

Nebraska Children's Commission

Eighteenth Meeting
December 17, 2013
9:00 AM – 12:00 PM
Country Inn and Suites, Omaha Room
5353 N. 27th Street, Lincoln, NE

Call to Order

Karen Authier called the meeting to order at 9:07 am and noted that the Open Meetings Act information was posted in the room as required by state law.

Roll Call

Commission Members present: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Kim Hawekotte, Gene Klein, Martin Klein, Norman Langemach, Andrea Miller, Jennifer Nelson, David Newell, Mary Jo Pankoke, Dale Shotkoski, Becky Sorensen, and Susan Staab.

Commission Members absent: Pam Allen, Janteice Holston, and John Northrop.

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

Ex Officio Members absent: Senator Kathy Campbell, Senator Jeremy Nordquist, and Kerry Winterer.

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

Approval of Agenda

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

Approval of November 19, 2013, Minutes

A motion was made by Kim Hawekotte to approve the minutes of the November 19, 2013, meeting. The motion was seconded by Beth Baxter. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Kim Hawekotte, Gene Klein, Martin Klein, Jennifer Nelson, David Newell, Mary Jo Pankoke, Dale Shotkoski, Becky Sorensen, and Susan Staab.

Voting no: none. Norman Langemach and Andrea Miller abstained. Pam Allen, Janteice Holston, and John Northrop were absent. Motion carried.

Chairperson's Report

Karen Authier provided a brief chair's report including an overview of the issues to be covered during the meeting. Karen noted that the Children's Commission work and the work of the various outside committees and workgroups are at a point where the groups are beginning to provide additional substance to the ideas that are contained within the Phase 1 plan. Karen encouraged Commission members to begin to think about areas that were emerging as themes and priorities for the next phase of the Commission's work. Karen also provided a copy of the Legislative calendar and a list of proposed 2014 Nebraska Children's Commission meeting dates.

Legislative Update

Senator Colby Coash provided a legislative update. Senator Coash indicated that he appreciated the reports and feedback that had been gathered since the last Commission meeting, especially on Alternative Response. He noted that the reports would be helpful as the legislative session starts in January 2014. Senator Coash also noted that the legislative hearings that were held provided some good information on the Barriers to Permanency and ICWA issues. Senator Coash indicated that the Judiciary Committee is working on the LB561 recommendations from the Juvenile Services (OJS) Committee and that a meeting would be held to review that report.

Foster Care Reimbursement Rate Committee Report

Peg Harriott provided a written progress report on the work of the Foster Care Reimbursement Rate Committee. The committee continues to: review the ongoing results of the DHHS pilot project; 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. Peg also indicated in the report that both Thomas Pristow and Liz Hruska had confirmed that the LB 530 appropriations provided sufficient funds to cover both the implementation of the base rates and the levels of care assessed rates. It was noted that the funds included in the DHHS budget for the new foster care rates would need to be including in budget negotiations with Probation and in the contract that DHHS has with NFC. Peg noted that at the third meeting the committee also changed the names of the three levels of care for the caregiver assessment tool to: Essential, Enhanced, and Intensive. Peg indicated that the committee would have a more substantive report for the January meeting of the Commission for the report that is due to the legislature on February 1, 2014.

DHHS Report

Thomas Pristow provided a brief update on the Foster Care Reimbursement Rate Level of Care Assessment pilot. Thomas indicated that the report from Peg on the Foster Care Reimbursement Rate committee basically covered all the information. Thomas did note that DHHS has been working to continue to complete the level of care assessment and make sure that those

assessments are being done properly. Thomas indicated that he would be happy to share additional information on the pilot as that analysis moves farther along.

Alternative Response Model Development Update

Thomas Pristow, Vicki Maca, Jerrilyn Crankshaw, and Emily Kluver gave a DHHS update on the Alternative Response pilot sites. DHHS provided a handout with information on the pilot sites that were selected and the methodology that was used to select those sites.

DHHS also presented information on the intended roll out of the alternative response process to the pilot sites. The group indicated that DHHS does not have a set process in place to implement the alternative response pilot, but that they will work individually with each selected community to function within the infrastructures each community already has in place. Thomas also indicated that the group wants to make sure that community leaders are involved to help with the process as the group looks to expanding the process statewide. There will also be an evaluation process built in that will be done by an outside evaluator.

Commission Feedback on Alternative Response Model

Bethany Connor presented the Alternative Response Model Feedback report that summarized the feedback that was given by Nebraska Children's Commission members on the 27 ineligibility criteria proposed by DHHS. The report provides survey responses including general comments that were made by Commission members. It was noted during the presentation that only 6 Commission members responded to the survey on this issue. During discussion on the report, Senator Coash indicated that the report reflected a disappointing response rate on behalf of the Commission and again informed the Commission that the legislature would be relying on the Commissioner's input as the Alternative Response legislation moves forward. A suggestion was made to allow Commission members to provide additional input for those members who had not responded. It was decided that an electronic survey would be done to collect additional results.

Some Commission members didn't receive the e-mail because of Nebraska.gov e-mail issues.

Young Adult Voluntary Services and Support Advisory Committee Report

Mary Jo Pankoke reported that Amy Williams had resigned from Senator McGill's office and that she would no longer be serving on the Young Adult Voluntary Services and Support Advisory Committee. Mary Jo indicated that an application for the open position had been received from Doug Koebernick from Senator Lathrop's office.

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

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:

Community Ownership

Mary Jo Pankoke provided a written report on behalf of the Community Ownership workgroup related to facilitated conferencing and mediation in juvenile court cases. The workgroups report included information on Prehearing Conferences, Family Group Conferencing, Victim-Offender Mediation, and Evaluation Results. During discussion of the report, it was also suggested that facilitated conferencing and mediation be extended to include tribal courts.

Mary Jo Pankoke then made a motion to have the Nebraska Children's Commission adopt the Community-Ownership recommendation and send the report to the Governor, DHHS, the Legislature, and the Chief Justice. The motion was seconded by Becky Sorensen. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Kim Hawekotte, Gene Klein, Norman Langemach, Andrea Miller, Jennifer Nelson, David Newell, Mary Jo Pankoke, Dale Shotkoski, Becky Sorensen, and Susan Staab. Voting no: none. Pam Allen, Janteice Holston, and John Northrop were absent. Candy Kennedy-Goergen and Marty Klein were absent for the vote. Motion carried.

Technology

David Newell provided information on the Whole Population discussion that was planned after the Nebraska Children's Commission meeting. Dave explained that the Whole Population process would help the group look at what areas within the Child Welfare and Juvenile Justice system the Commission might want to consider as Safety, Well-Being, and Permanency outcomes.

Dave then explained that Bethany Connor had provided a summary report on the work that the Technology workgroup had completed. The report provides information on the various systems that the workgroup has reviewed and provides recommendations.

David Newell then made a motion to have the Nebraska Children's Commission accept the Technology workgroup report and forward it to the Health and Human Services Committee and to DHHS for further consideration. The motion was seconded by Susan Staab. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Kim Hawekotte, Gene Klein, Marty Klein, Norman Langemach, Andrea Miller, Jennifer Nelson, David Newell, Mary Jo Pankoke, Dale Shotkoski, Becky Sorensen, and Susan Staab. Voting no: none. Pam Allen, Janteice Holston, and John Northrop were absent.

Workforce

Susan Staab provided a list of key recommendations on behalf of the Workforce workgroup. The report included recommendations on Staff Recruitment, Training and Development, Retention, Salary and Compensation, and Career Trajectories. Susan noted that the workgroup would be providing more detail concerning their recommendations.

System of Care

The System of Care workgroup is continuing to work on the System of Care grant with Behavior Health and focus groups. The group reported that the statewide kickoff meeting was well attended. It was also noted that meetings have been set up with a consultant to help with the process. It was suggested that DHHS Behavioral Health be asked to give a report out at an upcoming Commission meeting.

Juvenile Services (OJS) Committee Report

Ellen Brokofsky and Martin Klein provided an update on the Juvenile Services (OJS) Committee report that was provided to the Judiciary Committee on December 13, 2013. Marty and Ellen noted that the recommendations included a suggestion to transition the system to a more regionally based system. The recommendations also suggest that the Juvenile Services Committee be created as a more permanent entity to oversee the continued work of juvenile justice reform. The Commission members agreed that the report should be reviewed in greater detail at the January 2014 Commission meeting. Marty and Ellen did indicate that it would be helpful to allow the Juvenile Services (OJS) Committee to continue to meet to address issues related to the report. Commission members were also asked to review the report and provide feedback to Leesa Sorensen for the Juvenile Services (OJS) Committee to consider.

A motion was made by David Newell to allow the Juvenile Services (OJS) Committee of the Nebraska Children's Commission to continue to meet as needed to address juvenile justice issues. The motion was seconded by Mary Jo Pankoke. Voting yes: Karen Authier, Beth Baxter, Nancy Forney, Candy Kennedy-Goergen, Kim Hawekotte, Gene Klein, Martin Klein, Norman Langemach, Andrea Miller, Jennifer Nelson, David Newell, Mary Jo Pankoke, Dale Shotkoski, and Becky Sorensen. Voting no: none. Pam Allen, Janteice Holston, and John Northrop were absent. Susan Staab was absent for the vote. Motion carried.

New Business

Next Meeting Date

The next meeting is January 22, 2014, 9:00am-12:00pm. Information on the meeting location will be sent at a later date.

Adjourn

A motion was made by Beth Baxter to adjourn the meeting, seconded by Norman Langemach. The meeting adjourned at 12:10pm.

**Health and Human Services Committee Hearing
Briefing on Nebraska Children's Commission
Presented By**

**Karen Authier, Chair
Nebraska Children's Commission**

January 9, 2014

My name is Karen Authier and I serve as Chair for the Nebraska Children's Commission. The Commission began meeting June 7, 2012 and has scheduled monthly meetings since that first meeting. The Commission submitted a Phase I Strategic Plan for Child Welfare and Juvenile Justice Reform on December 15, 2012. In the past year the Commission has focused on developing a deeper understanding of the requirements for achieving the four broad goals included in the plan as we moved forward to identify steps necessary in implementing the strategic recommendations related to those goals. Commission members self selected into four work groups dedicated to prioritizing and further defining the proposed strategies and developing action steps under each of the following goal statements:

- Encourage timely access to effective services through community ownership of child well-being (Community Ownership of Child Well-Being Work Group)
- Support a family driven, child focused and flexible system of care through transparent system collaboration with shared partnerships and ownership (System of Care Work Group)
- Utilize technological solutions to information exchange and ensure measured results across systems of care (Information Technology Work Group)
- Foster a consistent, stable, skilled workforce serving children and families (Workforce Work Group)

In its continuing focus on the Strategic Plan, the Commission has consistently reiterated the intent expressed in the plan that action on the four goal statements include both child welfare and juvenile justice populations, issues and services.

In addition to attention to Phase II Strategic Plan recommendations, the Commission has served as the oversight body for several committees created by the Legislature that report to the Commission:

- Psychotropic Medication Committee
- Juvenile Services Committee
- IV-E Demonstration Committee; Department of Health and Human Services Alternative Response Stakeholders Group
- Foster Care Reimbursement Rate Committee
- Young Adult Voluntary Services and Support Committee

The Commission has varying levels of responsibility for appointment of members and review of the reports and recommendations of these committees and the Commission

devotes some portion of each agenda to committee reports and review of recommendations.

As the Commission has reviewed recommendations from the committees, I have noted that there are clear and consistent threads running through those recommendations regarding specific issues identified in the Strategic Plan including the importance of community based services and planning efforts; the critical need for improved systems for data collection, sharing and analysis; a focus on a skilled, competent workforce; and the need for well defined systems of care with accessible services from early intervention through “high end” services.

Action in the last session of the legislature resulted in some changes to Commission structure, staffing and location. The Commission is grateful for the funding that allowed the hiring of a policy analyst as a resource to the Commission. Bethany Connor, who was hired to fill that position, has been an asset to the work of the various committees and work groups whose efforts are critical to the Commission.

Status of Input from Work Groups

Utilization of work groups has provided opportunity for concentrated focus on each goal in the strategic plan. The work groups have included participation of non Commission members as well as participation of Commission members. Work group recommendations are presented to the Commission for further discussion, input and approval. The following summarizes the direction that each work group has taken.

Community Ownership of Child Well Being. (Mary Jo Pankoke, Chair)

- ❖ *Community Listening Sessions.* During the summer, the work group organized and sponsored a **series of on-line Community Listening Sessions to hear reports from identified communities that are in various stages of implementing collaborative efforts to improve child well-being by addressing risk factors and promoting protective factors.** Measurable outcomes are an important feature of these initiatives which are facilitated and coordinated by the Nebraska Foundation for Children and Families. **The work group developed a draft Model for Community Ownership of Child Well-Being (dated 10/15/13) based on Dr. Deborah Daro’s research, “Creating Community Responsibility for Child Protection: Possibilities and Challenges.” Dr Daro presented her model to the Commission on June 18.**
- ❖ *Facilitated Conferencing.* The language of LB821 included the expectation that the Commission review and address the role of facilitated conferencing. Facilitated conferencing is provided under the auspices of the Administrative Office of the Courts/Office of Dispute Resolution through mediation centers that are located in communities across the state. The Community Ownership Work Group assumed responsibility for assessing the role of facilitated conferencing and determined that the mediation centers are a key component of community based prevention systems for children and families, that the need for pre-hearing conferences and family group conferences exceeds current funding allocations, and that there is a need for a

dedicated, sustainable source of funding for both types of services for both child welfare and juvenile justice cases.

The Commission approved the following recommendation from the work group report: The Community Ownership of Child Well-Being Workgroup recommends that funding for pre-hearing conferences, court-ordered family group conferences and other relevant facilitated conferences for both child welfare and juvenile justice cases be funded by the Legislature as part of the Supreme Court's budget, not to exclude sliding fee scales, court fees and other potential sources of funding. Funding for tribal courts should be included in the budget as well as funding for a statewide independent evaluation. 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.

System of Care Work Group. (Gene Klein, Chair)

- ❖ *DHHS Behavioral Health System of Care Grant.* The work group determined that the **federal System of Care grant offers the best opportunity to accomplish the multiple strategic recommendations related to establishing a statewide "family driven, child focused and flexible system of care."** Members of the work group are participating in grant activities and providing input to the Division of Behavioral Health.
- ❖ *Alternative Response.* The strategic recommendation to "develop a differential response system" remains a priority for the system of care work group and the **Commission supports the work of the Department to further develop the design of an alternative response system in pilot communities as part of the IV E Waiver.** The Commission provided feedback to Senator Coash regarding eligibility/ineligibility criteria that were included in the November 19 Department of Health and Human Services and Alternative Response Advisory Committee report, Alternative Response Model Development: LB561 Report to the Children's Commission. The survey of Commission members also obtained input on the elements of the plan that prohibited interviews with children without parental knowledge.

It is important to point out that feedback from individual Commission members on the specifics of the Alternative Response model reflected some sharp differences of opinion. Because of the diverse backgrounds of Commission members, it is not surprising that those different perspectives lead individual members to reach differing conclusions regarding some aspects of the design.

Information Technology Work Group. (Dave Newell and Nancy Forney, Co-Chairs)

The Technology Work Group has divided its focus to address the components of the two part goal to (1) "utilize technological solutions to information exchange" and (2) "ensure measured results across systems of care."

- ❖ *Technological Solutions.* One subgroup involved subject matter experts from state level public agencies and private organizations along with Commission members to explore and analyze potential information management/technology solutions that would provide improved system integration, coordination and accessibility with a focus on data sharing, communication and accountability and foster data driven decision making by administrators and policy makers. **A written report distributed at the December 17 Commission meeting was accepted by the Commission to be forwarded to the HHS Committee of the legislature.**

The report summarizes three types of systems that meet the following work group criteria:

- ❖ 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 promising systems identified fall into 3 categories: Management Information Systems, Data Aggregate Systems, and Predictive Analytics Systems. The work group does not view its role as recommending a specific product, but believes that each of the three types of systems should be more thoroughly explored as a potential solution to address the deficits in the current child welfare/juvenile services information technology environment.

- ❖ *Whole Population Outcomes.* While technological solutions are critical to achieving the stated goal, the work group also identified the **need to develop agreement around a shared set of whole population outcomes, indicators and measures that are critical to the goal of ensuring measured results across systems of care.** Child well-being was identified as the overriding goal for policies and delivery of services emphasized in the Strategic Plan.

Because other groups have been active in working on whole population outcomes, there was a decision to engage in collaborative discussion with the Prevention Partnership to determine a framework for adopting whole population measures applicable to child welfare/juvenile justice. That discussion, facilitated by Victoria Goddard – Truitt of Annie E. Casey Foundation, occurred December 17. The combined groups reached tentative consensus in some areas that will provide a foundation for further discussion.

Workforce Work Group (Susan Staab, Chair)

The Work Force work group has developed a set of key recommendations for staff recruitment, training and development, retention, salary and compensation and career trajectories that will be on the agenda for more discussion.

Overview of Committee Activity

Psychotropic Medication Committee. (Jennifer Nelson and Candy Kennedy Goergen, Co-Chairs)

The committee is monitoring the implementation of the American Academy of Child and Adolescent Psychiatrists Position Statement on the Oversight of Psychotropic Medication use for Children in State Custody by DHHS and will be providing input on the computer training modules.

Juvenile Services (OJS) Committee. (Marty Klein and Ellen Brokofsky, Co-Chairs)

The OJS Committee was created in 2012 by LB 821, the same bill that created the Commission. The scope of the committee's responsibilities was changed by LB 561 in the 2013 legislative session. Because of the broad scope of the legislative charge to the committee, the committee's Phase 1 Strategic Recommendations Report was not completed until December 2013. In the meantime, committee chairs kept the Commission informed about their work through progress reports at the monthly Commission meetings. **The Commission received the December report, but did not have adequate time at the December meeting to discuss, evaluate and render an opinion on the many recommendations included in the report. The Commission will continue review and discussion of the OJS Report recommendations at subsequent meetings.** It is noteworthy that there are parallels and common themes between the recommendations of the OJS report and the Strategic Recommendations of the Commission Strategic Plan.

Foster Care Reimbursement Rate Committee. (Peg Harriott, Chair)

As of the December Commission meeting, the committee is continuing to

- ❖ Review the ongoing results of the DHHS pilot project as reported by DHHS
- ❖ Identify and complete additional work with the Level of Care Assessment tool to fully operationalize the instrument
- ❖ Discuss implementation implications for current foster homes, supporting agencies, DHHS

Director Pristow and Liz Hruska provided assurances that sufficient funding was budgeted to cover the new base rates plus level of care payments. Therefore, the committee will not be recommending additional funding for implementation of the increased rates. The Committee has noted that use of funding in the DHHS budget for the new foster care rates would need to be included in budget negotiations with Probation and in the Nebraska Families Collaborative contract.

The next report from the committee to the Health and Human Services Committee is due February 1.

Young Adult Voluntary Services and Support Committee. At the November meeting, the Commission approved recommendations included in the Bridge to Independence and Support report that was submitted to the Health and Human Services Committee on December 15. **In addition to approving the recommendations developed by the committee, the Commission approved a motion that the cover letter for the**

submission of the report include a statement that the services and supports program be expanded to cover youth served through the juvenile justice system.

Summary

On behalf of the Commission, I thank the Health and Human Services Committee for the work of the Committee and individual senators to put the needs and well-being of children at the forefront of the legislative agenda. I thank the Committee for its vision in recognizing the importance of a high level leadership body to provide oversight and guidance regarding statewide initiatives to benefit vulnerable children and families. During its first year and a half, the Commission has consistently honored the charge in LB 821 that the Commission “provide a permanent forum for collaboration among state, local, community, public, and private stakeholders in child welfare programs and services.” As indicated in this report, it is the opinion of the Commission that the issues of child welfare and juveniles services are intertwined and that the attention of the Commission should extend across both areas.

