and implementation of the Data Warehouse begins with a Planning/Initiation Phase. As PSC creates software and data warehouses for a diverse array of fields, a detailed and focused planning and strategy phase is necessary to create a Data Warehouse project to meet the needs of the Child Welfare field. This system would migrate legacy data to the Data Warehouse. A significant advantage of the Data Warehouse is the ability to create Ad Hoc reports. Ad Hoc reports allow case workers to create or modify reports with little to no training. A web based platform allows for ease of use, and the ability to create reports via the web platform.

PSC notes that their systems are reusable from client to client as it can be modified to fit the needs of the client, and while this does allow for some measure of cost saving, it also means that it is difficult to modify the Data Warehouse structure when the organization changes its structure. Given that there are a number of agencies and players involved in the administration of Child Welfare services, special attention should be given to Data Warehouse’s less flexible structure.

More jurisdictions nationwide are recognizing the value of collecting and utilizing data across all child welfare and other social service agencies and departments. The aggregation of this data in one spot eliminates duplication, consolidates information, and allows States to achieve better outcomes for the children and families in their communities. There has been a

noted lack of communication between county and state governments, and between the governments of different counties. A data warehouse would have the additional beneficial effect of becoming a significant statewide resource, encouraging partnerships, research projects and collaboration between agencies, departments, and systems. Aggregate data allows agencies to identify systemic problems, develop effective policies and priorities, and target funding for maximum impact.

Predictive Analytics System: MindShare Technologies

The third and final type of system investigated by the IT workgroup was predictive analytics systems. These systems analyze the information that has been input into the program and creates reports and alerts. As an example, the IT Workgroup explored MindShare Technologies. This system includes a case management program that allows for mobile access and data entry. Data can be entered as the case worker becomes aware of new information. This supports the case at each point of contact, making data available to the people who make decisions. MindShare Technologies' website can be accessed at www.mindshare-technology.com.

The end goal of MindShare is utilizing data and mobile devices to create a user-friendly case management system in which outcomes can be effectively measured. MindShare requires a visual inspection of each child at least once every thirty (30) days. The system sends an alert to the caseworker and supervisor when a visit is overdue. Photographs stamped with longitude and latitude coordinates and date and time are required from visits. The photograph will be sent directly from smartphone to database without being saved on the smart phone. This system also allows for queries of text strings in case note narratives, to ensure that narratives are filled out properly by caseworkers.

The information that is entered into MindShare is then analyzed for every single case. Information is prioritized and structured into high risk escalation dashboards, where caseworkers can view or receive automated alerts when thresholds are met. Critical factors that are analyzed for each case include prescribed psychotropic medications, placement disruptions, number of caseworkers involved in the case, school absences and grade patterns, allegations of maltreatment in care, conditions of parents and caregiver, timeliness and content of case reviews, status and timeliness of medical visits, input from Guardian ad Litem and demographic information for child and caregiver. Case workers receive alerts to ensure that high risk cases

are monitored closely. The FCRO recently released its annual report and found the concerning statistic that one third of the children reviewed has not been personally contacted by their caseworker or a courtesy worker within the two months prior to the FCRO's review. The FCRO has recommended that a trigger mechanism be created to notify supervisors if worker-child has not been documented.

MindShare software generates reports automatically, unlike the previous two systems explored. While FAMCare and the Data Warehouse have the capacity to create a wide variety of reports, the reports must be user generated. MindShare software creates reports automatically based on a number of risk factors to ensure that state wards are visited and contacted in a timely manner. Access to real time data allows for organizations and individual workers to read the situation in real time and alter actions and services in minutes and hours, not in months and years. This makes the challenges of case management easy for a case worker, who can turn his or her attention from duplicate data entry and paperwork to the substance of the cases and the wellbeing of the children.

A further strength of MindShare technologies is that the system was created specifically to address problems and challenges unique to child welfare services. MindShare Technologies has demonstrated an ability to work with state leaders and with each lead agency to ensure that the unique needs of each agency are met by the system. On-staff lobbyists can assist State and private agencies in implementing this solution through their state and local governments.