HHS Committee Briefing on Child Welfare

January 9, 2014

Thomas Pristow, Director

Department of Health and Human Services

Division of Children and Family Services

Update of current activities

Alternative Response

- A staged implementation of Alternative Response will be piloted in five counties across the state and move toward statewide implementation over the course of the Title IV-E Waiver Demonstration Project through 2018
- The five counties will represent various geographic, economic and demographic characteristics. Specifically, DCFS is considering county size; child abuse and neglect rates; child abuse and neglect case types; poverty; child poverty; race; re-referrals; number of children in care; and community-level service provision availability by county. Scotts Bluff, Lancaster, Hall, Dodge, and Sarpy.
 - DCFS proposes a legislative change.. a statute authorizing a non-investigatory track would need to be enacted. For the pilot to begin, we need to Add a statutory definition of “investigation” in the Nebraska Child Protection Act to clarify that Alternative Response cases are not considered an investigation.
- DCFS has worked with Senator Coash and the AR stakeholders to include authority for the group charged to review Alternative Response-specific cases

Results-Based Accountability

We've been on track for about 18 months to implement RBA. This is a way to work with providers and systems in order to achieve positive outcomes for children and families.

- Training for providers on how to use the RBA Web-based portals for tracking indicators and performance will be held via webinars in February. There will be a demonstration of the web portal at the January CAFCON meeting tomorrow.
- RBA performance measures continue to be refined with final versions to providers by mid-February
- We are currently planning an April '14 implementation of RBA to begin with the ASFCP

Contracts

- Current contract extensions expire March 31, 2014
- New contracts will be issued no later than March 3, 2014
- **Including the agreed on service definitions and RBA performance measures**
- To that end, we're having up to three all-day meetings with providers to do some contract cleanup:
 - January 30th (Lincoln)
 - February 12th , if needed
 - January 9th (Kearney)
 - Webinar will be an option

Foster Care Reimbursement

Foster Care Reimbursement Rate Recommendations effective July 1, 2014

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

Level of Care Assessment Tool Recommendations:

- Child Needs Assessment: Child and Adolescent Needs and Strengths Comprehensive (CANS)
- Caregiver Responsibilities: Nebraska Caregiver Responsibilities (NCR)
- Data from pilot being evaluated for rates and definitions by March '14.

Maintenance Options (*How the Money flows*)

- DHHS gives the money to the ASFC provider as a pass through for maintenance

Billing

- DHHS Financial Services is moving toward having all N-FOCUS claims submitted electronically.
- A pilot is being planned with Providers early next year.
- We've done this successfully for Child Care Providers statewide.
- In preparation for this change, providers were notified that effective November 1, 2013 all N-FOCUS billing documents without a barcode on the front will be returned to providers for proper submission before processing

Recent highlights of the child welfare system include:

New Releases:

1. We held a hearing Thursday, December 5, 2013, at the State Office Building on proposed new regulations related to the Bridge to Independence Program under the Young Adult Voluntary Services and Support Act (LB216). The proposed regulations will:
 - establish eligibility requirements,
 - set out the services and supports,
 - provide for termination and re-entry,
 - set forth administrative appeals grounds and processes, and
 - require confidentiality and establish the start date for the program.
2. DHHS Behavioral Health, has been awarded \$504,413 from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) as a system-of-care expansion planning grant.

- The purpose of the one-year grant is to develop a comprehensive strategic plan to expand and sustain the system-of-care approach to providing services for children and youth with serious emotional disturbances and their families.

State Wards

The number of state wards in Nebraska is declining, and other trends also show positive progress in addressing the needs of children and families in the child welfare system,

On January 1, 2014, there were 1,273 fewer state wards in the child welfare system than in March 2012. That's a 20 percent decrease. The number of wards in the state stood at 6,143 in March 2012.

Other Positives

In October 2013, Nebraska was notified that our Title IV-E waiver demonstration project was approved. The demonstration project is authorized to implement an Alternative Response model as an alternate pathway for families to the traditional Child Protection Investigations and Results-Based Accountability included in contracts for contracted child welfare service providers in order to measure outcomes achieved through services provided to children and families.

The State is meeting the federal measure on Placement Stability for the first time. The State is currently meeting 3 of the 6 federal measures (placement stability, permanency and timeliness of adoption). Very close to meeting absence of maltreatment in foster care and absence of maltreatment recurrence.

As of October 2, 2013, the state is meeting the monthly caseworker visitation requirements (90 percent). In 2008 we were at 40 percent. We are currently at 95 percent - which is fantastic news, as the federal requirements go to 95 percent in 2015.

Family Team Meetings are being held once every 90 days in 93 percent of cases.

Areas of attention

- Implementation of LB 561 challenges including staff turnover increasing as a result of another reform effort, will take time for system to stabilize.
- DHHS was given verbal notice from ACF-Kansas City that past IV-E claiming issues will likely result in upcoming disallowances of federal dollars during reform years of 2011 and 2012.
- Claiming Title IV-E Maintenance.
- Waiting for federal approval of NFC's Cost Allocation Plan

Future Activities

- IV-E waiver implementation, five-year process with an evaluation.
- Federal fiscal reform by the year 2020 will continue to monitor developments and report back to legislators as waiver states will have large investment in seeing the system change.

Reports issued by CFS over the interim

Quarterly Reports

Budget report on child welfare funds (LB 949) Quarterly Reports

Quarterly Reports its expenditures for each quarter and the outcomes relating to such expenditures within 30 days after the end of the quarter to the Appropriations Committee of the Legislature and the Health and Human Services Committee of the Legislature. Such report shall identify any changes or movement of funds in excess of \$250,000 relating to child welfare between subprograms within Budget Program 347.

Reports submitted by September 15, 2013

Caseload Report NRS 68-1207.01 (LB 1160)

For CFS and pilot (NFC), a comparison of caseloads to caseload standards, other caseload data and average costs of training

Family Policy NRS 43-534 (LB 1160)

As part of the annual budget request, a comprehensive statement of the efforts of the Department in meeting the Family Policy Act including listing of programs provided for children and families and the priority of such programs, a summary of the expenses incurred in the provision and administration of services for children and families, the number of clients served by each program, and data being collected to demonstrate the short-term and long-term effectiveness of each program.

Satisfaction Surveys NRS 43-4407 (LB 1160)

Satisfaction surveys of children, parents, foster parents, judges, guardians ad litem, attorneys representing parents, and service providers involved with the child welfare system.

Juveniles/associations report NRS 43-296 (LB 1160)

Provide copies of reports received from associations receiving juveniles under the Nebraska Juvenile Code regarding their "condition, management, and competency to adequately care for such juveniles as are or may be committed to it and such other facts as the department may require."

Office of Juvenile Services Legislative Annual Report NRS 43-405(6) (LB 1160)

An assessment of the administrative costs of operating the facilities, the cost of programming, the savings realized through reductions in commitments, placements, and evaluations, and information regarding the collaboration with DCS and YRTCs required by section 83-101;

Pilot report NRS 43-4408 (LB 1160)

Report to the HHS Committee on DHHS process for monitoring pilot project and functional capacity of pilot project.

Waiver of Training Requirements NRS 71-1904 (LB 1160)

The department shall submit electronically an annual report to the Health and Human Services Committee of the Legislature on the number of waivers granted under this subsection and the total number of children placed in relative foster homes.

Reports submitted by October 15, 2013

Title IV-E Plan Amendment (LB 216)

State Plan amendment to seek Title IV-E funding for extended services

Reports submitted by November 1, 2013

Commission report on status of activities (LB 561)

Report to the Nebraska Children's Commission regarding alternative response

Foster Care Review Office
Testimony to the Health and Human Services Committee
January 9, 2014
Kim B. Hawekotte J.D. – FCRO Executive Director

Senator Campbell and members of the Health and Human Services Committee, my name is Kim Hawekotte. I am the Executive Director of the Foster Care Review Office. Pursuant to Nebraska statutes, the FCRO is required to provide quarterly reports to the Health and Human Services Committee which includes the Annual Report completed by December 1st. The Annual Report must include an analysis of the data, specific issues and policy concerns along with recommended solutions that impact the child welfare and juvenile justice system.

The FCRO staff track children's outcomes and facilitate case file reviews for children in out-of-home placements. Local board members, who are community volunteers that have completed required instruction, conduct case file reviews. In 2012, there were 4,675 case file reviews completed. From these reviews and our independent tracking system, the FCRO creates our Annual Report.

Primary Information

- There was a 10% decrease in the number of children placed in out-of-home care during 2012. That number continues to decline by approximately 10% for the year 2013. (Pages 10 & 14).
- The ratio of boys to girls has remained constant for many years. (Page 11).
- There has been an increase in the percentage of children age 0-12 who entered out-of-home care. (Page 11).
- Minority overrepresentation continues to be a substantial issue due to disproportionately more Native American and Black children in out-of-home care. (Pages 12 & 13 and Quarterly Report 9-15-13).

There are three national goals for children in out-of-home placements: safety, well-being and permanency. Safety is to reduce the recurrence of child abuse and/or neglect whether the child is placed at home or out-of-home. Well-being is to ensure that the child's emotional, educational, behavioral and social needs are being met. Permanency is to ensure that children exit out-of-home care to live in the rehabilitated parental home or, if that is not possible, to another "permanent" family. Throughout our Annual Report, we have included Recommendations for each of the key data elements to ensure that systemic improvements continue moving forward.

Safety

- Although the number of children in out-of-home care has decreased since 2007, the causes for removal from the home have remained remarkably similar. Neglect is the most frequently cited reason for children entering out-of-home care across the nation and Nebraska is no exception. 58% were removed for neglect and 43% were moved for parental drug and/or alcohol abuse at the time of removal. (Page 19 & 20).

- Almost 50% of the children under the age of 12 who entered out-of-home care were due to parental substance abuse issues either recognized prior to entering foster care or after removal from the parental home. (Page 20 & 21).
- Based on the 2012 case file reviews, there was no documentation for a third of the children reviewed that a case worker had personal contact with them within two months prior to the FCRO case file review. We are happy to state that this has greatly improved during 2013. (Page 27).
- Based on case file reviews, 74% of placements were found to be safe and appropriate but it was concerning that 20% of the case files did not contain sufficient documentation in order to assure safety and appropriateness of placement. (Page 34).

Well-being

- National research clearly indicates that children experiencing four or more placements over their lifetime are likely to be permanently damaged by the instability and trauma of broken attachments. For Nebraska children in out-of-home care as of December 31, 2012, 51% had four or more placements. This is of particular concern since this was an increase of 5% from 2011. It is positive that for children age 0-5 only 19% had experienced four or more placements. (Pages 78-81).
- If children cannot live safely at home, they then need to live in the least restrictive and most family-like setting. On December 31, 2012, 72% of the children in out-of-home care were residing in relative or foster family homes. There has been no increase for the past three years in the use of relative placements. Of particular concern is the increase in the use of most restrictive placements such as psychiatric residential treatment facilities, emergency shelters and the YRTC's. (Page 81 - 85).
- National research shows that frequent school changes are associated with an increased risk of failing a grade in school and repeated behavior problems. The Nebraska graduation rate in for State wards was 44% compared to non-wards of 87% in 2011. Also, Nebraska foster children were more than three times as likely to be in special education when compared to children in the general population. (Pages 91-94).

Permanency

- Foster care is designed to be a temporary solution to the problems of child abuse and neglect but for many children this is not true. Nearly 1 in 4 children reviewed in 2012 had spent more than half of their lives in foster care which is the same as previous years. (Pages 47-50).
- On December 31, 2012, 39% of the children in out-of-home care had been removed from their home more than once. There has been no change in this statistic and further detail can be found in the Quarterly Report from September 2013. (Page 61).
- National research shows that caseworker changes greatly impacts timely permanency. The average number of caseworkers for a family during 2012 was 4. The FCRO data on worker changes only reflects the reported number of caseworkers while the children are in out-of-home care and does not include caseworkers prior to removal or placed back in parental home. There has been no improvement in this area. (Page 51-53).

- For children exiting out-of-home care during 2012, 73% were returned to one of their parents; 12% were adopted; 6% reached age of majority and 5% were placed in a guardianship. This has remained constant for the past five years. (Page 73-74).
- Barriers to Permanency Project for Eastern Service area analyzed 229 children who had been in out-of-home care for over three years after being adjudicated as abuse/neglect. The following data was generated from these reviews:
 - 47% were Black and 5% were Native American;
 - 50% of these children had been in care over four years;
 - 88% were in a foster home setting including licensed foster care, relative foster care and an adoptive home while 8% were in congregate care;
 - 44% were age 0-5 when entered DHHS custody; 36% were age 6-10 when entered DHHS custody and 20% were over the age of 10;
 - Only 39% had three or less placements while 49% had between four to ten placements; 12% had more than ten placements;
 - 43% of these children had a mental health diagnosis; 36% had behavioral issues;
 - Top barriers to permanency were the following:
 - Court delays/continuances and legal party issues (15%)
 - Termination of parental rights not being timely filed (11%)
 - Case management concerns (9%)
 - Appeal time period of juvenile court matters (9%)
 - Number of case managers (7%)
 - Adoption subsidy and funding (5%)

FCRO Changes

This past year has brought many exciting changes to the FCRO which will positively impact our ability to meet the needs of children in out-of-home care. The major changes include the following:

- **Statutory Reports.** We have completed issue specific Quarterly Reports and a comprehensive Annual Report. This will continue for 2014 so if there are any specific topics that you want researched please let me know.
- **Concentration on local board recruitment and training.** A strategic plan has been developed to ensure we have diversity representation on our local boards. Local board members are now required to complete a set number of continuing education requirements. We also provided state-wide training through our Summer Workshops and have begun preparing training modules via web-based tools.
- **Data Form.** We have revised our Data Form that is completed for each case file review to ensure that the FCRO is collecting the information needed to improve the child welfare system. These changes include tracking the progress of a concurrent plan; the reasons for placement changes; medication concerns; the use of family finding; educational needs and progress; and the barriers to permanency.
- **Recommendation & Findings Form.** We have revised our Findings & Recommendation Form that is used within the judicial system for each completed case file review to reflect each of the

above-listed changes for each parent and child in a case. We are also reporting on the strengths of a family.

- IV-E Issues. We meet monthly with DHHS and Court Improvement Project reviewing IV-E ineligible cases to determine both individual case solutions and systemic solutions to increase IV-E penetration.
- Probation Review Process. We are developing a case file review process including a Data Form and Recommendation Form that is specific for probation youth. This will ensure that we are able to report relevant data for these youth involved in the juvenile justice system. We are working with State Probation regarding a daily list of youth placed out-of-home.
- Bridge to Independence Program. We are developing a case file review process including a Data Form and Recommendation Form that is specific for youth aging out of the foster care system. This will ensure that we are able to report relevant data for these youth adults that receive services through the Bridge to Independence program.
- Scanning Project. We have just completed a scanning project whereby we have transferred all of our paper records to an electronic database.
- Court Review Process. We have implemented a tracking system to work towards our goal that all case file reviews will be completed within 30 days of a court hearing.
- Barriers to Permanency Project. Collaboration reviewing children in the Eastern Service Area who have been continuously in out-of-home care for over three years.

Recommendations

While there are many positive changes that have occurred over the past year, there are still many changes that are needed to improve both the child welfare and juvenile justice system.

- All stakeholders involved with a family should utilize functional assessments to assist in the promoting of the social, emotional and educational well-being for children who have experienced abuse or neglect. Screening for symptoms related to trauma, especially how experiences of trauma may impair healthy function is an essential element of these functional assessments. These functional assessments can also be used to inform decisions about the appropriateness of services. Included within this is fidelity to the Structured Decision Making processes.
- Effective implementation of Alternative Response including a prescribed continuous quality improvement process along with an evaluation process. This should be done by an independent third party not affiliated with DHHS.
- Ensure that the Barriers to Permanency Project continue state-wide and that the recommendations from this Project are carried forward.
- Finally, if the state's goal is the creation of a data-driven child welfare and juvenile justice system, then there is a need to invest in a strong infrastructure surrounding the ability to collect and analysis data. Information management should provide relevant and timely information to inform all decisions regarding the process and quality of work with children and families, the allocation of resources and the structure of the child welfare and juvenile justice system. That

should include each of the stakeholders from DHHS; to the judicial system; to contracted providers.

- Currently, there is not an avenue by which to track the effectiveness of practices and services utilized within the child welfare and juvenile justice system. An effective data system would enable the implementation of measurable performance standards with clearly defined objectives and time frames. This would assist in the development of performance incentives, tying payment to outcomes and analysing returns on the investment of both work force time and money.
- Our own history clearly shows that consistent oversight and analysis of current data is needed as changes are implemented. There is the need to immediately determine the effectiveness of these changes and to make any necessary adjustments. The current system requires so much staff time for input and extracting reports that we cannot collect some very relevant data on children's well-being that could be used to provide a more complete picture of children's outcomes.
- Currently, the FCRO does not have the ability to query DHHS data within N-FOCUS. The DHHS data must be manually inputted into our own tracking system in order to complete the necessary reports. These queries require programming skills to build successfully. It also severely limits the FCRO from accessing other N-FOCUS data that would be very relevant to providing the needed information for all stakeholders. There is an inability to merge data between N-FOCUS, Probation, JUSTICE and FCRO collected data.
- Through the use of an effective data system, courts can develop and track their performance on key child welfare measures. Based upon the Barriers to Permanency Project, this could include timely review and permanency planning hearings and timely filing of termination of parental rights proceedings.
- If the state were to invest in the use of predictive analytics, technology could be harnessed to more effectively collect and analyze data which could help in the process of predicting and changing outcomes for children and families. Predictive analytics could help caseworkers determine a child's risk level, the type of services that would be most helpful to a family, and a case plan to maximize the family's chances of staying safely together. It would also assist the child welfare and juvenile justice system in developing services required to meet the needs of children and families.

Thank you again for this opportunity to speak to the needs of the child welfare and juvenile justice system and to describe the efforts by the Foster Care Review Office to improve its ability to impact positive changes. I would be happy to answer any questions.

Julie L. Rogers

Inspector General of Nebraska Child Welfare

Health and Human Services Committee Briefing

Thursday, January 9, 2014

Good afternoon, Senator Campbell, members of the Health and Human Services Committee. My name is Julie Rogers, Inspector General of Nebraska Child Welfare. Thank you for inviting my testimony.

The Office of Inspector General of Nebraska Child Welfare (OIG) was created to provide increased accountability and oversight of Nebraska's child welfare system, including any public or private individual or agency serving child in the state's care.

The OIG, within the Ombudsman's Office of the Legislature, investigates (1) death or serious injury of a child in the state's care; and (2) complaints of wrongdoing to child and families being served by or through DHHS, licensed day cares, or private entities (Neb. Rev. Stat. §43-4318). The OIG provides accountability and oversight of Nebraska's child welfare system by tracking issues and themes. The office came into being upon my appointment, during the Summer of 2012.

The OIG receives complaints, incidents and concerns about caseworkers, probation officers, law enforcement, attorneys (including juvenile defense, guardians ad litem, county attorneys), judges, foster parents, family support workers, service providers, juvenile detention centers, licensed day cares (both in-home and center-based day cares), and each of the Divisions within the Department of Health and Human Services with the exception of the Division of Veterans' Homes. Most DHHS concerns relate to the Division of Children and Family Services which includes ongoing case management, initial assessment units, the child abuse and neglect hotline, and the Youth Rehabilitation and Treatment Centers. The OIG has no jurisdiction to formally investigate many complaints received, such as those specifically concerning the judicial branch—attorneys, judges, and probation. Issues arise, though, from such complaints related to the child welfare system overall.

OIG 2012-2013 Annual Report

While there are many issues to be found and improvements to be made in the child welfare system, the qualitative information collected during the first year reveal various issues of note to the OIG. (Details can be found starting on page 14 of the report.)

○ Workforce Quality & Retention

Caseworker turnover continues to be a problem. The lower number of different caseworkers assigned to a case, the higher rate of success for children and families. There needs to be a dramatic increase in the retention of caseworkers in every area of the state if there is an expectation that outcomes improve for families in the child welfare system. In addition, caseloads are too high. The 2012 Nebraska Legislature enacted caseload requirements into law—needing to be met by September 1, 2012.¹ Though improving, the caseload requirements have yet to be met.

¹Neb. Rev. Stat. §68-1207.

Professionals working with children and families need to receive quality training, the right amount of training, and on-going training while utilizing tools and models learned with fidelity and quality assurance.

○ **Developmental Disabilities & Cognitive Functioning Needs in Youth**

There is a gap in services for system-involved kids needing habilitative care—functional skills—but that do not qualify for the full array of developmental disabilities services provided through the Division of Developmental Disabilities.

Some youth in the child welfare system have a developmental issue, or cognitive impairment, and there is little to no recognition of that cognitive impairment in the services they are receiving. This often results in serious acting out behavior on the part of the youth (because they lack the tools to function well in the community, they do not know how to get the tools to function well, they are simply expected to function well or follow the rules), then in and out of multiple placements, the wrong services being given, “failure” at several programs, and/or ultimately, incarceration.

If a youth's functioning is not quite low enough, the system assumes that these individuals either need mental health therapy, they need programming to change their thinking, or they need to be held accountable. Intellectual impairments themselves do not go away, but such youth can be served by recognizing the individual's strengths and assess the individuals needs. Understanding is lacking for dealing with cognitively impaired system-involved youth.

Addressing this issue ideally would require a coordinated effort between the Division of Developmental Disabilities and Division of Children and Family Services for children who currently fall short of the criteria for DD services but could clearly benefit from habilitative care, including a formalized process within the child welfare system that provides for the individual needs of the child and

- Functionally assesses a cognitively impaired youth's needs;
- Identifies that youth's strengths; and
- Utilize the state's resources to resolve those needs by building on strengths.

○ **Serving High-Risk, High-Needs Children & Youth**

Kids who have disorders or behaviors from trauma are not well comprehended by the mental health care system nor the child welfare system. The result is that a significant number of children get placed in and out of a myriad of placements with little success. They might complete a high level program well and get kicked out of the next placement for bad behaviors (aggressiveness, self-harming, not following the rules, and the like), or sent to the wrong type of program—one that is inappropriate in addressing the individual child's needs. A standard menu of services are provided to these high risk, high needs youth which are often ineffective. Best practices in trauma-informed care require creative solutions at the front-line level which address the specific needs, interests, and challenges of the individual being served.

○ **Building Service Capacity Across the State—Contract Accountability & Creation of Quality Community-Based Services**

CFS contracts out many services provided in child welfare cases including family support, monitoring, visitation supervision, intensive family preservation, therapy, foster care, and the like. The attempt at statewide privatization caused a decimation of services, especially in rural parts of the state. This service capacity is still being rebuilt. The system should encourage the creation of quality, professional child welfare services in all parts of the state.

There is anecdotal disagreement between CFS and service providers about whether private entities are making money on contracts with the state, are able to break even in providing services, or whether private/non-profits are having to subsidize services. Solving this issue would build trust between CFS and service providers—helping with insisting upon both quality of services and the building of services capacity statewide.

In addition, as a 2012 study of Nebraska's child welfare system pointed out when referring to the upheaval failed statewide case management privatization caused, “While dollars were involved in all of these cases, dollars did not represent the only costs. Service provider capacity has also been lost, and the sheer level of upheaval has eroded a substantial amount of the trust among agencies.”² This bears out from talking with individual agency leaders providing services across the state.

○ **System Issues Related to Juvenile Court—Attorneys & Delays**

The most difficult cases in child welfare do not get decided in team meetings or in mediation or the like, but rather argued by represented parties in juvenile court by and through licensed attorneys.

There is frustration by individual parties that their attorney or guardian ad litem is not doing their job. Additional inquiry usually leads to the situation where the attorney or guardian ad litem is just not very engaged in their client's case. They are not necessarily doing anything that is improper, their clients might feel that they are not completely engaged in trying to help them with their case.

Individual cases out of Douglas County have come to the attention of the OIG, and upon further inquiry, the biggest systems issue is that even though a motion has been filed by one of the parties, because of full dockets, it may not be heard for months. In some situations, hearings on one issue can not be heard in a timely manner, and the hearing is set for different days months apart. This causes delays in permanency. By the time a motion is heard in the case of a 6-month old, for example, waiting 6 months to hear the motion is ½ of the child's life.

While a decision on an appeal is pending, the juvenile court case is “on hold” while the case is being decided. This often impacts children and families because they are waiting on a decision before permanency or other impactful decisions can be reached. Neb. Rev. Stat. § 43-2,106.01 (1) provides “Any final order or judgment entered by a juvenile court may be appealed to the Court of Appeals in the same manner as an appeal from the district court to the Court of Appeals. The appellate court shall conduct its review in an expedited manner and shall render the judgment and write its opinion, if any, as speedily as possible.” All parties do their duties—properly representing their client's interests. Appeals are proper. There are many factors to thoroughly weigh and consider in cases on appeal from juvenile court. It is the delay in issuing decisions that is hard on children and families.

*Judge Inbody was proactive in problem-solving after this issue was raised by putting procedures in place at the Court of Appeals to result in better timeliness of decisions in Juvenile Court matters.

○ **How Individuals in the System Treat People, Build Trust, and Engage Families**

Complainants often feel scared, threatened, and disrespected by parties in the system. Families entering the system are typically in a high state of stress, i.e. domestic violence, substance abuse, poverty, mental illness, and they lack the skills to handle that stress well. Entering the child welfare system, whether it is a CFS investigation, ongoing case management, or services provided like family support or supervised visits or

²Center for Support of Families and Hornby Zeller Associates, Inc., “Assessment of Child Welfare Services in Nebraska” November 2012. p. 9.

drop-in visits, increases a party's stress level significantly. Under such circumstances, some do not exhibit good interpersonal behaviors. In addition, any threats or perceived threats do not change thinking or circumstances that brought the family to the attention of child welfare in the first place.

Good caseworkers and family support workers model interpersonal behaviors and apply creative problem-solving to individual cases. As the system stabilizes and improves, agencies could implement mentoring programs as a way to gain skills to help these individuals be engaged. A little bit of outside the box thinking and/or compassion on the part of a caseworker.

Trust should not only be built when engaging individual families and kids in the system, but also at the top levels of administration.

Activities, Current Issues & Future Projects

Currently, the OIG is involved in several child welfare related efforts. I am a member of the Nebraska Children's Commission, the Maternal & Child Death Review Team, the Nebraska Supreme Court's Commission on Children in the Courts, the Statewide Juvenile Detention Alternatives Initiative, the Barriers to Permanency Project, and the Workforce Development Committee of the Children's Commission. To move the OIG forward, it is my intent to serve as an active member of such initiatives to problem solve and improve child welfare in Nebraska.

Since the Annual Report was issued, parts of LB 561, or the transfer of case management of 3(b) and OJS wards to the supervision of Probation, began significantly October 1. Since that time, the office has noticed a definite decrease in critical incident reports from the Division of Children and Family Services. Of the 294 critical incidents reviewed in the first year, about 2/3 were either OJS youth or 3(b)-related youth. In the last 3 months of 2013, the OIG received about 10 fewer critical incidents per month, and it is expected that the number will continue to decrease as the whole population is transferred to Probation by June 30. I have worked with Probation Administration in developing a similar tool to report incidents.

The OIG plans to complete or begin several special projects to improve Nebraska's child welfare system (see page 20 of the report). These include:

Develop a Nebraska Child Welfare Code of Ethics

Child welfare professionals make important decisions on behalf of the state that affect the lives of children and families. In making sound decisions, professionals should rely on incorporating the values of the child welfare profession and current knowledge about the problem with which they are dealing, while thinking critically about the decision that they must make. The OIG will lead an effort to develop a Nebraska child welfare code of ethics.

Improve the Engagement of Attorneys Operating in Juvenile Court—Legal Specialization in Juvenile Court

It is important that all attorneys appearing in juvenile court—prosecutors, guardians ad litem, and juvenile defense attorneys, are properly engaged and trained in the specialization that families and children appearing in juvenile court deserve. Action on recommendations to improve this part of the child welfare system will be delved into.

Workforce Development—Audit Training of Professionals & Survey Caseworkers on Needs

In coordination with current efforts of the Nebraska Children's Commission, the OIG will audit training of caseworkers through CFS and Nebraska Families Collaborative and will conduct a survey of caseworkers on what they think they need to do a quality job for their clients as well as what they need to stay in their role as caseworker in order to alleviate caseworker turnover.

System-Involved Youth With Multiple Placement History

The OIG will lead a study of youth who have had multiple placements (likely youth who have been characterized by the system as "high-risk, high-need"), whether in foster homes, detention facilities, group homes, inpatient psychiatric hospitals, or Youth Rehabilitation and Treatment Centers. Additionally, the study should note the frequency of use of psychotropic medications and assess whether the system possessed the proper tools to help these children become functioning members of the community as they either reach permanency or age out of the system. In addition, helping the entire system infuse trauma-informed care is key to the success of these children.

Ascertain the Fidelity to the Structured Decision Making Model of Assessment

CFS utilizes Structured Decision Making in each point of the child welfare process. Questions have arisen as to whether the tools are being utilized with fidelity and quality assurance, including at the initial assessment stage.

Finally, I recognize that there are fewer court-involved families in our system, and that is a very positive step, but we cannot become short-sighted in focusing only on these numbers. Each case represents a unique child who may be in need or danger. Simply closing a case or failing to open one is not, in itself, a victory – not if that family needs further help. If caseworkers don't have the tools to do their jobs well, if we don't build a service system that effectively treats high-needs youth, if we don't see that families are consistently represented in court, then our child welfare system fails. When our tax dollars are spent intervening in the lives of families, we need to be confident that we're improving their chances at real success."

I also realize that absent from my comments are calls for further large-scale alterations to the systems already in place. Much attention has been put into major reforms in recent years. It is time to focus on the basics: raising expectations for all the players and putting measures in place to see that those expectations are consistently met.

Thank you.

Nebraska Children's Commission
 103rd Legislature 2nd Session List of Bills of Interest
 As of January 21, 2014

<u>Document</u>	<u>Primary Introducer</u>	<u>Status</u>	<u>Description</u>
<u>LB660</u>	<u>Krist</u>	Referral	Provide for extension of a pilot project and a contract relating to case management
<u>LB682</u>	<u>Scheer</u>	Referral	Provide for formation of allied school systems as prescribed
<u>LB689</u>	<u>Bolz</u>	Referral	Appropriate funds to the Department of Health and Human Services
<u>LB691</u>	<u>Bolz</u>	Referral	Increase a child and dependent care tax credit
<u>LB694</u>	<u>Seiler</u>	Referral	Change provisions relating to unlawful possession of a firearm at a school
<u>LB705</u>	<u>Coash</u>	Referral	Change personal needs allowance under medicaid
<u>LB706</u>	<u>Harr</u>	Referral	Change provisions relating to sexual assault, child abuse, sexually explicit conduct, and child pornography and to provide for forfeiture of property as prescribed
<u>LB707</u>	<u>Conrad</u>	Referral	Change provisions and procedures relating to sexual assault, stalking, domestic assault, and use of an electronic communication device and to create the offense of harassment
<u>LB708</u>	<u>Kintner</u>	Referral	Exempt social security benefits from state income taxation
<u>LB724</u>	<u>Lautenbaugh</u>	Referral	Change provisions relating to unlawful possession of a firearm at a school
<u>LB728</u>	<u>Harms</u>	Referral	Change provisions relating to criminal history record information checks for certain employees of the Division of Developmental Disabilities of the Department of Health and Human Services
<u>LB729</u>	<u>Kolowski</u>	Referral	Create the Task Force on Expanded Learning Opportunities for School-Age Youth
<u>LB730</u>	<u>Kolowski</u>	Referral	Change reporting provisions under the Child Protection Act
<u>LB732</u>	<u>Kolowski</u>	Referral	Change asset limitation for certain programs of public assistance
<u>LB748</u>	<u>Avery</u>	Referral	Change paternity provisions for a child conceived as a result of sexual assault
<u>LB754</u>	<u>Smith</u>	Referral	Provide funds for career education programs
<u>LB763</u>	<u>Janssen</u>	Referral	Require reports from state agencies on inefficient programs
<u>LB782</u>	<u>Lathrop</u>	Referral	Establish a return-to-learn protocol for students who have sustained a concussion
<u>LB790</u>	<u>Howard</u>	Referral	Require training for case managers as prescribed

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<u>LB822</u>	<u>Lautenbaugh</u>	Referral	Change provisions relating to sexual assault of a child in the second and third degree
<u>LB826</u>	<u>McCoy</u>	Referral	Provide for a study relating to education incentives for high-need occupations
<u>LB834</u>	<u>Avery</u>	Referral	Change provisions relating to funding for school breakfast programs
<u>LB853</u>	<u>McGill</u>	Referral	Change and rename the Young Adult Voluntary Services and Support Act
<u>LB860</u>	<u>Nordquist</u>	Referral	Adopt health insurance requirements relating to dollar limits, rescissions, preexisting conditions, and dependents
<u>LB861</u>	<u>Karpisek</u>	Referral	Prohibit use and distribution of vapor products and other products derived from tobacco as prescribed and provide an exception and provide penalties
<u>LB864</u>	<u>Mello</u>	Referral	Allocate funds to the Early Childhood Education Grant Program
<u>LB872</u>	<u>Kolowski</u>	Referral	Create the position of state school security director and provide duties
<u>LB877</u>	<u>Harr</u>	Referral	Change provisions relating to use of a deadly weapon to commit a felony
<u>LB879</u>	<u>Christensen</u>	Referral	Provide for a permit to carry a concealed handgun in a school
<u>LB887</u>	<u>Campbell</u>	Referral	Adopt the Wellness in Nebraska Act
<u>LB898</u>	<u>Legislative Performance Audit Committee</u>	Referral	Require reports for public benefit programs delivery system
<u>LB901</u>	<u>McGill</u>	Referral	Provide for psychology internships through the Behavioral Health Education Center
<u>LB907</u>	<u>Ashford</u>	Referral	Provide for supervised release, reentry probation officers, create the Nebraska Center for Justice Research, and change presentence investigations and good time provisions
<u>LB908</u>	<u>Coash</u>	Referral	Change child guardianship, ward, and adoption for child out of wedlock provisions
<u>LB919</u>	<u>Mello</u>	Referral	Create the Open Data Advisory Board
<u>LB920</u>	<u>Coash</u>	Referral	Adopt the Public Guardianship Act
<u>LB923</u>	<u>McGill</u>	Referral	Require training on suicide awareness and prevention for school personnel
<u>LB928</u>	<u>State-Tribal Relations Committee</u>	Referral	Change provisions of the Nebraska Indian Child Welfare Act

Nebraska Children's Commission
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<u>LB931</u>	<u>Bolz</u>	Referral	Adopt the Nebraska Mental Health First Aid Training Act
<u>LB933</u>	<u>McGill</u>	Referral	Change provisions and define and redefine terms relating to labor trafficking and sex trafficking
<u>LB934</u>	<u>McGill</u>	Referral	Establish the position of Coordinator of Human Trafficking Prevention and provide duties
<u>LB936</u>	<u>Bolz</u>	Referral	Create and provide duties for the State Ward Permanency Pilot Project
<u>LB943</u>	<u>Nordquist</u>	Referral	Change the minimum wage rate
<u>LB944</u>	<u>Bolz</u>	Referral	State intent relating to funding for early childhood services
<u>LB947</u>	<u>Lathrop</u>	Referral	Change the minimum wage for persons compensated by way of gratuities
<u>LB952</u>	<u>Lautenbaugh</u>	Referral	Adopt the Working to Improve Nebraska Schools Act
<u>LB955</u>	<u>Dubas</u>	Referral	Adopt the Paid Family Medical Leave Act
<u>LB958</u>	<u>Cook</u>	Referral	Provide for appointment of a student achievement coordinator
<u>LB966</u>	<u>Davis</u>	Referral	Change provisions relating to the averaging adjustment in the state aid to schools formula
<u>LB967</u>	<u>Education Committee</u>	Referral	Change provisions relating to state aid to schools and funding for early childhood education programs
<u>LB969</u>	<u>Sullivan</u>	Referral	Change a limitation on appropriations for special education programs and support services
<u>LB972</u>	<u>Lautenbaugh</u>	Introduction	Adopt the Independent Public Schools Act
<u>LB974</u>	<u>Mello</u>	Introduction	Provide duties for certain divisions of the Department of Health and Human Services relating to budgeting and strategic planning
<u>LB984</u>	<u>Sullivan</u>	Introduction	Change allocations from the Education Innovation Fund
<u>LB992</u>	<u>Howard</u>	Introduction	Create the Early Childhood Data Governing Body
<u>LB999</u>	<u>Ashford</u>	Introduction	Adopt the Criminal Justice Reentry and Data Act and create the Reentry Programming Board
<u>LB1000</u>	<u>Karpisek</u>	Introduction	Change provisions relating to parenting plans
<u>LB1009</u>	<u>Haar</u>	Introduction	Establish a pilot program relating to problem-based learning

Nebraska Children's Commission
Legislative Committee Hearings and Proposed DHHS Regulation
Hearings
As of January 21, 2014

Legislative Committee Hearings

January 22, 2014

Health and Human Services

1:30 p.m.

Room 1510

Document	Introducer	Description
LB660	Krist	Provide for extension of a pilot project and a contract relating to case management
LB790	Howard	Require training for case managers as prescribed
LB853	McGill	Change and rename the Young Adult Voluntary Services and Support Act

January 23, 2014

Judiciary

1:30 p.m.

Room 1113

Document	Introducer	Description
LB707	Conrad	Change provisions and procedures relating to sexual assault, stalking, domestic assault, and use of an electronic communication device and to create the offense of harassment
LB706	Harr	Change provisions relating to sexual assault, child abuse, sexually explicit conduct, and child pornography and to provide for forfeiture of property as prescribed
LB822	Lautenbaugh	Change provisions relating to sexual assault of a child in the second and third degree
LB752	Lathrop	Change certain assault provisions
LB828	Seiler	Authorize court acceptance of certain criminal waivers and pleas

January 27, 2014

Education

1:30 p.m.

Room 1525

Document	Introducer	Description
LB741	Murante	Require schools to have a policy relating to tornado drills as prescribed
LB782	Lathrop	Establish a return-to-learn protocol for students who have sustained a concussion
LB923	McGill	Require training on suicide awareness and prevention for school personnel
LB872	Kolowski	Create the position of state school security director and provide duties

January 29, 2014

Health and Human Services

1:30 p.m.

Room 1510

Document	Introducer	Description
LB887	Campbell	Adopt the Wellness in Nebraska Act

Proposed DHHS Regulations Hearings

10:00 a.m. CT

Thursday, February 13, 2014

State Office Building, Lower Level Conf. Room A

301 Centennial Mall South, Lincoln, NE

The Department of Health and Human Services (DHHS) Division of Children and Family Services is holding this hearing to accept comments on proposed changes to regulations relating to the Aid to Dependent Children Program. These regulations are found in Title 468, Chapters 1-6 of the Nebraska Administrative Code (NAC). The proposed changes correspond with new Medicaid Eligibility regulations in 477 NAC 1-25. The proposed changes will:

- Remove now-obsolete Medicaid provisions throughout Chapters 1-3 and 6;
- Repeal Chapters 4 and 5 in their entirety;
- Update the Standard of Need;
- Update regulations on withdrawal of applications, treatment of resources, budgeting procedures, and payments;
- Require eligibility redeterminations every six months, rather than once a year;
- Add federally required provisions on indigent immigrants; and
- Remove provisions on the loss of Medicaid after an Employment First sanction.

Authority for these regulations is found in Neb. Rev. Stat. Sections 43-513, 68-309, 68-717, 68-720, 68-1715, and 81-3117(7).

Written comments must be postmarked or received by 5:00 p.m. CT on February 13, 2014.

11:00 a.m. CT

Thursday, February 13, 2014

State Office Building, Lower Level Conf. Room A

301 Centennial Mall South, Lincoln, NE

The DHHS Division of Children and Family Services is holding this hearing to accept comments on proposed changes to regulations relating to the Aid to the Aged, Blind, or Disabled Program and the State Disability Program. These regulations are found in Title 469, Chapters 1-11 of the NAC. The proposed changes correspond with new Medicaid Eligibility regulations in 477 NAC 1-25. The proposed changes will:

- Remove now-obsolete Medicaid provisions throughout Chapters 1-4;
- Repeal Chapters 5-11 in their entirety;
- Change references from “mental retardation” to “developmental disabilities” under Legislative Bill 23 (2013);
- Update provisions relating to disability determinations; and
- Update various provisions relating to time limits, documentation, and other requirements.

Authority for these regulations is found in Neb. Rev. Stat. Sections 68-309, 68-717, 68-1001.01, and 81-3117(7).

Written comments must be postmarked or received by 5:00 p.m. CT on February 13, 2014.