Further Considerations

Although each of these ideas have shown promise, it is necessary to be mindful of the following cautions. As with any program, it is imperative to consider the cost of implementation, and to balance the cost with the potential to save time and increase effective case management. A further consideration relates to the nature of technology itself. As technology evolves, any system will need to be updated, requiring additional cost and user training. It is also necessary to be mindful, especially when considering the purchase of external software, of the difference between developing staff skills and vendor management, and system configuration and interface development. Any purchased system may need add-on functionality when applied to existing structures within the State, and it is necessary that the vendor be able to competently develop the functions in a timely manner. It is highly unlikely that any existing

product will meet Nebraska's unique business requirements, so the service will not be a onetime cost due to necessity of customization.

One highly important facet is the systems potential interaction with Medicaid, Resources Development, Adult Protective Services, SNAP, TANF and other social welfare programs. Child welfare services are provided on an incident basis, rather than an eligibility basis. Once child protection services are deemed appropriate, needs for economic or other services may be identified for the family and/or child. The ability to interact effectively with these systems would allow for families to easily determine their eligibility and enroll in necessary services. A further hurdle is to consider the SACWIS compliance of each system.

A further factor is the impact on user, including the ease of use and the time spent training. Caseworker burnout has been identified as a problem within the State of Nebraska's Child Welfare system. An effective and intuitive software system could assist case workers in effectively managing cases and free them from the burden of paperwork and duplicate data entry, allowing for more focus on the cases and children. As a suggested component of the solution of this problem is mobile access, a concern is the security of data where mobile devices are used to input or store data. The sensitive nature of the data requires scrutiny of the security measures of any system considered. Though any change in system will present its own sets of challenges, it is clear that the current system, N-FOCUS, has several critical problems for which solutions are necessary.

While it is important that any new system implemented address the functional and technical issues presented by N-FOCUS, the success of the system depends on timely and accurate data entry. Caseworkers must buy in to the system and consistently enter data. Strong leadership is necessary to ensure that data are entered accurately and consistently. While an updated and organized technological solution is necessary for better outcomes for children and families, it is useless without effective leadership and dedicated staff.

Summary

The IT Workgroup has considered and investigated potential solutions, and three have risen to the top as highly promising practices to solve the information exchange and measured results issues in the State of Nebraska. The first type of system considered, Management Information Systems, uses as an example a case management software program called "FAMCare," a promising system that would allow for maximum utilization of data while slowly

shifting the legacy system to the new system. The second type of system, Data Aggregate Systems, using the People Service Center Data Warehouse as an example, allows for the aggregation of data from disparate sources and the creation of Ad Hoc reports. The third and final type of system explored by the workgroup is Predictive Analytics System, an example of which is the MindShare Technologies program, a user friendly web based “App” for case management that creates alerts based on a number of risk factors. Each system has its advantages and challenges, and each should be thoroughly explored as a potential solution to the problems facing the child welfare service community in the State of Nebraska.

Management Information System

FAMCare

Criterion	Capacity to meet criterion
Meets the requirements of LB 1160	Yes
Reduces paperwork	Yes
Reduces redundant data entry	Yes
Strong change management practices	Unknown
System generated alerts	No
User generated alerts	Yes
Easy to use	Yes
Numerous and comprehensive reports	Yes
Ad hoc reporting capability	Yes
Real time reports	Yes
Real time data entry	No (Some data must be entered into legacy system, which does not have mobile access)
Ability to run search queries	Yes
Real time reports and data	Can run real time reports to the extent that data is entered into legacy system
Mobile Access	Yes
Web based	Yes
Short ROI	ROI is longer as it takes a significant amount of time to utilize this program's full capacity
Easily audit activities	Yes
Allows legacy system to function during implementation period	Yes
Allows input of data at the field level	To some extent. Some data can be entered at field level; however some data is entered into legacy system, which does not have

	mobile access.
Useful at a policy making level	Yes
Useful at a case management level	Yes
Monitors caseworker input of data to ensure accurate and complete input	Yes
Cost effective	Yes
Allows for collaboration between different state and private agencies	Yes
Eliminates or helps to eliminate information silos	Yes
Vendor experience with child welfare field	Vendor has experience with child welfare field; however product was not created for child welfare.
Experience working with state governments and agencies	Yes
Improve child welfare outcomes on a short term timeline	No
Improve child welfare outcomes on a long term timeline	Yes
Consistent and accurate data management	Yes