1:30 p.m. CT

Thursday, February 13, 2014

State Office Building, Lower Level Conf. Room A

301 Centennial Mall South, Lincoln, NE

The DHHS Division of Children and Family Services is holding this hearing to accept comments on proposed changes to regulations related to child welfare, juvenile services, and foster care licensure. These regulations are found in Title 390 NAC Chapters 1-12; Title 395 NAC Chapters 1-3 and 6; and Title 474 NAC Chapter 6, Sections 6-003 and 6-004.

This is a rewrite of Title 390 NAC intended to simplify and clarify the regulations, to remove provisions that are duplicative of statutory language, and to limit the regulations to those provisions that fit the definition of a rule or regulation under the Administrative Procedure Act at Neb. Rev. Stat. Section 84-901 (2). The proposed changes will:

- Repeal 390 NAC Chapters 1-7 and 9-12 in their entirety;
- Revise 390 NAC 8 in response to LB 561 (2013), which reformed the juvenile justice system in Nebraska;
- Adopt 395 NAC 1-3 and 6, which provide an overview of legal authority and definitions, establish confidentiality and disclosure of information provisions, incorporate foster care licensing and approval provisions, and establish provisions relating to the education of children in DHHS custody; and
- Repeal 474 NAC 6-003 and 6-004, which contain current foster care licensing standards.

Authority for these regulations is found in Neb. Rev. Stat. Sections 28-719, 28-727, 43-405, 43-412, 43-1310, 43-1320, 68-1210, 79-215, 81-3117(7), and 81-3126.

Written comments must be postmarked or received by 5:00 p.m. CT on February 13, 2014.

Recent Agency Reports to the Legislature

Nebraska Children's Commission

January 22, 2014

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Report on Juvenile Associations

September 15, 2013

§43-296. All associations receiving juveniles under the Nebraska Juvenile Code shall be subject to the same visitation, inspection, and supervision by the Department of Health and Human Services as are public charitable institutions of this state, and it shall be the duty of the department to pass annually upon the fitness of every such association as may receive or desire to receive juveniles under the provisions of such code. Every such association shall annually, on or before September 15, make a report to the department showing its condition, management, and competency to adequately care for such juveniles as are or may be committed to it and such other facts as the department may require. Upon receiving such report, the department shall provide an electronic copy of such report to the Health and Human Services Committee of the Legislature on or before September 15 of 2012, 2013, and 2014. Upon the department being satisfied that such association is competent and has adequate facilities to care for such juveniles, it shall issue to such association a certificate to that effect, which certificate shall continue in force for one year unless sooner revoked by the department. No juvenile shall be committed to any such association which has not received such a certificate within the fifteen months immediately preceding the commitment. The court may at any time require from any association receiving or desiring to receive juveniles under the provisions of the Nebraska Juvenile Code such reports, information, and statements as the judge shall deem proper and necessary for his or her action, and the court shall in no case be required to commit a juvenile to any association whose standing, conduct, or care of juveniles or ability to care for the same is not satisfactory to the court.

SUMMARY

No Juvenile Associations reported to the Department. To the knowledge of the Department, no Juvenile Associations were in operation or receiving juveniles under the Nebraska Juvenile Code during the State Fiscal Year 2013.

Office of Juvenile Services Annual Report

September 13, 2013

§ 43-405. Office of Juvenile Services; administrative duties The administrative duties of the Office of Juvenile Services are to: (1) Manage, establish policies for, and administer the office, including all facilities and programs operated by the office or provided through the office by contract with a provider; (2) Supervise employees of the office, including employees of the facilities and programs operated by the office; (3) Have separate budgeting procedures and develop and report budget information separately from the Department of Health and Human Services; (4) Adopt and promulgate rules and regulations for the levels of treatment and for management, control, screening, treatment, rehabilitation, transfer, discharge, evaluation until October 1, 2013, and parole until July 1, 2014, of juveniles placed with or committed to the Office of Juvenile Services; (5) Ensure that statistical information concerning juveniles placed with or committed to facilities or programs of the office is collected, developed, and maintained for purposes of research and the development of treatment programs; (6) Monitor commitments, placements, and evaluations at facilities and programs operated by the office or through contracts with providers and submit electronically an annual report of its findings to the Legislature. For 2012, 2013, and 2014, the office shall also provide an electronic copy of the report to the Health and Human Services Committee of the Legislature on or before September 15. The report shall include an assessment of the administrative costs of operating the facilities, the cost of programming, the savings realized through reductions in commitments, placements, and evaluations, and information regarding the collaboration required by section 83-101; (7) Coordinate the programs and services of the juvenile justice system with other governmental agencies and political subdivisions; (8) Coordinate educational, vocational, and social counseling; (9) Until July 1, 2014, coordinate community-based services for juveniles and their families; (10) Until July 1, 2014, supervise and coordinate juvenile parole and aftercare services; and (11) Exercise all powers and perform all duties necessary to carry out its responsibilities under the Health and Human Services, Office of Juvenile Services Act.

SUMMARY

This report is pursuant to Neb. Rev. Stat. § 43-405(6), providing a comprehensive report on the Office of Juvenile Services from July 1, 2012, through June 30, 2013. The report covers the following information: Juvenile Definitions, Program 250 Budget and Expenditures, Community Base Programming and Costs, Evaluations and Assessments, Community Collaborations, Data by Service Area and Statewide, Youth Rehabilitation and Treatment Centers.

Budget and Expenditures:

OJS Admin (315):	\$ 319,396.00
Community Based Programming:	\$ 9,417,804.00
Parole:	\$ 178,164.00
Geneva YRTC:	\$ 7,047,058.00
Kearney YRTC:	\$ 10,830,247.00

Total Expenditures by Service Area:

Central:	\$3,121,223.93
Eastern:	\$7,515,100.05
Northern:	\$4,730,683.01
Southeast:	\$10,257,060.39
Western:	\$2,512,129.97

TOTAL:\$28,136,167**Evaluations and Assessments:**

OJS Evaluations are composed of two parts, clinical assessment and initial classification. The clinical assessment addresses the juvenile's medically-necessary treatment needs. The initial classification deals with the juvenile's necessary level of structure and supervision from a community safety perspective. The evaluations assist the court in determining whether the juvenile should be committed to OJS, placed on probation, and determine the level of restrictiveness of the initial placement. In SFY 2013, 911 evaluations were ordered. Of these, 120 were not finalized by the end of SFY 2013. 433 became OJS wards and 358 did not become OJS wards.

Community Collaborations:

In the SFY 2013, OJS has been involved with the following community organizations:

Lancaster County Re-Entry Task Force

This collaboration is to assist in the development of a proposed re-entry plan to reduce the recidivism rate of Lancaster county juveniles released from YRTCs. Works with key stakeholders to facilitate services, mentoring, family support and supervision for each youth as they re-enter the community. Lancaster County, with the support of OJS, has submitted a grant application for funding to continue the program. Notification on the results of the grant application should be received in September of 2013.

Annie E. Casey Foundation

Douglas County was approved to be initial site for the implementation of the Juvenile Detention Alternatives Initiative (JDAI) to eliminate inappropriate or unnecessary use of "secure detention," improve conditions of detention, minimize failure to appear when youth are not detained and reduce ethnic, racial, and gender disparity in the use of detention and develop alternatives to the use of detention. Juvenile Detention Center Placement Data indicated that the number of state wards placed at detention centers have declined. Planning has begun to broaden the JDAI's initiatives to other interested counties across Nebraska.

Casey Family Programs and Center for Juvenile Justice Reform at Georgetown University Public Policy Institute

Approved Douglas County to be the initial site to implement the Crossover Youth Practice Model (CYPM). The Practice Model describes specific practices that need to be in place to reduce the number of juvenile's crossing over between the Child Welfare System and Juvenile Justice System. The model is scheduled to move statewide in the fall of 2013.

Department of Correctional Services (DCS)

This collaboration is to improve safety and security at the YRTCs. As a result, both facilities have entered into a 2 year plan to upgrade camera systems and servers for better monitoring of juvenile residents. This collaboration has resulted in sharing training and systems.

Nebraska Crime Commission

OJS has received a federal Juvenile Accountability Block Grant through the Nebraska Crime Commission and untitled it for the School Intervention Program in North Platte during SFY 2013. The grant served delinquent and status offender youth who were in need of assistance in completing class

assignments and who needed supervision and direction due to disruptive behaviors in the class room.

The Department of Education (NDE)

NDE and OJS continue to work cooperatively through an interagency agreement to maintain a Transition Liaison position for the YRTCs. The Transition Liaison is to assist juveniles at the YRTCs in his/her academic advancement and achievement of educational and vocational goals for a successful re-integration into a community based setting in Douglas, Sarpy, and Lancaster counties upon the juvenile's release from the YRTCs.

Schools, Douglas and Sarpy County Attorney's Office, and Other Community Stakeholders

This collaboration created the Greater Omaha Attendance and Learning Services (GOALS). The Goals program addresses increasing absenteeism prior to the twenty day threshold thus reducing unnecessary penetration deeper into the juvenile justice system. GOALS is a voluntary program that identifies, assesses and delivers coordinated interventions and services to youth and families that promotes school attendance and eliminates risk behaviors. This project also received support from the Nebraska Crime Commission and Nebraska Supreme Court.

OJS Data by Service Area and Statewide

In SFY 2013, OJS served 2041 juveniles. Of these, 743 resided in home and 1298 were out of home in foster homes, group homes, treatment facilities, YRTCs or other placements.

Area	In Home	Out of Home	Total
Central	113	159	272
Eastern	142	363	505
Northern	190	184	374
Southeast	229	485	714
Western	69	107	176
Total	743	1298	2041

Of the direct commits in SFY 2013, 142 were felonies, 1074 were misdemeanor and 69 were both, for a total of 1285.

Youth Rehabilitation and Treatment Centers (YRTC) - Geneva

The mission of Geneva is to protect society by providing a safe, secure, and nurturing environment in which the juveniles who come to the facility may learn, develop a sense of self, and return to the community as productive and law abiding citizens. The program begins with a two week orientation program, which includes assessments and screenings. The juveniles are then assigned a living unit. Each juvenile is assigned a counselor who assists them in identifying personal problem areas as well as outcome and strategies to assist in their eventual release back into the community. The facility has a school, medical clinic, religious services and recreation facilities. Maintaining contact with families is encouraged and families may also contact staff regarding questions and concerns. In SFY 2013, the average stay at Geneva was 201 days and the average daily population was 62. There was a recidivism rate of 23.08%. There was a total of 7,406,907.00 budgeted for SFY 2013, and \$7,047,057.86 was expended.

Youth Rehabilitative and Treatment Center (YRTC) Kearney

The mission of Kearney is to help juveniles live better lives through effective services, affording juveniles the opportunity to become law abiding citizens. A juvenile begins in a two week orientation to allow a successful transition into the program and assess the juvenile's personal needs. There are multiple programs including chemical dependency services, mental health programming, a clinical psychologist on staff, youth counselors and a contract psychiatrist. There is a full educational program, medical services campus church and religious coordinator, and recreational program. In SFY 2013 the average length of stay at Kearney was 154 days and the average daily population was 160. The budget for SFY 2013 was a total of \$11,478,824.00, with total expenditures at \$10,589,073.00.

DRAFT

Foster Care Review Office Annual Report

December 2013

§43-1303(4). The office shall report and make recommendations to the Legislature, department, local boards, and county welfare offices. Such reports and recommendations shall include, but not be limited to, the annual judicial and administrative data collected on foster care pursuant to subsections (2) and (3) of this section and the annual evaluation of such data. The report and recommendations submitted to the Legislature shall be submitted electronically. In addition, the office shall provide copies of such reports and recommendations to each court having the authority to make foster care placements. The executive director of the office or his or her designees from the office may visit and observe foster care facilities in order to ascertain whether the individual physical, psychological, and sociological needs of each foster child are being met. The executive director shall also provide, at a time specified by the Health and Human Services Committee of the Legislature, regular electronic updates regarding child welfare data and information at least quarterly, and a fourth-quarter report which shall be the annual report. The executive director shall include issues, policy concerns, and problems which have come to the office and the executive director from analysis of the data. The executive director shall recommend alternatives to the identified problems and related needs of the office and the foster care system to the committee. The Health and Human Services Committee shall coordinate and prioritize data and information requests submitted to the office by members of the Legislature. The annual report of the office shall be completed by December 1 each year, beginning December 1, 2012, and shall be submitted electronically to the committee.

The Foster Care Review Office independently tracks and reviews individual cases of children who have been placed out of home, and conducts analysis of the current child welfare system with recommendations for system improvements. During the calendar year of 2012, 7,652 Nebraska children were in out of home care, a 9% decrease from the previous year.

Findings

Minority Overrepresentation continues to be a substantial issue and Black and Native American children are in out-of-home care disproportionately more than other children. The top reasons for the removal of children are: Neglect, Substance Abuse, Substandard housing, Domestic Violence, Physical Abuse, and Child's Behavior. One out of four children have spent 50% or more of their lives in out of home care. The average number of case managers remains at 4 or more. 19% of children have not had paternity addressed. 43% of cases had no documentation regarding guardian ad litem contact with child, representing a significant increase in missing documentation. 23% percent of cases reviewed had ground for termination of parental rights but none had been filed. DHHS compliance with caseload standards remained between 70 and 80%.

Recommendations

1. Adjudicate mother and father on the reasons that the child entered care to ensure that services address causes of abuse or neglect.
2. Ensure that there is fidelity to Structured Decision Making processes.
3. All stakeholders should utilize functional assessment to assist in promoting social and emotional well-being, including screening for symptoms related to trauma
4. Ensure supervisors and case managers have adequate supports and training.
5. Provide crisis stabilization as early intervention to prevent removals, when children transition home to prevent recurrences of abuse or neglect, and to support foster homes and reduce placement disruptions.

6. Ensure that the Barriers to Permanency Project Continues and the Project's recommendations are carried forward.
7. Implements performance base contracts whereby stakeholders are rewarded based on outcomes and performance rather than process of methods.

DRAFT

Child Welfare Services Annual Report

September 13, 2013

§43-4406. On or before September 15, 2012, and each September 15 thereafter, the department shall report electronically to the Health and Human Services Committee of the Legislature the following information regarding child welfare services, with respect to children served by any lead agency or the pilot project and children served by the department:

- (1) The percentage of children served and the allocation of the child welfare budget, categorized by service area and by lead agency or the pilot project, including:
 - (a) The percentage of children served, by service area and the corresponding budget allocation; and
 - (b) The percentage of children served who are wards of the state and the corresponding budget allocation;
- (2) The number of siblings in out-of-home care placed with siblings as of the June 30th immediately preceding the date of the report, categorized by service area and by lead agency or the pilot project;
- (3) An update of the information in the report of the Children's Behavioral Health Task Force pursuant to sections 43-4001 to 43-4003, including:
 - (a) The number of children receiving mental health and substance abuse services annually by the Division of Behavioral Health of the department;
 - (b) The number of children receiving behavioral health services annually at the Hastings Regional Center;
 - (c) The number of state wards receiving behavioral health services as of September 1 immediately preceding the date of the report;
 - (d) Funding sources for children's behavioral health services for the fiscal year ending on the immediately preceding June 30;
 - (e) Expenditures in the immediately preceding fiscal year by the division, categorized by category of behavioral health service and by behavioral health region; and
 - (f) Expenditures in the immediately preceding fiscal year from the medical assistance program and CHIP as defined in section 68-969 for mental health and substance abuse services, for all children and for wards of the state;
- (4) The following information as obtained for each service area and lead agency or the pilot project:
 - (a) Case manager education, including college degree, major, and level of education beyond a baccalaureate degree;
 - (b) Average caseload per case manager;
 - (c) Average number of case managers per child during the preceding twelve months;
 - (d) Average number of case managers per child for children who have been in the child welfare system for three months, for six months, for twelve months, and for eighteen months and the consecutive yearly average for children until the age of majority or permanency is attained;
 - (e) Monthly case manager turnover;
 - (f) Monthly face-to-face contacts between each case manager and the children on his or her caseload;
 - (g) Monthly face-to-face contacts between each case manager and the parent or parents of the children on his or her caseload;
 - (h) Case documentation of monthly consecutive team meetings per quarter;
 - (i) Case documentation of monthly consecutive parent contacts per quarter;
 - (j) Case documentation of monthly consecutive child contacts with case manager per quarter;
 - (k) Case documentation of monthly consecutive contacts between child welfare service providers and case managers per quarter;
 - (l) Timeliness of court reports; and

- (m) Non-court-involved children, including the number of children served, the types of services requested, the specific services provided, the cost of the services provided, and the funding source;
- (5) All placements in residential treatment settings made or paid for by the child welfare system, the Office of Juvenile Services, the State Department of Education or local education agencies, any lead agency or the pilot project through letters of agreement, and the medical assistance program, including, but not limited to:
- (a) Child variables;
 - (b) Reasons for placement;
 - (c) The percentage of children denied Medicaid-reimbursed services and denied the level of placement requested;
 - (d) With respect to each child in a residential treatment setting:
 - (i) If there was a denial of initial placement request, the length and level of each placement subsequent to denial of initial placement request and the status of each child before and immediately after, six months after, and twelve months after placement;
 - (ii) Funds expended and length of placements;
 - (iii) Number and level of placements;
 - (iv) Facility variables; and
 - (v) Identification of specific child welfare services unavailable in the child's community that, if available, could have prevented the need for residential treatment; and
 - (e) Identification of child welfare services unavailable in the state that, if available, could prevent out-of-state placements;
- (6) From any lead agency or the pilot project, the percentage of its accounts payable to subcontracted child welfare service providers that are thirty days overdue, sixty days overdue, and ninety days overdue; and
- (7) For any individual involved in the child welfare system receiving a service or a placement through the department or its agent for which referral is necessary, the date when such referral was made by the department or its agent and the date and the method by which the individual receiving the services was notified of such referral. To the extent the department becomes aware of the date when the individual receiving the referral began receiving such services, the department or its agent shall document such date.

SUMMARY

Percentage of Children Served by Service areas and corresponding Budget allocation Western

1443 children served (11%); \$14,906,345 allocated (10%), Central: 1131 children served (9%); \$13,497,173 allocated (9%), Eastern: 4730 children served (38%); \$61,196,122 allocated (42%), Northern: 1603 children served (13%); \$18,262,208 allocated (12%), Southeast: 3708 children served (29%); \$39,510,982 allocated (27%).

The Number of Siblings in Out-of Home Care Placed with Siblings as of the June 30th Immediately Preceding the Date of the Report by Service Area

Statewide, 56.3% of children are placed with all siblings, and 77.9% are placed with at least one sibling. In the Central Service Area, 62.6% of children are placed with all of their siblings, 79.5% are placed with at least one sibling, and 20.5% of children are placed with no siblings. In the Eastern Service Area, 55.3% of children are placed with all children, and 79.6% are placed with at least one sibling, and 20.4% of children are placed with no siblings. In the Northern Service area, 63.9% are placed with all siblings together, and 85.1% are placed with at least one sibling and 14.9% are placed with no siblings. In the

Southeast Service Area, 50.4% are placed with all siblings and 72.2% are placed with at least one sibling and 27.8% are placed with no siblings. In the Western Service area, 63.6% of children are in placements with all siblings, and 75.5% are placed with at least one sibling, and 24.5% are placed with no siblings.

Average Number of Caseworkers per Child in the Preceding 12 Months

The state average is 2.5 case managers, Western is 2.3, Southeast is 2.4, Northern is 2.5, Eastern is 2.5 and Central is 2.5. Eastern Service Area's Lead Agency averaged 2.0 case managers per child in FY 2013.

Average Number of DHHS Case Managers During the Past Four Years

Changes in case managers are associated with negative outcomes for children. By the time a child has been in the child welfare system for between 3 and 4 years, Statewide there had been an average of 8.3 caseworkers for children. In the Central Service Area the average was 5.4 caseworkers, Eastern average 9, Northern averaged 6.7, Southeast averaged 9.2 and Western averaged 6.0 case managers.

Monthly Case Manager Turnover

Considering DHHS staff, the turnover percentage of CFS Spec Trainee for FY13 was 7.32%, CFS Specialist was 2.21%, and CFS Supervisors 2.82%.

Statewide Percent of Required Monthly Case Manager Visits

Statewide, case managers completed required monthly visits with parents 79%, visits with children 94% of the time, and provider visits were at 83% of the time.

Non-Court Involved Children Served During SFY 13

Central service area services 176 (5%) children, Eastern service area served 1194 (36%) children, Northern service area serviced 385 (12%) children, and Southeast served 1049 (31%) children, and Western serve 541, or 16% of children.

Number of Treatment Placements by the Distance from the Facility to the Youth's Parents

38% of youths are placed between 0 and 20 miles from their parents, 12% of youths are placed between 21 and 50 miles from their parents, 22% of youths are placed between 51 and 100 miles from their parents, and 28% of youths are placed over 100 miles from their parents.

Child Advocacy Center Annual Report

September 2013

§43-4407. Each service area administrator and any lead agency or the pilot project shall provide monthly reports to the child advocacy center that corresponds with the geographic location of the child regarding the services provided through the department or a lead agency or the pilot project when the child is identified as a voluntary or non-court-involved child welfare case. The monthly report shall include the plan implemented by the department, the lead agency, or the pilot project for the child and family and the status of compliance by the family with the plan. The child advocacy center shall report electronically to the Health and Human Services Committee of the Legislature on September 15, 2012, and every September 15 thereafter or more frequently if requested by the committee.

SUMMARY

Child Advocacy Centers work with DHHS to obtain data on cases that are non-court involved. A non-court case includes families who are offered ongoing services provided by DHHS (or contracted agency such as NFC) but do not have court involvement. Services are voluntary and the vast majority of children involved in these cases remain in their homes. Between September 1, 2012 and July 31, 2013, there were 1,022 new non-court cases. On average, 64% of these cases had an active case plan.

Of the 1,022 non-court cases, 678 closed without court intervention. 83% of these closed cases were either completely successful or somewhat successful. Parental compliance was 82% either good or fair, and 88% of services offered to the family were either all appropriate or some appropriate.

185 non-court cases eventually necessitated the filing of an affidavit in court. An average of 113 days passed between the case opening and the court filing.

The CAC found that the following areas need improvement:

1. Data Collection and Documentation
2. Challenges of the Multi-Disciplinary Team Meetings
3. Lack of and Accessibility to Resources

The CAC also noted that there is an issue regarding non-court families who continue to be the subject of CFS hotline calls, even when their cases are still open. The report notes that at times, the pressure to keep caseloads low may lead to the closing of a case when safety concerns remain.

The CAC has measured successes in the following areas:

1. Community Agencies Serving on Teams
2. Preventing Out-of-Home Care
3. Teamwork and Communication

Only 11% of closed cases had a new accepted CFS intake after the case closed, but note that many of the cases closed shortly before the publication of the report. The CAC recommends that another evaluation be done of the closed cases to determine whether this percentage increases over time.

DHHS Summary of Survey Results – Child Welfare

September 13, 2013

§43-4407. (1) Each service area administrator and any lead agency or the pilot project shall annually survey children, parents, foster parents, judges, guardians ad litem, attorneys representing parents, and service providers involved with the child welfare system to monitor satisfaction with (a) adequacy of communication by the case manager, (b) response by the department, any lead agency, or the pilot project to requests and problems, (c) transportation issues, (d) medical and psychological services for children and parents, (e) visitation schedules, (f) payments, (g) support services to foster parents, (h) adequacy of information about foster children provided to foster parents, and (i) the case manager's fulfillment of his or her responsibilities. A summary of the survey shall be reported electronically to the Health and Human Services Committee of the Legislature on September 15, 2012, and each September 15 thereafter. (2) Each service area administrator and any lead agency or the pilot project shall provide monthly reports to the child advocacy center that corresponds with the geographic location of the child regarding the services provided through the department or a lead agency or the pilot project when the child is identified as a voluntary or non-court-involved child welfare case. The monthly report shall include the plan implemented by the department, the lead agency, or the pilot project for the child and family and the status of compliance by the family with the plan. The child advocacy center shall report electronically to the Health and Human Services Committee of the Legislature on September 15, 2012, and every September 15 thereafter or more frequently if requested by the committee.

SUMMARY

Overall there were 944 responses to the survey, which used the Likert scale. The average responses are as follows:

1. The case manager keeps me informed: Children and Foster parents averaged 3.9, Parents averaged 3.5 and Judges, Service Providers and Attorneys averaged 3.2
2. The case manager resolves problems in a timely manner: Children and Foster Parents averaged 3.8, Parents averaged 3.4 and the Judges, Service Providers and Attorneys averaged 3.2.
3. The case manager effectively resolved transportation issues: Children rated 3.8, Parents and Foster Parents averaged 3.7, Judges, Service Providers and Attorneys averaged 3.2.
4. Adequate medical services are made available: Foster Parents rated 4.47, Children rated 4.4, Judges, Service Providers and Attorneys rated 4.
5. Adequate behavioral health services are made available: Children and Foster Parents averaged 4.3, Parents average 4.1 and Judges, Service Providers and Attorneys rated 3.3.
6. The case manager schedules adequate parenting time visitation for children and their families: Foster Parents rated 4.3, Children rated 4.1, and Judges/Service Providers and Attorneys averaged 3.8.
7. The case manager adequately fulfills his/her job responsibilities: Children rated 4.3, Foster Parents averaged 4.1 and Judges, Service Providers and Attorney rated 3.4.

There were additional questions answered by Judges, Providers and Attorneys:

1. Payment for services in made in a timely manner to service providers: Providers rated 3.5 and Judges rated average of 3.0.
2. The case manager provides supportive services for foster families: Judges rated average of 3.7 and Service Providers rated average score of 3.0.

3. Foster parents are provided with adequate information regarding the Foster Children under their care: Judges and Attorneys rated 3.2 and Service Providers rated 3.0.

Note that this report is considered inadequate under the statute due to the number of responses from Judges, providers and attorneys, and the inability to stratify results by service area due to low response rates.

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NFC Annual Survey

September 16, 2013

§43-4407(1). (1) Each service area administrator and any lead agency or the pilot project shall annually survey children, parents, foster parents, judges, guardians ad litem, attorneys representing parents, and service providers involved with the child welfare system to monitor satisfaction with (a) adequacy of communication by the case manager, (b) response by the department, any lead agency, or the pilot project to requests and problems, (c) transportation issues, (d) medical and psychological services for children and parents, (e) visitation schedules, (f) payments, (g) support services to foster parents, (h) adequacy of information about foster children provided to foster parents, and (i) the case manager's fulfillment of his or her responsibilities. A summary of the survey shall be reported electronically to the Health and Human Services Committee of the Legislature on September 15, 2012, and each September 15 thereafter.

SUMMARY

NFC conducts an annual survey with youth, parents, foster parents and community stakeholders as per Neb. Rev. Stat. §43-4407. NFC conducted focus groups to discussion with neutral facilitators.

Annual Survey

Three surveys were developed and disseminated to three groups, Key Stakeholders, Parents, and Youth. Survey questions were administered anonymously, though there was an item asking respondent to identify the community group they affiliated themselves with as a way to differentiate among different stakeholders. There were 322 responses to the NFC surveys, community stakeholders had 158 responses, parents had 134 responses and youth had 30 responses. The Respondents were asked to rate their agreement with statements on the Likert Scale, with 5 indicating strong agreement and 1 indicating strong disagreement.

Stakeholder Responses

Stakeholders rated NFC most highly with statements such as “NFC works with local providers that offer high quality programs and services for children and families.” And highly rated NFC’s ability to make payments to providers in a timely manner. However, appropriate transportation and support to foster families was rated less highly. It is important to note that many foster parents are not familiar with the NFC grievance/complaint process.

Parent Responses

Overall, parents appeared to be satisfied with NFC staff and services. Two highest rated items were related to the respectfulness of families and scheduling meeting and appointments at convenient times and locations. Most parents would recommend NFC to a friend and feel that things have been going better at home. The lowest rated statement related to assisting the family in locating people who help support.

Youth Responses

Youth rated NFC overall with 3.5. The lowest rated response from the Youth related to the Family Permanency Specialist introducing the youth to new activities in the community. The majority of youth did indicate that the Family Permanency Specialist treated them with respect and valued their opinions.

NFC has developed strategies to improve areas needing attention, and will do surveys twice a year.

Monitoring Lead Agencies Pilot Project

September 15, 2013

§43-4408. On or before September 15, 2012, and on or before each September 15 thereafter, the department shall provide electronically a report to the Health and Human Services Committee of the Legislature on the department's monitoring of any lead agencies or the pilot project, including the actions taken for contract management, financial management, revenue management, quality assurance and oversight, children's legal services, performance management, and communications. The report shall also include review of the functional capacities of each lead agency or the pilot project for (1) direct case management, (2) utilization of social work theory and evidence-based practices to include processes for insuring fidelity with evidence-based practices, (3) supervision, (4) quality assurance, (5) training, (6) subcontract management, (7) network development and management, (8) financial management, (9) financial controls, (10) utilization management, (11) community outreach, (12) coordination and planning, (13) community and stakeholder engagement, and (14) responsiveness to requests from policymakers and the Legislature. On or before December 31, 2012, the department shall provide an additional report to the committee updating the information on the pilot project contained in the report of September 15, 2012.

DHHS Continuous Quality Improvement Framework

DHHS monitors the pilot project using a continuous quality improvement framework including the following:

weekly entries & exits conference call, monthly management meetings, monthly local operations meetings, monthly joint supervisor meetings, and monthly shelter utilization meetings.

Compliance Reviews

DHHS performed quarterly on site reviews of personnel files, and quarterly and annual data reports per Federal and State Requirements.

Process and Outcome Measures

DHHS reviews the following processes on a monthly basis at Statewide CQI meetings: 1) Documentation of Placement Changes within 72 hours, 2) Family team meeting once every 90 days, 3) Contact with child in Non-court Case once a month, and 4) Contact with state wards (in or out of home) once a month. DHHS reviews the following outcome measures quarterly at Statewide QCI meetings: 1) Absence of maltreatment recurrence, 2) absence of maltreatment in Foster care, 3) Permanency for Children in foster care, 4) timeliness of adoption, 5) exits to adoption in less than 24 months, 6) timeliness and permanency of reunification, and 7) placement stability

Fiscal Monitoring

DHHS monitors the pilot project's financial statements and at this time considers NFC as a sub-recipient and no longer a contractor. NFC is required to conduct and submit an annual A-133 audit. NFC is required to submit an actual "audit" invoice for each service provided monthly. DHHS cannot draw down maintenance and administrative dollars for children served by the pilot project as per the Federal Administration for Children and Families,

Corrective Action

Maintained as per the December 2012 report.

Functional Capacities

DHHS' on-going assessment of the pilot project's functional; capacities are consistent with the assessment information provided in the September 15, 2012 report.

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Office of Inspector General of Child Welfare Annual Report

September 15, 2013

§43-4331. On or before September 15 of each year, the Inspector General shall provide to the Health and Human Services Committee of the Legislature and the Governor a summary of reports and investigations made under the Office of Inspector General of Nebraska Child Welfare Act for the preceding year. The summary provided to the committee shall be provided electronically. The summaries shall detail recommendations and the status of implementation of recommendations and may also include recommendations to the committee regarding issues discovered through investigation, audits, inspections, and reviews by the office that will increase accountability and legislative oversight of the Nebraska child welfare system, improve operations of the department and the Nebraska child welfare system, or deter and identify fraud, abuse, and illegal acts. The summaries shall not contain any confidential or identifying information concerning the subjects of the reports and investigations.

SUMMARY

The Inspector general of child Welfare's Office was created to increase accountability and oversight of the State of Nebraska's Child Welfare system. This Office provides an independent form of inquiry for child welfare concerns, in order to investigate and determine if the complaints reveal a problem with the child welfare system in general, or on individual case. The purpose of the report highlights the activities and demonstrates the efforts of the Office of the Inspector General.

One primary function of this Office is to respond to Incidents and Complaints. In one year of operation, the OIG received 294 critical incident reports from DHHS. The OIG received 93 phone or in-person complaints and 17 online complaints. The OIG determined that 45 addressed system wide issues and 65 dealt with specific, individual cases. 22 cases were formally referred to the Ombudsman's Office and 35 case specific reviews were elevated to the level of investigation.

The result of the first year was the identification of six systemic issues in the child welfare system. There are many issues to be found and many improvements to be made, but the following are six areas of note uncovered by the OIG's Office:

1. Workforce Quality & Retention
2. Developmental Disabilities & Cognitive Function Needs in Youth
3. Serving High-Risk High-Needs Children & Youth
4. Building Service Capacity Across the State – Contract Accountability & Creation of Quality Community Based Services
5. System Issues Related to Juvenile Court – Attorneys and Delays
6. How Individuals in the System Treat People, Build Trust, and Engage Families

Moving forward, the OIG will pursue the following special projects:

1. Develop a Nebraska Child Welfare Code of Ethics
2. Improve Engagement of Attorneys Operating in Juvenile Court – Legal Specialization in Juvenile Court
3. Workforce Development – Audit Training of Professionals and Survey Caseworkers on Needs
4. System-Involved Youth with Multiple Placement History Study
5. Ascertain the Fidelity to the Structures Decision Making Model of Assessment

Final Report of Children’s Behavioral Health Oversight Committee

September 15, 2012

§50-424. On December 15 of 2012, 2013, and 2014, the Health and Human Services Committee of the Legislature shall provide a report to the Legislature, Governor, and Chief Justice of the Supreme Court with respect to the progress made by the Department of Health and Human Services implementing the recommendations of the committee contained in the final report of the study conducted by the committee pursuant to Legislative Resolution 37, One Hundred Second Legislature, First Session, 2011. The report submitted to the Legislature shall be submitted electronically. In order to facilitate such report, the department shall provide electronically to the committee by September 15 of 2012, 2013, and 2014 the reports required pursuant to sections 43-296, 43-534, 68-1207.01, 71-825, 71-1904, and 71-3407 and subdivision (6) of section 43-405. The Children's Behavioral Health Oversight Committee of the Legislature shall provide its final report to the Health and Human Services Committee of the Legislature on or before September 15, 2012.

SUMMARY

The Children’s Behavioral Health Oversight Committee was created in response to the unintended consequences of the state’s “Safe Haven” law, decriminalizing abandonment for parents who leave children at hospitals. This law, while aimed at the parents of infants, resulted in children’s and teens being left at hospitals, revealing a lack of adequate, effective services for children with mental and behavioral problems. This committee was created to monitor the implementation of the Children and Family Behavioral Health Support Act and other initiatives related to the provisions of behavioral health services to children and families. The Committee monitors the following programs: Children and Family Support Helpline, Family Navigator Program, Post-adoption and post-guardianship services, the behavioral Health Education Center of Nebraska, Professional Partner Program, and Medicaid.

Children and Family Helpline

Most of the relevant information has been covered in the HHS report of these programs; however this report adds enlightening data about the population that utilizes the Children and Family Helpline. The following are highlights:

1. 16% of the families have a child and/or a parent with a mental health diagnosis prior to calling the helpline.
2. Families told counselors that they had tried less restrictive forms of treatment and were seeking restrictive type referrals, such as residential treatment.
3. 40% of families reported difficulties in obtaining services.
4. 50% of caller’s who reported their insurance status indicated they had Medicaid or Kids Connection, and 39% had private insurance.
5. 80% of callers were female, and the median age of callers was 40, 77% of callers identified themselves as parents, and 59% of the children involved in the situations that prompted the call were male.
6. 44% of callers identified themselves as being in a single parent household, and 28% were in a household with both biological parents.

Boys Town In Home Family Services

This is not a new program, but this is the first time it is offered to families initially seeking help. The families must be willing to accept help, and the child must have conflict with authority figures at home and/or at school, have at least one sibling, and must have relationship problems with the sibling. The goal is to serve between 50 and 70 non-system families and criteria has been modified to allow families with only one child in the home.

Family Navigator

Served 740 families, with an average time of 1.5 months in the Navigator program and 4 months in the peer support programs. In both programs, boys make up 64-63% of the youth.

Right Turn

Of families receiving case management services, about 75% were adoptive and 25% are guardians. The percentage of male and female children was divided equally. 65% of families reported that their child had a mental health diagnosis. Children involved with Right Turn were 442% more likely to have been removed from their homes more than once prior to adoption. Children involved with Right Turn had experienced more than 6 out-of-home settings, compared to four for children in other groups.

Behavioral Health Education

An insufficient amount of behavioral health professionals in the Nebraska workforce, and of these professionals, an insufficient number are trained in evidence-based practice. The shortages have led to problems, including long waits for appropriate treatment, and as a result, patients with mental illness have ended up in hospital emergency rooms, the most expensive level of care, or are incarcerated and do not receive adequate care. Trainees have been funded in psychiatry, psychology and counseling and a conference was scheduled for April 2013. Telehealth is also being promoted by the Committee.

DHHS Caseload Report

September 13, 2013

§68-1207.01. The Department of Health and Human Services shall annually provide a report to the Legislature and Governor outlining the caseloads of child protective services, the factors considered in their establishment and the fiscal resources necessary for their maintenance. The report submitted to the Legislature shall be submitted electronically. For 2012, 2013, and 2014, the department shall also provide electronically the report to the Health and Human Services Committee of the Legislature on or before September 15. Such report shall include: (1) A comparison of caseloads established by the department with the workload standards recommended by national child welfare organizations along with the amount of fiscal resources necessary to maintain such caseloads in Nebraska; (2) (a) The number of child welfare case managers employed by the State of Nebraska and child welfare services workers, providing services directly to children and families, who are under contract with the State of Nebraska or employed by a private entity under contract with the State of Nebraska and (b) statistics on the average length of employment in such positions, statewide and by service area designated pursuant to section 81-3116; (3) (a) The average caseload of child welfare case managers employed by the State of Nebraska and child welfare services workers, providing services directly to children and families, who are under contract with the State of Nebraska or employed by a private entity under contract with the State of Nebraska and (b) the outcomes of such cases, including the number of children reunited with their families, children adopted, children in guardianships, placement of children with relatives, and other permanent resolutions established, statewide and by service area designated pursuant to section 81-3116; and (4) The average cost of training child welfare case managers employed by the State of Nebraska and child welfare services workers, providing child welfare services directly to children and families, who are under contract with the State of Nebraska or employed by a private entity under contract with the State of Nebraska, statewide and by service area as designated pursuant to section 81-3116.

SUMMARY

Factors Impacting Caseload Size

DHHS has identified a number of factors impacting caseload size. New workers are initially assigned four cases until they demonstrate that they are able to manage additional cases. Vacancies impact case sizes, occurring for reasons such as an employee choosing to leave the agency, employees changing positions within the agencies, DHHS terminating employment after progressive discipline or DHHS ending the employment during the probationary phase of a new workers employment. DHHS also cites proposed legislation and impending law as impacting workforce stability, specifically that significant system changes have created fear of job security and changes regarding career opportunities. DHHS stated that some turnover and vacancies are related to LB561.

Caseload Results

The Department of Health and Human Services collected data from five points in time, March 15, April 18, May 16, June 18, and July 18 all in 2013. The first Chart reported by DHHS looked at the Statewide Caseload Results for Initial Assessment, Ongoing, and Combination IA and Ongoing Caseloads. For the Initial Assessment Category, DHHS had required caseload per worker compliance at slightly over 90% of the time. For Ongoing cases, DHHS was in compliance at highest 75% of the time and at lowest, 68% of the time. For mixed cases, DHHS hit a low of slightly over 50% and a high of 75%. Overall, DHHS was in compliance with the case load standards at a high of 75% of the time on April 18, 2013, and at a low of 71% of the time on July 18, 2013.

Initial Assessment Caseloads

For Initial Assessment cases only, Eastern service area was at 95% or above on all dates reported, and was in 100% of compliance on March 15, April 18m and June 18, 2013. Southeast service area was at 100% compliance for each date reported. Central Service area was at 100% compliance on March 15, June 18 and July 18, 2013, but was under 60% on May 16, 2013. Northern service area appeared to struggle, with a low of under 55% compliance in March and a high of 90% in May. Western service area remained under 90% for each date reported, with a low of 75% on June 18, 2013. Overall, the compliance rates for the state hovered at the low end of 90%.