Data Aggregate System

Data Warehouse

Criterion	Capacity to meet criterion
Meets the requirements of LB 1160	Yes
Reduces paperwork	Yes
Reduces redundant data entry	Yes
Strong change management practices	No
System generated alerts	No
User generated alerts	No
Easy to use	Yes
Numerous and comprehensive reports	Yes
Ad hoc reporting capability	Yes
Real time reports	Yes
Real time data entry	Yes
Ability to run search queries	Yes
Real time reports and data	Yes
Mobile Access	No
Web based	Yes
Short ROI	ROI is very long due to length of strategy and implementation phases
Easily audit activities	Yes
Allows legacy system to function during implementation period	Yes
Allows input of data at the field level	No
Useful at a policy making level	Yes
Useful at a case management level	No
Monitors caseworker input of data to ensure accurate and complete input	Yes
Cost effective	Yes

Allows for collaboration between different state and private agencies	Yes
Eliminates or helps to eliminate information silos	Yes
Vendor experience with child welfare field	Vendor has experience with child welfare field; however product was not created for child welfare.
Experience working with state governments and agencies	Yes
Improve child welfare outcomes on a short term timeline	No
Improve child welfare outcomes on a long term timeline	Yes
Consistent and accurate data management	Yes

Predictive Analytics System

MindShare Systems

Criterion	Capacity to meet criterion
Meets the requirements of LB 1160	Yes
Reduces paperwork	Yes
Reduces redundant data entry	Yes
Strong change management practices	Yes
System generated alerts	Yes
User generated alerts	Yes
Easy to use	Yes
Numerous and comprehensive reports	Yes
Ad hoc reporting capability	Yes
Real time reports	Yes
Real time data entry	Yes
Ability to run search queries	Yes
Real time reports and data	Yes
Mobile Access	Yes
Web based	Yes
Short ROI	Yes
Easily audit activities	Yes
Allows legacy system to function during implementation period	Yes
Allows input of data at the field level	Yes
Useful at a policy making level	Yes
Useful at a case management level	Yes
Monitors caseworker input of data to ensure accurate and complete input	Yes
Cost effective	Yes
Allows for collaboration between different	Yes

state and private agencies	
Eliminates or helps to eliminate information silos	Yes
Vendor experience with child welfare field	Yes
Experience working with state governments and agencies	Yes
Improve child welfare outcomes on a short term timeline	Yes
Improve child welfare outcomes on a long term timeline	Yes
Consistent and accurate data management	Yes

Sample Matrix

Criterion	Capacity to meet criterion
Meets the requirements of LB 1160	
Reduces paperwork	
Reduces redundant data entry	
Strong change management practices	
System generated alerts	
User generated alerts	
Easy to use	
Numerous and comprehensive reports	
Ad hoc reporting capability	
Real time reports	
Real time data entry	
Ability to run search queries	
Real time reports and data	
Mobile Access	
Web based	
Short ROI	
Easily audit activities	
Allows legacy system to function during implementation period	
Allows input of data at the field level	
Useful at a policy making level	
Useful at a case management level	
Monitors caseworker input of data to ensure accurate and complete input	
Cost effective	
Allows for collaboration between different	

state and private agencies	
Eliminates or helps to eliminate information silos	
Vendor experience with child welfare field	
Experience working with state governments and agencies	
Improve child welfare outcomes on a short term timeline	
Improve child welfare outcomes on a long term timeline	
Consistent and accurate data management	

Appendix A

Last Revised: **Nebraska Children's Commission**

July 12, 2013 **IT Work Group Charter**

NCC Statement of Purpose: Recommend technological solutions to information exchange and measured results across Nebraska's systems of care.

Work Group Statement of Purpose:

To improve the safety and well-being of Nebraska's children and families by recommending information management/technology solutions that will 1) improve data sharing, communication, and accountability; and 2) foster data-driven decision making by administrators and policy makers.