Initial Assessment and Ongoing Cases and Caseloads

For Caseloads with initial assessment and ongoing cases workers assigned Initial Assessment and Ongoing, the compliance rates varied greatly from date to date. In the Eastern service area, 100% compliance was achieved on March 15, May 16, and July 18, 2013. In the Southeast, compliance was never achieved, and the lowest rate was 45% on May 16, 2013 and high was 91% on July 18, 2013. Central service area hovered between 88% and 75%. Northern service area struggles with a high of 71% and a low of 37%. Western fared even woes, with a high of 57% and a low of 39%. At the state level, compliance was at a high on July 18, 2013 and a low on May 16, 29013 with compliance rates of just over 50%.

Mixed Ongoing In Home and Out of Home Caseloads

For mixed outgoing caseloads with both in home and out of home cases assigned excluding Initial Assessment, results were varied among the service areas. The eastern and western service areas fared best. Eastern achieved a high of 98% compliance on April 18, 2013 and a low of 75% on July 18, 2013. Western had a high of 95% on May 16 and June 18, 2013, with a low of 85% on April 18, 2013. Northern areas had a high of slightly over 80% on March 15, 2013 and June 18, 2013, with a low of 71% on May 16, 2013. Southeast and Central struggled in meeting compliance standards for this category. Southeast has a low of 38% on March 15, 2013, and a high of 57% on July 18, 2013. Central fared much worse, with a low of 27% on May 16, 2013 and a high of 53% on March 15. Statewide, the compliance rates hovered between 75% and 68%.

One consideration in viewing these statistics is that the numbers do not indicate the amount of children and families affected. The numbers show how often caseload standards were or were not met, but it does not indicate how number of cases carried in the non-compliant caseloads. Further, the percentage of compliance at times varied greatly from month to month and only five dates were used for the entire 2012 Calendar Year.

Length of Service

For Child/Family Services Specialists, the length of services varied greatly. The longest employment was a term of 40 years in the Eastern Service Area, and the shortest was one day in Western Service Areas. The averages for each area and position are as follows:

Job Title	CSA	ESA	NSA	SESA	WSA	All Service Areas
Child/Family Services Specialist (years)	5.61	8.23	5.40	3.01	5.21	5.28

Child/Family Services Specialist Trainee (months)	15.17	6.00	5.33	4.40	.083	5.89
CFSS and CFSS Trainee (years)	5.06	8.07	4.94	2.73	4.71	4.88

Data for Nebraska Families Collaborative (Eastern Service Area)

Job Title	Length of Stay
Family Permanency Specialist	1.46 Years
Family Permanency Supervisor	1.58 Years

Outcomes of Cases

DHHS reported on youth exiting care in the Calendar Year 2013, including In Home and Out of Home, HHS and OJS. Statewide, 4,239 youths exited care in 2013. 3,055 youths (72.07%) were reunified with parents. 452 youths (10.66%) achieved permanency through adoption and another 207 youths (4.88%) were placed in guardianships. 334 youths (7.88%) exited care to enter into independent living, and another 191 youths (4.651%) existed care for "Other Reasons."

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Women's Health Initiative Report

September 16, 2013

§71-707. The Department of Health and Human Services shall issue an annual report to the Governor and the Legislature on September 1 for the preceding fiscal year's activities of the Women's Health Initiative of Nebraska. The report submitted to the Legislature shall be submitted electronically. The report shall include progress reports on any programs, activities, or educational promotions that were undertaken by the initiative. The report shall also include a status report on women's health in Nebraska and any results achieved by the initiative.

SUMMARY

Every Woman Matters (EWN)

EWM is a federally funded program that provides breast and cervical cancer screenings to medically underserved women between the ages of 40 and 64. This program has initiated the following plans – African American Women and Breast Cancer Initiative Meeting to educate African American women on cancer screening and prevention, Columbus Community Hospital Breast Cancer Screening Program to provide cancer screening to low income, uninsured or underinsured women in Platte County who are not eligible for Every Woman Matters, Nebraska Breast Cancer Screening Task force which meets quarterly to discuss strategies to increase breast cancer health screening rates across the state. Another endeavor is Health Hubs, systems of outreach to communities utilizing evidence based strategies to promote clinical preventive services. Staff is also working on a website to house statewide and local resources used to assist Nebraskans in navigating health care services. EWM screened 52,503 women between 2003 and 2013 and diagnosed 729 Breast Cancers, 55 Cervical Cancers, and detected 1,135 Cervical pre cancers.

Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)

WISEWOMAN provides clients with array of preventive and screening services. In a five year grant cycle ending 2013, 22,430 cardiovascular diseases and diabetes screenings were conducted and over 33,000 lifestyle intervention sessions were provided to NE women.

Colon Cancer Screening Program

The Nebraska Colon Cancer Program began in 2001 and has one of five federal colon cancer screenings grants. Created Community health Hubs with 2 Federally Qualified Health Centers and four Nebraska District, County and City/County Health Departments. 14 Nebraska Coalitions launched a campaign to raise awareness about the importance of colon cancer screening in the month of March. From 2006 through 2011, over 5,000 men and women over 50 were screened, 1,294 colonoscopies were performed, and 501 polyps and cancers were removed.

Public Education

The Public Education team increased the OWMH's social media presence in 2012-2013 and there will be an assessment of the effectiveness of the social media at the end of 2013. Client newsletters were sent out four times a year.

Professional Education

EWM provided educational opportunities to clinical providers, and staff held provider trainings

throughout the state.

Women’s Health Advisory Council (WHAC)

WHAC was created for the purpose of advising and service as a resource for the Nebraska Health and Human Services Office of Women’s Health. The Council had programs for Breastfeeding Support in Workplace, Creating a Culture of Wellness in Healthcare Settings Conference, and Maternal Depression.

Funding

The NE Office of Women’s and Men’s Health has a total funding of nearly 7 million dollars, with sources as follows:

General Funds :	10%
Federal Funds from Grants:	86%
Cash Funds, including fees and private grants:	4%

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Division of Behavioral Health Annual Report

September 13, 2013

§71-825. The department shall provide an annual report, no later than December 1, to the Governor and the Legislature on the operation of the Children and Family Support Hotline established under section 71-822, the Family Navigator Program established under section 71-823, and the provision of voluntary post-adoption and post-guardianship case management services under section 71-824, except that for 2012, 2013, and 2014, the department shall also provide the report to the Health and Human Services Committee of the Legislature on or before September 15. The reports submitted to the Legislature and the committee shall be submitted electronically.

SUMMARY

Nebraska Family Helpline (Boys Town)

Nebraska Family Helpline is operated by Boys Town through a contract with DHHS and administered by the Division of Behavioral Health. This program serves as a point of access to children's behavioral health services in Nebraska, and has an important function as a crisis intervention. The issues that families most frequently called to discuss included children who are out of control, not following authority figures, lying and displaying poor anger control. Families reported that the most common barriers to accessing mental health services were cost and agency capacity or wait time. Of families who had accessed services, they reported the barriers of ineffective services or youth refusal to participate. FY13 received 3,582 total calls from 2,489 unique families, and provided 3,286 referrals. Surveys revealed that 69% of families reported improved family situation after the call. In FY13, the Helpline appropriated \$1,390,584.00 and expended \$1,288,899.74.

Family Navigator and Family Peer Support Services, Nebraska Federation of Families for Children's Mental Health

Family Navigator Services served 404 families and Nebraska Federation of Families for Children's Mental Health served 475 families, and 100% of surveyed families reported that their Advocate provided them with skills to better manage their child's behavior. Families reported a decrease of 43.2% in the level of strain experienced from the Family Navigation and an additional 24% decrease in strain from the Peer Support. In FY13, Family Navigator and Peer Support Allocation appropriated \$866,047.00 and expended \$848,726.25.

Post Adoption/ Post Guardianship Services, Right Turn

Right turn was created to support parents of adopted former state wards or guardians of former state wards with valid subsidized agreement between the parent or guardian and DHHS. Only 3 children of the 788 served became wards of DHHS. Right turn also refers families to agencies when they are not eligible for Right Turn services. This program identified barriers in service for adoptive and guardianship families. One barrier is that families have insufficient training, preparation and understanding of special needs children who have experienced abuse, neglect, trauma or losses. In response to this barrier, Right Turn has established a statewide training network for parents and professionals in the areas of adoption, trauma informed care/support, fetal alcohol spectrum disorders and mental health. These programs served 788 youth and 210 families in FY13, with 95% of families' surveyed express satisfaction with the services received.

Children's Behavioral Health Services, Regional Behavioral Health Authorities

Regions 1, 2, and 4 increased the capacity of the Professional Partners Program, a wraparound program that utilizes intensive, therapeutic service coordination, flexible funding, and purposeful family centered practices. Region 3 increased their capacity within their Professional Partners Program and implemented a Transition Age Supported Employment Program to provide job skills instruction, benefits planning, job development, coaching and placement and employment related independent living skills. Region 5 concentrated its funding efforts on the PPP program and a program called LINC'S. LINC'S offers assessment, services, and supports to families who acknowledge a need for assistance for children who are experiencing difficulties. This is a voluntary process with for families at risk for a juvenile filing. Region Six used funding for the Rapid Response Professional Partners, providing short term services for severely emotionally disturbed youth, serving 175 youth. Of these youth, only 9% entered the child welfare system and only 20% were furthered involved into the Juvenile Justice 12 months after program admittance. The Mobile Crisis Response Service aids people in resolving immediate behavioral health crises. The goal is for a resolution in the least restrictive environment and to assist with post crisis planning and resource linkage. This team served 123 youth and only 11 were hospitalized, with the remaining youth able to have their immediate crisis resolved in their home/community settings.

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Waiver of Training Requirements for Relative Foster Care Annual Report

September 13, 2013

§71-1904. (1) The department shall adopt and promulgate rules and regulations pursuant to sections 71-1901 to 71-1906.01 for (a) the proper care and protection of children by licensees under such sections, (b) the issuance, suspension, and revocation of licenses to provide foster care, (c) the issuance, suspension, and revocation of probationary licenses to provide foster care, (d) the issuance, suspension, and revocation of provisional licenses to provide foster care, (e) the provision of training in foster care, which training shall be directly related to the skills necessary to care for children in need of out-of-home care, including, but not limited to, abused, neglected, dependent, and delinquent children, and (f) the proper administration of sections 71-1901 to 71-1906.01. (2) The department may issue a waiver for any licensing standard not related to children's safety for a relative home that is pursuing licensure. Such waivers shall be granted on a case-by-case basis upon assessment by the department based upon the best interests of the child. A relative home that receives a waiver pursuant to this subsection shall be considered fully licensed for purposes of federal reimbursement under the federal Fostering Connections to Success and Increasing Adoptions Act of 2008, Public Law 110-351. The department shall submit electronically an annual report to the Health and Human Services Committee of the Legislature on the number of waivers granted under this subsection and the total number of children placed in relative homes. For 2013 and 2014, the department shall provide the report electronically to the Health and Human Services Committee of the Legislature on or before September 15. (3) The department shall adopt and promulgate rules and regulations establishing new foster home licensing requirements that ensure children's safety, health, and well-being but minimize the use of licensing mandates for nonsafety issues. Such rules and regulations shall provide alternatives to address nonsafety issues regarding housing and provide assistance to families in overcoming licensing barriers, especially in child-specific relative and kinship placements, to maximize appropriate reimbursement under Title IV-E of the federal Social Security Act, as amended, including expanding the use of kinship guardianship assistance payments under 42 U.S.C. 673(d), as such act and section existed on January 1, 2013.

SUMMARY

During the Fiscal Year of 2013, DHHS had 99 licensed relative foster homes. Of the 99 homes, 91 had a training waiver. There were a total of 163 children placed in relative foster homes with a training waiver and 2,343 children who were in placement with relatives in either an approved or licensed home.

Nebraska Child Death Review Report

September, 2013

§71-3404. (1) Sections 71-3404 to 71-3411 shall be known and may be cited as the Child and Maternal Death Review Act. (2) The Legislature finds and declares that it is in the best interests of the state, its residents, and especially the children of this state that the number and causes of death of children in this state be examined. There is a need for a comprehensive integrated review of all child deaths in Nebraska and a system for statewide retrospective review of existing records relating to each child death. (3) The Legislature further finds and declares that it is in the best interests of the state and its residents that the number and causes of maternal death in this state be examined. There is a need for a comprehensive integrated review of all maternal deaths in Nebraska and a system for statewide retrospective review of existing records relating to each maternal death. (4) It is the intent of the Legislature, by creation of the Child and Maternal Death Review Act, to: (a) Identify trends from the review of past records to prevent future child and maternal deaths from similar causes when applicable; (b) Recommend systematic changes for the creation of a cohesive method for responding to certain child and maternal deaths; and (c) When appropriate, cause referral to be made to those agencies as required in section 28-711 or as otherwise required by state law.

SUMMARY

The Child Death reviews began in 1993, and since that time, child deaths have decreased by over 1/3. The information gained from the death reviews have allowed parents, medical providers, state and private agencies, and communities to work to prevent deaths of children. However, the reviewers found that at least one third of the child deaths in 2009 were preventable. The team also notes that there are racial and ethnic disparities, noting that improvements have not reached all families. There were a total of 237 deaths in Nebraska children aged 0-17. The top five causes of death were pregnancy related (65 deaths), birth defects (56 deaths), Motor vehicle incidents (32 deaths), Sudden Unexpected Infant Death (23 deaths) and General Medical Conditions (18 deaths). Infants accounted for 60% of all child deaths and 2/3 of infants dies within the first month.

Key Recommendations for Prevention

1. Promote healthy lifestyles for reproductive age women by including preconception care as a vital and routine part of care for reproductive age women. This should be targeted at the Nebraska medical Association and members.
2. Improve assistance to children with disabilities and their families/caregivers by increasing priority of service delivery to families of children with severe disabilities in home visitation programs. This is targeted at NDHHS and local partners.
3. Nebraska Medical Association and their members should promote safe and supportive environments for children through dispelling myths about vaccine safety and promoting infant and child vaccinations.
4. The AG's Office, the Nebraska Law Enforcement Training Center and the Nebraska County Attorney's association should improve the quality of the investigation and documentation of child deaths by actively promoting, implementing and expanding the states existing protocol on child death scene investigations, including a regional system of experts in death scene investigations. Meaningful participation of the young adults should be included and encouraged

Newborn Screening Annual Report

October 3, 2013

§71-4741. (1) The Department of Health and Human Services shall determine which birthing facilities are administering hearing screening tests to newborns and infants on a voluntary basis and the number of newborns and infants screened. The department shall submit electronically an annual report to the Legislature stating the number of:

- (a) Birthing facilities administering voluntary hearing screening tests during birth admission;
- (b) Newborns screened as compared to the total number of newborns born in such facilities;
- (c) Newborns who passed a hearing screening test during birth admission if administered;
- (d) Newborns who did not pass a hearing screening test during birth admission if administered; and
- (e) Newborns recommended for follow up care.

(2) The Department of Health and Human Services, in consultation with the State Department of Education, birthing facilities, and other providers, shall develop approved screening methods and protocol for statewide hearing screening tests of substantially all newborns and infants.

(3) Subject to available appropriations, the Department of Health and Human Services shall make the report described in this section available.

SUMMARY

All current birthing hospitals were conducting newborn hearing screening in 2012, all except one conducted the hearing screenings prior to discharge. Over 99% of newborns were screened discharge. 60% of all newborns who did not pass the inpatient screening had audiologic evaluations initiated.

There were 81 babies born whose hearing status was not objectively established, excluding the 97 who expired before receiving or completing screening.

The incidence of Permanent Congenital Hearing Loss identified and reported to the NE-EHDI Program (1.2 per thousand screened in 2012) is within the anticipate range of 3 per thousand.

Almost 86% of infants with hearing loss and residing in Nebraska were verified for the Early Development Network and received special education services within six months of birth.

Nebraska also participates in blood screenings of newborns for congenital defects. Samples were taken from newborns between 24-48 hours after birth and sent to a lab. The average turnaround time on results was five days in 2012. Babies with results of "inconclusive" are brought in for another specimen, and the result is usually normal. When a screening results in a "presumptive positive" the follow up is more urgent and there is a different kind of confirmatory test done. Ultimately, 319 conditions were diagnosed so that treatment could begin.

DHHS Expenditures and Outcomes Report

April 30, 2013

§81-3133(1)(b). Division of Children and Family Services; reports; strategic plan; key goals; benchmarks; progress reports.

(b) Beginning with the third calendar quarter of 2012, the division shall report electronically its expenditures for each quarter and the outcomes relating to such expenditures within thirty days after the end of the quarter to the Appropriations Committee of the Legislature and the Health and Human Services Committee of the Legislature. Such report shall identify any changes or movement of funds in excess of two hundred fifty thousand dollars relating to child welfare between subprograms within Budget Program 347 and Budget Program 354.

SUMMARY

Third expenditures and outcomes report of 2013. Outcomes are reported from COMPASS (Children's Outcomes Measured in Protection and Safety Statistics), which reflects the federal performance measures for which DHHS is held accountable for by the federal Administration for Children and Families.

Expenditures

DHHS expended in January, February and March of 2013 a total of **\$41,074,815.00**. This total is broken up by source as follows:

General Funds:	\$35,502,295.00
Cash Funds:	\$ 911,499.00
Federal Funds:	\$ 4,661,021.00

Absence of Maltreatment Recurrence

As compared to the Federal target of 94.8%, in January, February and March of 2013. Eastern, Southeast, and Statewide regions did not meet the target any month. Central met the target only in January. Northern met the standard every month, as did Western, with the exception of being barely beneath the standard in March.

Absence of Maltreatment in Foster Care

As compared to the Federal target of 99.7% in January, February and March of 2013. Southeast, Central and Western met the target each month reported. Eastern did not meet the target any month, nor did the state as a whole. Northern met the target in February and March.

Timeliness and Permanency of Reunification

The federal target is 122.6, and each region and statewide fall significantly below this target. Western performed at the highest rate, achieving a score of 120 each month.

Timeliness of Adoption

Federal target is 106.4 Southeast, Central, Northern, Western, and Statewide exceeded the target each month, however Eastern did not meet the target any month reported.

Permanency for Children in Foster Care

Federal target is 121.7, all regions and statewide exceeded the target for each month reported.

Timeliness of Adoption

Federal target is 106.4, Southeast, Central, Northern, Western, and State exceeded the target, and Eastern did not make the target for any month reported.

Placement Stability

Eastern, Southeast, Central, Western and State failed to meet the federal target of 101.5.

DRAFT

DHHS Expenditures and Outcomes Report

July 30, 2013

§81-3133(1)(b). Division of Children and Family Services; reports; strategic plan; key goals; benchmarks; progress reports.

(1)(a) On or before July 30, 2012, the Division of Children and Family Services of the Department of Health and Human Services shall report in writing its expenditures between January 1, 2012, and June 30, 2012, and the outcomes relating to such expenditures to the Appropriations Committee of the Legislature and the Health and Human Services Committee of the Legislature. Such report shall identify any changes or movement of funds in excess of two hundred fifty thousand dollars relating to child welfare between subprograms within Budget Program 347 and Budget Program 354.

(b) Beginning with the third calendar quarter of 2012, the division shall report electronically its expenditures for each quarter and the outcomes relating to such expenditures within thirty days after the end of the quarter to the Appropriations Committee of the Legislature and the Health and Human Services Committee of the Legislature. Such report shall identify any changes or movement of funds in excess of two hundred fifty thousand dollars relating to child welfare between subprograms within Budget Program 347 and Budget Program 354.

(2)(a) For the biennium ending June 30, 2015, and the biennium ending June 30, 2017, the Division of Children and Family Services of the Department of Health and Human Services shall, as part of the appropriations request process pursuant to section 81-132, include a strategic plan that identifies the main purpose or purposes of each program, verifiable and auditable key goals that the division believes are fair measures of its progress in meeting each program's main purpose or purposes, and benchmarks for improving performance on the key goals for the state as a whole and for each Department of Health and Human Services service area designated pursuant to section 81-3116. The division shall also report whether the benchmarks are being met and, if not, the expected timeframes for meeting them. Such key goals and benchmarks shall be developed by the Division of Children and Family Services with the assistance of the budget division of the Department of Administrative Services pursuant to subdivision (2) of section 81-1113.

(b) Not later than September 15, 2013, and not later than September 15, 2015, the Division of Children and Family Services of the Department of Health and Human Services shall report electronically to the Health and Human Services Committee of the Legislature and the Appropriations Committee of the Legislature on the progress towards the key goals identified pursuant to this subsection that occurred in the previous twelve months.