Objectives:

- Reach agreement on population outcomes and indicators: Agree on whole-population outcomes and specific indicators and suggest strategies that can be developed by the system of care across the state
- Identify data fields that would be useful for data-driven decision making by administrators and policy makers based on national trends and projected state needs identified by the Commission's Strategic Plan.
- Design a data solution using information management/technology to support integration, coordination and accessibility of services provided by the state.
- Develop common data systems and standards with external data mining: Develop common data systems/standards across the state.
- Create an appropriations schedule utilizing system design: Utilize system design and consultant input to create an appropriations schedule for the Legislature and talk to foundations for funding partnerships.

Work Group Composition: The Committee is made up of NCC members and the following resource people who may participate as needed:

Work Group Co-Chairs: Nancy Forney and Dave Newell

NCC Members: Thomas Pristow, Martin Klein, Karen Authier, and Vicki Weisz

Subject Matter Experts:

- Corey Steel-Probation
- Steve Gedwillo – Probation
- Paula Crouse - Justice
- Linda Leatherman-Justice
- Kim Hawekotte-FCRO
- Linda Cox - FCRO
- Mike Overton- NCJIS Admin at Crime Commission
- Chrissy Hauschel – Voices for Children
- Dean Folkers – Department of Education
- Brenda Decker - OCIO
- Eric Henrichsen - DHHS
- Doug Beran-DHHS
- Liz Neeley-Objective Advantage, LLC
- Lynn Castrianno-NFC
- Kelli Hauptman – Center for Children, Families, and the Law

Support Staff:

- Leesa Sorensen – NCC
- Regina Hamm – NFC

Workgroup Roles and Scope:

- Identify and reach agreement on general population outcomes and indicators.
- Research national trends and literature to develop general, statewide measures of child permanency, safety, and well-being. Identify sources for these data indicators from the system databases mentioned below. Coordinate the collection of these indicators to: 1) establish a baseline of child permanency, safety, and well-being in Nebraska; and 2) utilize these data indicators to inform data-driven decision making.
- Review the strategic plans of each of the Nebraska Children’s Commission’s Committees and Workgroups to identify: 1) how to measure the implementation/impact of each goal/strategy; 2) whether the data indicator is currently collected; and 3) the source for each data indicator; and 4) how the data indicator will be collected if a source is not currently available.

- Develop a proposal for system integration, coordination and accessibility.
- Utilize the proposed system design and consultant input to create an appropriations schedule for the Legislature.

Workgroup Time Frame:

The Workgroup will begin its work on or before April 15, 2013. The workgroup will meet on a monthly basis.

Systems Impacted:

The following systems will be considered as a part of this initiative: N-Focus, JUSTICE, Foster Care Review Office, NPACS, NCJIS, NDEN

Workforce recruitment and stability: Key Recommendations

Staff Recruitment

- Increase requirements for frontline staff
- Recruit in and outside the state of NE
- Employ selection tool using success criteria for initial hiring

Training and Development

- Guidelines for GALs and all other collaborative entities clearly defined, communicated and strictly followed
- Stay on track with the DHHS Protection and Safety & Juvenile Services New Worker Training outline
- Develop (or adapt existing) training for specialists (at a minimum SMEs) in categories of child welfare and juvenile justice
- Increase mentors (per current DHHS plan) to get to the 51 needed across state
- Broaden education to include judges and others in training

Retention

- Follow caseload reduction plan
- Increase expectations for and accountability of supervisors
- Develop and implement retention strategy to be reviewed and measured (turnover reduction and staff development)

Salary and Compensation

- Consider new job classification to compare and increase salaries
- Continue differential for mentors
- Bigger increase for becoming supervisors

Career Trajectories

- Three to four years in the “trenches” and apply selection tool to determine supervisor readiness and success in role
- Stepped levels for caseworkers determined by achieving key competencies and excellent performance. (eg. A senior level caseworker or levels 1, 2, 3, and 4. Salary increase would be part of increasing the level.)
- Tuition reimbursement and load forgiveness with strictest guidelines for those serving in most difficult areas (language challenges, geographic challenges)
- Education incentive (eg. MSW)