SUMMARY

Fourth expenditures and outcomes report of 2013. Outcomes are reported from COMPASS (Children's Outcomes Measured in Protection and Safety Statistics), which reflects the federal performance measures for which DHHS is held accountable for by the federal Administration for Children and Families.

Expenditures:

DHHS expended in April, May and June of 2013 a total of **\$50,678,763.00**. This total is broken up by source as follows:

General Funds: \$42,824,238.00
Cash Funds: \$ 683,571.00
Federal Funds: \$ 7,170,656.00

Absence of Maltreatment Recurrence

As compared to the Federal target of 94.6%, in April, May and June of 2013. Eastern, Southeast, and Statewide regions did not meet the target any month. Central met the target only in all three months. Northern and Western met the standard in April and June, and were slightly below standard in May.

Absence of Maltreatment in Foster Care

As compared to the Federal target of 99.7% in April, May and June of 2013. Southeast, Central, Northern and Western met the target each month reported. Eastern did not meet the target any month, nor did the state as a whole.

Timeliness and Permanency of Reunification

The federal target is 122.6, and each region and statewide fall significantly below this target. Western performed at the highest rate, achieving a score of 120 or slightly above each month.

Timeliness of Adoption

Federal target is 106.4 Southeast, Northern, Western, and Statewide exceeded the target each month. Eastern service area improved slightly from the previous quarter, reaching the target in May and June

Exits to Adoption in < 24 Months

The Federal Target is 36.6% and Northern exceeded this target, with percentages at over 50% each month reported. Western met the target, with numbers over 40% each month. Southeast was slightly below the target in April, met the target in May, and exceeded the target in June. Eastern and Central were greatly below the target rate each month and did not meet 30% each month. Statewide each month hovered near 30%.

Permanency for Children in Foster Care

Federal target is 121.7, all regions and statewide exceeded the target for each month reported.

Timeliness of Adoption

Federal target is 106.4, Southeast, Central, Northern, Western, and State exceeded the target, and Eastern did not make the target for any month reported.

Placement Stability – Compass Measures

Eastern, Southeast, Central, Western and State failed to meet the federal target of 101.5. Northern exceeded the target for each month reported.

Report of Implementation of ACCESSNebraska

October 24, 2013

LB195 (2013) Sec. 93. In order to monitor the implementation of ACCESSNebraska and to ensure compliance with federal and state law, the Department of Health and Human Services shall develop a quarterly report which shall include, but not be limited to, the following information:

- (1) Number of days in increments that it takes to process applications (approval or denial) for Aid to Dependent Children, Supplemental Nutrition Assistance Program, and Aid to the Aged, Blind, and Disabled, overall and broken down by county;
- (2) Number of days in increments that it takes to process applications for Medicaid and Children's Health Insurance Program, separating the data for applicants not applying on the basis of disability from applicants applying on the basis of disability, overall and broken down by county;
- (3) Reason for benefit application processing delays (department, client, third party) for all applications that are processed beyond federal and state timeliness in Aid to Dependent Children, Supplemental Nutrition Assistance Program, Aid to the Aged, Blind, and Disabled, Medicaid, and Children's Health Insurance Program statewide;
- (4) The number of case closures in Medicaid, Children's Health Insurance Program, Aid to Dependent Children, Supplemental Nutrition Assistance Program, Aid to the Aged, Blind, and Disabled, and Title XX and the reason for the closure statewide;
- (5) The proportion of persons who file applications online who are enrolled in one of the public benefit programs that use ACCESSNebraska for enrollment;
- (6) Average wait time for call center response. The average wait time starting from the time when the call is transferred to the customer service center to the time when the worker answers the call; and
- (7) Number of client call terminations (client hang ups) that occur prior to speaking with a staff member and the average length of time starting from the time when the call is transferred to the customer service center to the time when the caller terminates the call.

SUMMARY

This report illustrates information regarding the timeline of processing applications on ACCESSNebraska for the time period July 1, 2013 through September 30, 2013, as per the requirements in LB 374, approved by the Governor on May 17, 2011.

Section 1: Number of days in increments that it takes to process applications (approval or denial) for Aid to Dependent Children, Supplemental Nutrition Assistance Program, and Aid to the Aged, Blind and Disabled, overall and broken down by county.

Assistance to the Aged, Blind and Disabled

In the time reported, there were 10,015 applications for Assistance to the Aged, Blind, and Disabled. Title 469 requires that a determination must be made within 45 days on applications under the blind or aged category, and within 60 days from the date of the application under the disabled category. The report does not breakdown applications by category, so it is unknown how many applications are outside of the determination window. Of the 10,015 applications made, 1,056 took over 46 days or more for a determination to be made. Since it is not clear which category these applications were made under, it is not clear how many of these are outside of the timeline in Title 469. 443 of these applications have been processed outside of the time in Title 469, as they have taken over 60 days for a determination.

Aid to Dependent Children

Title 468 requires a determination of benefits within 45 days. In the time reported, 14,255 applications were made for Aid to Dependent Children statewide. Of these requests, 523 had determinations made after 46 or more days. This is approximately 3.67% of applications made in the time reported.

Supplemental Nutrition Assistance Program

Title 475 requires that determinations be made on SNAP applications within 30 days. In the reporting period, 47,099 applications for SNAP were made via ACCESSNebraska. Of these, 4,343 took 31 days or longer for a determination to be made, approximately 9.22%.

Section 2: Number of days in increments that it takes to process applications for Medicaid and Children's Health Insurance Program, separating the data for applicants not applying on the basis of disability from applicants applying on the basis of disability, overall and broken down by county.

Medicaid for Aged and Disabled

Determinations on Medicaid applications should be made within 45 days. Of the 1696 applications made in the reporting period, 217 took 46 days or longer for processing, approximately 12.8%.

Medicaid for Children and Families

Determination of these applications should be made within 45 days. Of the 16,320 applications made within the reporting period, 1,547, or approximately 9.48% took 46 days or longer for a determination to be made.

Section 3: Reason for benefit application processing delays (department, client, third party) for all applications that are processed beyond federal and state timeliness in Aid to Dependent Children, Supplemental Nutrition Assistance Program, Aid to the Aged, Blind, and Disabled, Medicaid, and Children's Health Insurance Program statewide.

Processing Delays that are Department Caused

These delays include that the interview was not held timely due to delayed scheduling, not all verification documents required were requested by the Department, and sometimes additional verification documents are needed beyond the original request that is discovered when the eligibility is being determined.

Processing Delays that are Client Caused

These delays include that the interview was not completed timely, there were delays in submitting verification documents to the Department, and the client delays in obtaining the required information to process the case.

Processing Delays that are Third Party Caused

These delays include the disability decisions and medical information related to processing a disability case, asset verification documents that need to come from an attorney or company such as life insurance or investments are sometimes late in arriving at the Department.

Section 4: The number of case closures in Medicaid, Children's Health Insurance Program, Aid to

Dependent Children, Supplemental Nutrition Assistance Program, Aid to the Aged, Blind, and Disabled, and Title XX and the reason for the closure statewide.

Aid to Aged Blind and Disabled: Total 6,274

Top three most common reasons are: Income Exceeds Standards, In Another Case, and Not Disabled or Blind.

Aid to Dependent Children: Total 12,389 cases closed.

Top three most common reasons are: Increased earnings of adult, client request, and Income Exceeds Standards.

Child Care: Total 9,459 cases closed.

Top three most common reasons are: Failed to provide information, Income exceeds standards, and Services not requested or needed.

Supplemental Nutrition Assistance Program (SNAP): Total 28,845 Cases closed.

Top three most common reasons are: Failed to Provide Information, Failed to Appear for Interview/Appointment, and Interim Report not Received.

Medicaid: 29,025 total cases closed.

Top three most common reasons are Failed to Provide Information, In Another Case, and Case Review Not Completed.

Social Services Aged and Disabled: Total 2,307 cases closed.

Top three reasons for case closure are: Income exceeds standards, Eligibility Requirements not Met, and Case Review not Completed.

Section 5: The proportion of persons who file applications online who are enrolled in one of the public benefit programs that use ACCESSNebraska for enrollment.

July 2013 – 62.90%

August 2013: 63.29%

September 2013: 63.62%

July-September Quarter 2013: 63.27%

Section 6: Average wait time for call center response. The average wait time starting from the time when the call is transferred to the customer service center to the time when the worker answers the call.

July 2013: 28:02

August 2013: 31:00

September 2013: 24:53

July-September Quarter 2013: 27:59

Section 7: Number of client call terminations (client hang ups) that occur prior to speaking with a staff member and the average length of time starting from the time when the call is transferred to the customer service center to the time when the caller terminates the call.

July 2013: 29,947 Abandons, Average Abandon Delay 19:08
August 2013: 28,702 Abandons, Average Abandon Delay 20:51
September 2013: 23,083 Abandons, Average Abandon Delay 17:44
July-September 2013 Quarter: 81,732 Abandons, Average Abandon Delay 19:15

The rate for call abandonment in this quarter was at 27.43%. The goal is to have an abandonment rate of 10% or less

DRAFT

Young Adult Voluntary Services and Support Act Report to the Legislature

September 30, 2013

LB216. On or before July 1, 2013, the Nebraska Children's Commission shall appoint a Young Adult Voluntary Services and Support Advisory Committee to make recommendations to the department and the Nebraska Children's Commission for a statewide implementation plan meeting the extended services program requirements of the Young Adult Voluntary Services and Support Act. The committee shall provide a written report regarding the initial implementation of the program to the Nebraska Children's Commission, the Health and Human Services Committee of the Legislature, the department, and the Governor by October 1, 2013. The report shall also specifically address recommendations for maximizing and making efficient use of funding for a state-extended guardianship assistance program described in section 14 of this act. The report to the Health and Human Services Committee of the Legislature shall be submitted electronically. The Young Adult Voluntary Services and Support Advisory Committee shall meet on a biannual basis thereafter to advise the department and the Nebraska Children's Commission regarding ongoing implementation of the extended services program and shall provide a written report regarding ongoing implementation, including extended services program participation and early discharge rates and reasons obtained from the department, to the Nebraska Children's Commission, the Health and Human Services Committee of the Legislature, the department, and the Governor by December 15th of each year. By December 15, 2015, the committee shall develop specific recommendations for expanding to or improving outcomes for similar groups of at-risk young adults and for the adaptation or continuation of assistance under the state-extended guardianship assistance program described in section 14 of this act. The report to the Health and Human Services Committee of the Legislature shall be submitted electronically.

SUMMARY

This report provides recommendations to the legislature to provide thoughtful initial guidance for effective implementation of the Young Adult Voluntary Services Act. Recommendations have been given on six different subject matters.

1. Policy, Eligibility, and Transition into the Program: All current and past recipients of former ward program who have not turned 21 will be sent a clear written notice about the program prior to implementation. A representative from the Department will contact all current and past recipients of Former Ward who have not yet turned 21 to provide verbal information about the program. If the youth indicates he or she would like to participate, will assess eligibility and arranged for agreement to be signed and files with court in time to prevent lapse in services.
2. Communication and Transition into the Program for All Young People in Foster Care (age 16-19): Caseworker will provide an annual overview of program including a brochure, 90 days before final court hearing, youths will receive clear written notice about the program, and 90 days before final hearing case worker will meet with the youth to determine if they would like to participate in the program and refer them to a program orientation class. If young adult is ineligible for the program, they will be provided with a clear written notice and should be referred to an outreach program about becoming eligible for the program. If a young adult opts out he or she should be provided with a packet about re enrolling. And receive a quarterly check in message from a YAVSS worker. If young adult becomes ineligible to participate after participating, the
3. Case management, supportive services and housing: DHHS will need to recognize a culture change and be willing to allow for the youths to take risks without responding with excessive

rules and regulations. Staff who work with the young adults should be called independence coordinators and should have a caseload of between 15 and 20. Mediation Centers would facilitate the reviews of the independence plan. Housing should be directed by the young adult, and instead of declining housing outright, case worker should work with young adult to create a contingency safety plan.

4. Permanency Hearings: Allow hearing officer to be requested instead of judge if the young adult requests and time necessitates it. Try to have permanency hearings take place in a non-court environment as soon as possible.

DRAFT

Diversion in Nebraska

January 2014

LB561. Monitor commitments, placements, and evaluations at facilities and programs operated by the office or through contracts with providers and submit electronically an annual report of its findings to the Legislature. For 2012, 2013, and 2014, the office shall also provide the report to the Health and Human Services Committee of the Legislature on or before September 15. The report shall include an assessment of the administrative costs of operating the facilities, the cost of programming, the savings realized through reductions in commitments, placements, and evaluations, and information regarding the collaboration required by section 83-101.

SUMMARY

The Juvenile Diversion Program Administrator was created by LB561, and tasked with creating and maintaining juvenile pretrial diversion programs to divert juveniles to community-based services. A steering committee has been created as a subcommittee to the Nebraska Coalition on Juvenile Justice.

Subcommittee's Preliminary Recommendations

Establish baseline program guides and a best practices guide for juvenile diversion programs, evaluate effectiveness of programs receiving Community-Based Juvenile Services Aid, examine data collection practices, and provide enhancements to the Juvenile Diversion Case Management System, and organize trainings, conferences, and open communication for diversion directors across the State, and expanding equal access to diversion across the state.

Juvenile Diversion Data

Between July 1, 2012, and June 30, 2013, 4,062 individuals were referred to a formal juvenile diversion program within the state. 29.8% of referred youth were referred to diversion in Douglas County, 19.9% in Lancaster County, 16.3% in Sarpy County, and 34% in a county outside of the these three metro areas.

Average Age of Diversion

Ages ranged from 7 to 21 years. Disregarding diversion for youths over 17, the mean age was 15.1 years. Eighteen year olds comprised the majority of the referrals over the age of 17.

Racial and Ethnic Composition

60% of referrals were for white youth, 16% for Black or Native American, 16% were Hispanic, 4% were of unspecified race, 1.2% were American Indian and 1.5% were of another race or ethnicity. There is a higher level of diversity in referrals from Counties with more diverse population.

Law Violations

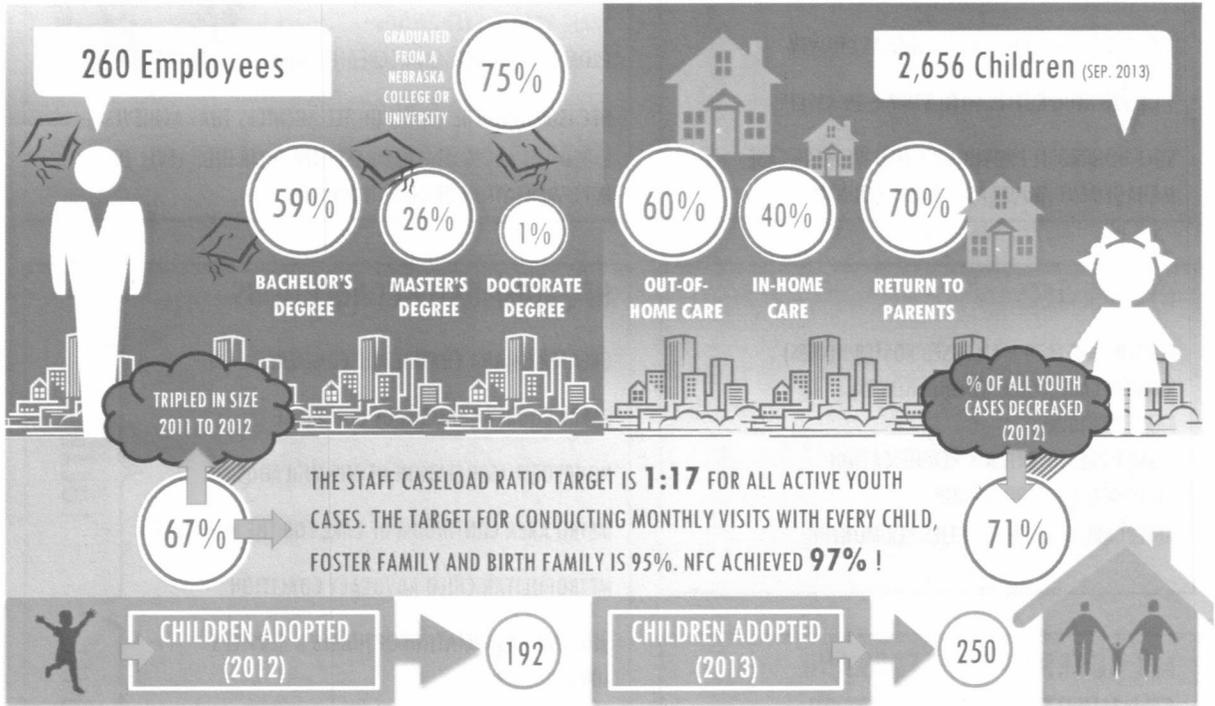
Over 110 different types of violations were referred. The most common were traffic offenses, minor in possession, and shoplifting.

Success Rates

Statewide, 9.7% of youth and families decline diversion, with the numbers for each county varying significantly. Further research is needed to determine why children and families choose court over diversion. Overall, statewide 79.7 who enrolled in diversion were successfully diverted from Court.

NFC At-A-Glance

Since 2009, Nebraska Families Collaborative has been a major contributor to the improvement of the child welfare system in Nebraska. With a steady growth in employees, number of children and families served, and agency revenue over the past four years, NFC has quickly become a vital part of the Omaha metro area. Annually, NFC contributes over \$50 million dollars to the local economy directly through its work with children and families, and indirectly through its 260 employees who live and recreate in the greater Omaha metro.



DUFFELS FOR DIGNITY GARNERS COMMUNITY SUPPORT

CHILDREN WHO ENTER FOSTER CARE OFTEN HAVE TO PACK THEIR PERSONAL BELONGINGS IN TRASH BAGS. LAUNCHED IN JULY 2013, DUFFELS FOR DIGNITY IS A MEANINGFUL WAY COMMUNITY MEMBERS CAN SUPPORT FOSTER YOUTH BY DONATING DUFFEL BAGS TO HELP PRESERVE THEIR DIGNITY DURING A DIFFICULT TIME OF CHANGE AND TRANSITION.



REDUCED NUMBER OF CHILDREN IN FOSTER CARE BY

22%

WHILE IN FOSTER CARE FROM FURTHER

99%

OF CHILDREN WERE SAFE ABUSE AND NEGLECT (AUG. 2013)

WHILE IN FOSTER CARE 2 OR FEWER PLACEMENTS

86%

OF CHILDREN HAD WITHIN 12 MONTHS (AUG. 2013)

NFC HAS GAINED A WIDE AUDIENCE ACROSS THE OMAHA METRO THROUGH ONLINE & SOCIAL MEDIA



SUCCESS COMES FROM COMMUNITY CONNECTIONS WITH...



ANNUAL REVENUE

\$56M

DIRECT SERVICES

92%

PROGRAM SUPPORT

3%

ADMIN. SUPPORT

5%

FINANCIAL RESOURCES ARE USED WISELY, LESS THAN 5% IS NEEDED FOR OVERHEAD EXPENSES

For more information, visit www.NebraskaColl.org



Nebraska Families COLLABORATIVE

MISSION: To build on child, family and community strengths so that all children and families are safe, healthy and thriving.

VISION: We envision a community with strong families in which children are safe and thriving.



NFC IN NEBRASKA

1 OF 13,000 NONPROFITS STATEWIDE

1 OF 1,300 NONPROFITS IN DOUGLAS COUNTY

1 OF 128 NONPROFITS WITH \$10M+ IN ASSETS

SOLE NONPROFIT PROVIDING CHILD WELFARE CASE MANAGEMENT (DOUGLAS & SARPY COUNTIES)

NFC IS COA ACCREDITED

IN DECEMBER 2012, NFC EARNED A THREE-YEAR ACCREDITATION FROM THE COUNCIL ON ACCREDITATION.



NFC IS AMONG THE 30% OF ALL AGENCIES THAT ACHIEVE EXPEDITED ACCREDITATION BASED ON THEIR HIGH LEVEL OF IMPLEMENTATION OF COA STANDARDS.

NFC SERVICES

FOSTER CARE (670+ LICENSED FOSTER HOMES)

KINSHIP CARE (350+ KINSHIP HOMES)

FAMILY FINDING

FAMILY PRESERVATION & REUNIFICATION

ADOPTION & GUARDIANSHIP

AFTERCARE (1,250+ FAMILIES PER MONTH)

NFC COMMUNITY CONNECTIONS

GREATER OMAHA CHAMBER OF COMMERCE

SARPY COUNTY CHAMBER OF COMMERCE

NONPROFIT ASSOCIATION OF THE MIDLANDS

METRO AREA CONTINUUM OF CARE FOR THE HOMELESS

METROPOLITAN CHILD ADVOCACY COALITION

NEBRASKA ASSOCIATION OF HOMES & SERVICES FOR CHILDREN

NEBRASKA CHILDREN'S COMMISSION

NEBRASKA FOSTER & ADOPTIVE PARENTS ASSOCIATION

ALLIANCE FOR CHILDREN AND FAMILIES

VOICE FOR ADOPTION

LOCAL

STATE & NATIONAL

NFC BOARD OF DIRECTORS AND COMMUNITY ADVISORY BOARD

The Board of Directors and Community Advisory Board reflect the diversity, leadership and talent within the Greater Omaha community. Members provide guidance to NFC that helps develop strategic partnerships and service innovations that benefit children and families served through the child welfare system.

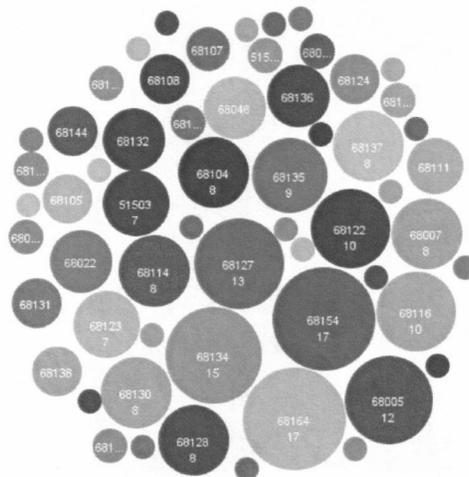
13 voting members of the Board of Directors include:

Bob Pick, Chair • Peg Harriott, Vice Chair • Judy Rasmussen, Treasurer • Kathy Bigsby-Moore, Secretary • Theresa Barron McKeagney • Tim Gay • Carolyn Green • Alex Hayes • Dan Jackson • Nicholas Juliano • Morgan Kelly • Ann O'Connor • Susanne Shore • Andrea Skolkin

15 members of the Community Advisory Board represent an array of organizations and child welfare entities.

The Board of Directors meets every other month, while the Community Advisory Board meets monthly. Community Advisory Board meetings are open to the public and all community members are welcome.

NFC STAFF LIVE ACROSS THE OMAHA METRO



NEBRASKA FAMILIES COLLABORATIVE

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OMAHA, NE 68164

402.492.2500

www.NebraskaFC.org



City of Omaha
Jean Stothert, Mayor

Office of the Mayor
1819 Farnam Street, Suite 300
Omaha, Nebraska 68183-0300
(402) 444-5000
FAX: (402) 444-6059

The Honorable Kathy Campbell
Health and Human Services Committee
Nebraska Legislature, District 25
PO Box 94604
Lincoln, Nebraska 68509-4604

Re: LB660

Dear Senator Campbell and Committee Members:

The City of Omaha City Council and Mayor's Administration strongly support the continuation of the Nebraska Families Collaborative's (NFC) contract with the State of Nebraska and moving the bill sponsored by Senator Bob Krist (LB660) out of the Health and Human Services Committee to the floor.

NFC serves as the lead agency providing case management and service coordination for child welfare cases in the Eastern Service Area (ESA), which is comprised of both Douglas and Sarpy Counties. Currently, NFC has a five-year contract with the State that will end June 30, 2014. As of March 1, 2012, NFC became the sole lead agency serving the entire ESA, which supports an average of 4,000 children and their families annually.

NFC is a success story of the State's child welfare reform effort. At every major challenge, NFC has "stepped-up" for children and families in our community. Evidence of the progress can be seen in the positive outcomes achieved during the last four-and-a-half years which includes; meeting or exceeding four of the six Federal targets for providing child welfare, leading the state in the total number of adoptions, managing approximately half of the total welfare cases in the State of Nebraska and most importantly, helping keep many of the families together.

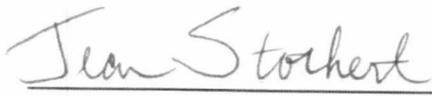
In addition, NFC serves as a valuable partner and contributor to the greater Omaha community by creating over 270 jobs in the Omaha community and is collaborating with a network of more than 50 local providers in Douglas and Sarpy County.

Councilmember Melton
January 16, 2014
Page Two

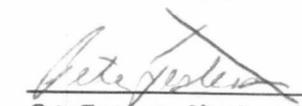
We strongly support the continuation of NFC's contract with the State of Nebraska as the leading child welfare agency in the Eastern Service Area and respectfully ask that you support the passage of LB 660. By working collectively to build on child, family and community strengths, we can ensure Nebraska children and families are safe, healthy and thriving.

We thank you for your consideration.

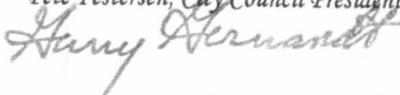
Sincerely,



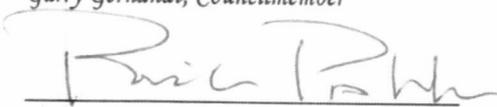
Jean Stothert, City of Omaha Mayor



Pete Festersen, City Council President



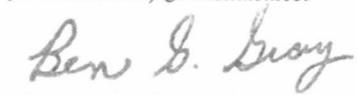
Garry Gernandt, Councilmember



Rich Pahls, Councilmember



Aimee Melton, Councilmember



Ben Gray, City Council Vice President



Franklin Thompson, Councilmember



Chris Jerram, Councilmember

dm

cc: Senator Krist, Senator Cook, Senator Crawford, Senator Gloor, Senator Watermeier, Senator Howard, Jack Cheloha, City Council Lobbyist

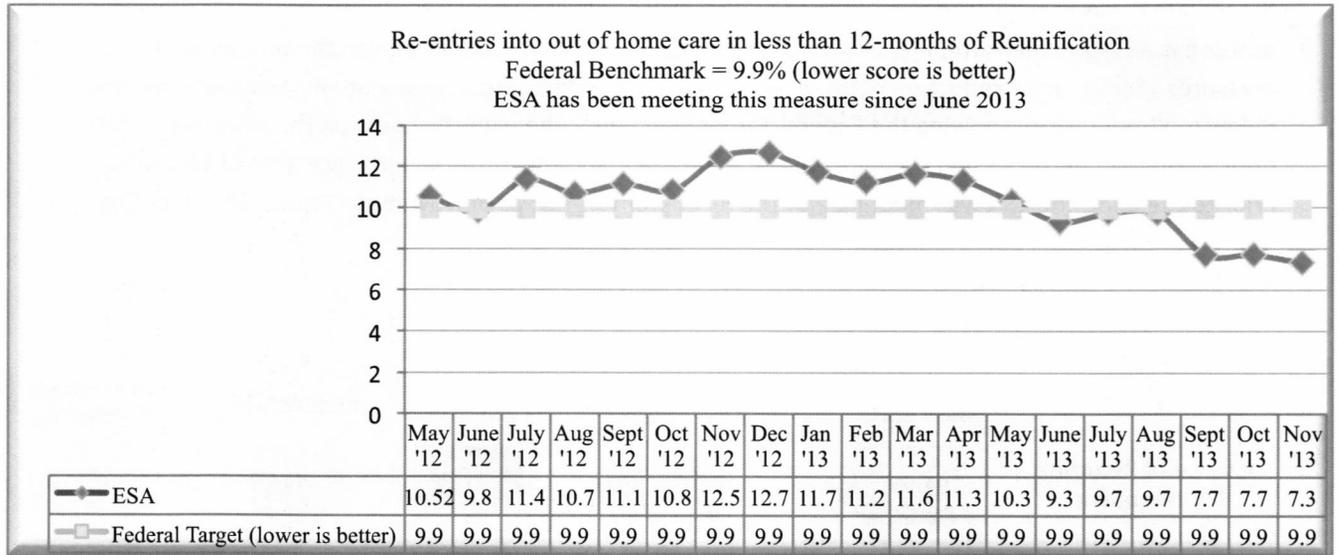
ESA CFSR Scores: Historical High Scores compared to November 2013

Prior to the implementation of the ESA pilot, DHHS administrators identified one of the primary goals of the initiative was to make progress on the CFSR measures. There are six (6) primary measures and each of these is a system measure, meaning that one entity alone is not responsible for the outcome measures. Scores are a reflection of provider, judicial, law enforcement, government, and performance. Below is a brief history showing the Federal Target Outcomes, the highest scores on this measure in ESA prior to November 2009 when the pilot was implemented, and the most recently available CFSR scores. Prior to the pilot, the ESA was meeting 2 of the 6 Federal Targets; as of November 2013, ESA is meeting four (4) of the six (6) Federal Targets.

	<u>Federal Target</u>	<u>ESA Historical High Score Prior to Privatization</u>	<u>Target Met prior to Privatization</u>	<u>November 2013</u>	<u>Target Met since Privatization</u>
Absence of Recurring Maltreatment	94.6%	93.3%	No	96.3%	Yes
Absence of Maltreatment in Foster Care	99.68%	99.61%	No	99.20%	No
Reunification (composite score)	122.6	115.8	No	109.7	No
Adoption (composite score)	106.4	130.77	Yes	123.8	Yes
Permanency (composite score)	121.7	154.6	Yes	155.5	Yes
Placement Stability (composite score)	101.5	88.9	No	101.6	Yes

The following two data points highlight performance in re-entry and adoption.

One of the sub measures of the Reunification CFSR measure is that of Re-entry into out of home care. Historically this measure is one that ESA has not met. As of June 2013, the ESA has continuously been meeting the target! These scores are shown in the graph below.



Adoption Data across Service Areas

The adoption data in Tables 1 & 2 below shows that ESA, in terms of number of adoptions, has been increasing since 2010 and in 2013, had a record number of adoptions since 2007! In 2012 ESA accounted for 50% of all adoptions in Nebraska.

Table 1

Year	ESA Percent of State Adoptions
2007	48%
2008	42%
2009	37%
2010	35%
2011	38%
2012	50%
2013	*%

*State total is not known; therefore we are unable to calculate percentage

Table 2

2007	2008	2009	2010	2011	2012	2013
ESA = 226	ESA = 238	ESA = 184	ESA = 140	ESA = 183	ESA = 192	ESA = 243
SESA = 120	SESA = 184	SESA = 178	SESA = 127	SESA = 155	SESA = 82	SESA = *
WSA = 42	WSA = 40	WSA = 55	WSA = 36	WSA = 49	WSA = 35	WSA = *
NSA = 39	NSA = 61	NSA = 44	NSA = 30	NSA = 40	NSA = 34	NSA = *
CSA = 40	CSA = 49	CSA = 32	CSA = 65	CSA = 52	CSA = 39	CSA = *
Statewide = 467	Statewide = 572	Statewide = 493	Statewide = 398	Statewide = 479	Statewide = 384	Statewide = *

*State total is not known; therefore we are unable to calculate percentage

January 22, 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 to the Department of Health and Human Services (DHHS) and the Health and Human Services Committee of the Legislature by February 1st a final report including final recommendations regarding the adaptation or continuation of the implementation of a statewide standardized level of care assessment.

As noted in the reports provided in November and December, the Foster Care Reimbursement Rate Committee is making progress on this effort, but is not at a point to make final recommendations regarding the implementation of a statewide standardized level of care assessment. Therefore, the attached report is a summation of the progress made by the Foster Care Rate Reimbursement Committee through the meeting on January 7, 2014. 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;
- identify what the implementation implications are for current foster homes, supporting agencies, DHHS, NFC, and Probation; and
- develop a transitional process for implementing the new foster parent rates (base rate and levels of parenting) in a manner that creates a "grandfathering" process for current foster parent payments to support placement stabilization for children.

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

- analyzing the ongoing pilot results;
- developing the Level of Care Assessment tool;
- redefining the expectations for agency supported foster care services (note: this work is being done by the Department and another group outside the committee); and
- receiving input, planning information and final decisions from DHHS leadership based on the above.

The committee is hopeful that the above work and decisions both on the part of the Foster Care Reimbursement Rate Committee and DHHS can be made in a timely manner that recognizes the importance of a stable payment process to foster parents to ensure that Nebraska families are able to budget for needs while caring for foster children.

Respectfully,



Peg Harriott
Chairperson
Foster Care Reimbursement Rate Committee

Foster Care Reimbursement Rate Committee

Report to the Children's Commission

January 22, 2014

The Foster Care Reimbursement Rate Committee had its fourth meeting on January 7, 2014. The workgroup assigned to further advance the Level of Care Assessment tool also met on January 7, 2014 prior to the full committee meeting.

The fourth meeting addressed the following:

Base Rate Implementation:

- Funding implications for foster parents under NFC contract and Probation

Standardized Level of Care:

- Report from the work group
 - Analysis of difference between current FC Pay assessment and Nebraska Caregiver Responsibilities (NCR) tool
- Need for pre-assessment rate for new children
- Need for finalizing level of parenting (Essential, Enhanced and Intensive) rates
- Need for developing extensive communication and training plan

Agency Support/Services Rate: tabled until outside provider work group and DHHS define new service expectations and DHHS asks the committee for further input.

The committee also spent time developing a "grandfathering" rate process that would provide a transitional implementation period for new foster parent rates (base rate and level of parenting rate) to allow foster parents who may receive a decreased rate time to budget for the rate changes.

Next full committee is scheduled for February 4, 2014.

Report completed by:



Peg Harriott
Foster Care Reimbursement Rate Committee

Foster Care Reimbursement Rate Committee

January 22, 2014

The Foster Care Reimbursement Rate Committee is actively moving towards the following recommendations:

- A. Support implementation of the base rates effective July 1, 2014, as set forth in Legislative Bill 530 (LB530) from the 2013 Legislative Session.
- B. Support the express intent of LB530 (2013) "to ensure that contracted foster care provider agencies do not pay increased rates out of budgets determined in contracts with the Department of Health and Human Services prior to any changes in rates" the increased costs of foster parent rates must not be borne by the child placing agencies and NFC without adequate compensation from DHHS.
- C. Continue to monitor DHHS progress on collecting data and analyzing the outcome of the LB 530 pilot implementation of the Level of Care Assessment tool.
- D. Continue to support the development of level of parenting rates that correspond to the levels of parenting established through the use of the Nebraska Caregiver Responsibilities tool.
- E. Monitor the progress of the work being done by the Department of Health and Human Services (DHHS), the Foster Care Reimbursement Rate Committee, and other related industry groups to ensure that: base rates; level of parenting rates; and agency support rates are established in a timely manner so that training and communication about the new rates and rate establishment process can be adequately administered to foster parents, foster care agencies, NFC, Probation, and DHHS staff.
- F. Support implementation of the Committee's "grandfathering" rate process to create a transitional implementation period for new foster parent rates (base rate and level of parenting rate) to allow foster parents who may receive a decreased rate under the new system, time to budget for the rate changes.
- G. Support development of strong foster parent provider training and communications for DHHS, NFC, and Probation staff.
- H. Support the concept that the base rate, level of parenting rate, and administrative rate added together create minimum foster care reimbursement rates. No maximum rates should be established.
- I. Under current review: specific amounts for the levels of parenting and pre-assessment foster parent rates.

Nebraska Children's Commission

Juvenile Services (OJS) Committee

Phase I Strategic Recommendations
December 2013

Nebraska Children's Commission
Juvenile Services (OJS) Committee

Phase I Strategic Recommendations
December 2013

EXECUTIVE SUMMARY

The Legislature passed Legislative Bill 821 (LB 821) during the 2012 Legislative Session and created the Nebraska Children's Commission as a permanent forum for collaboration among state, local, community, public and private stakeholders in child welfare and juvenile justice programs and services. LB 821 also created the Juvenile Services (OJS) Committee as a subcommittee of the Nebraska Children's Commission to:

- examine the structure and responsibilities of the Office of Juvenile Services as they existed on April 12, 2012;
- review the role and effectiveness of the youth rehabilitation and treatment centers in the juvenile justice system and make recommendations to the Nebraska Children's Commission on the future role of the YRTCs in the juvenile justice continuum of care; and
- review the responsibilities of the Administrator of the Office of Juvenile Services (OJS administrator), including oversight of the Youth Rehabilitation and Treatment Centers (YRTCs) and juvenile parole, and make recommendations to the Nebraska Children's Commission relating to the future responsibilities of the administrator.

The Juvenile Services (OJS) Committee held its first meeting on September 26, 2012. The committee began its thoughtful examination of the juvenile justice system by reviewing previous juvenile justice reform recommendations to determine what future changes, if any, needed to be recommended for the juvenile justice continuum of care.

On May 29, 2013, the committee's legislative charge was revised with the passage of Legislative Bill (LB 561) which implemented initial juvenile justice reform. Due to the system restructuring that was legislated in LB 561, the committee's charge to review the responsibilities of the OJS administrator was eliminated and the review of the YRTCs was expanded to include:

- what populations should be served;
- what treatment services should be provided at the centers in order to appropriately serve those populations; and
- how mental and behavioral health services are provided to juveniles in secure residential placements and the need for such systems of care services in the juvenile justice system throughout Nebraska.

The recommendations that the Juvenile Services (OJS) Committee offers to the Nebraska Children's Commission and the Judiciary Committee of the Legislature (Judiciary Committee) in

this Phase I document are the recommendations that the committee considers foundational to creating the ideal juvenile justice treatment system. The full report contains all recommendations that were agreed upon by the committee since it began working in September of 2012. The list of recommendations the committee is making to the Judiciary committee for consideration by the legislature during the 2014 legislative session and in response to the tasks assigned in both LB 821 (2012) and LB 561 (2013) are listed in this executive summary. The full report includes background information from state and national experts, recommendations for other committees and workgroups that are engaged in Child Welfare and Juvenile Justice reform, and rationale for the recommended changes to legislation, as well as to the juvenile justice culture and system. A reference has been included after each recommendation to notate where additional information in the report is located.

These Juvenile Services (OJS) Committee strategic recommendations have been designed to build on the legislature's work in LB 561 and enhance the work of the Nebraska Children's Commission. The Committee recommends that the recommendations be implemented as a part of the comprehensive juvenile justice system reform. Recommendations with citations indicate that the recommendation came from the work of the committee as well as from the other reports either for Nebraska specific changes or as a best practice in juvenile justice system re-design.

Legislative Recommendations (2014 Legislative Session)

FOUNDATIONAL PRINCIPLES

- A. Establish and support a model for juvenile justice collaboration and implementation of necessary juvenile justice services across the state. This model of collaboration should include executive, legislative, judicial, and county branches of government.
- B. Create legislation that children in the juvenile justice system should be a priority.

LEGAL SYSTEM CHANGES

- C. Change statutory language so that all juvenile law violations (excluding minor traffic offenses) originate in juvenile court, for all youth under age 18. (See pages 10-12)
- D. Change statutory language to require that all youth have legal counsel and appropriate adequate funding for that requirement. (See pages 10-12)
- E. Consider changing statutory language to establish separate juvenile court districts statewide. (See pages 10-12)

CORE DESIGN FRAMEWORK

- F. Utilize the Child and Adolescent Service System Program (CASSP) Principles as a core design framework for creating community-based services for youth at each level of involvement in the juvenile justice system. (See page 11)
- G. Utilize the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders as a core design framework for creating community-based services for youth at each level of involvement in the juvenile justice system. (See page 12)
- H. Utilize Juvenile Justice Services that are Evidence-based. (See page 12)
- I. Utilize the Standardized Program Evaluation Protocol (SPEP) for assessing Juvenile Justice Programs. (See page 13)

YRTC RELATED RECOMMENDATIONS (LB 561)

- J. Create legislation that:
 - Creates an intensive, highly structured treatment facility in an urban area with programming designed specifically for high-risk juvenile law violators (Level 5). Consider renovating an existing structure to expedite the creation of this facility. (See pages 18-23)
 - Transfers Level 5 identified youth from the YRTCs into their own treatment environment in the newly created facility. (See pages 18-23)
 - Requires the YRTCs to provide evidence based, trauma informed treatment for behavioral health disorders, mental health disorders, and substance use disorders to include appropriate medication assisted treatment. (See pages 18-23)
 - Continues any additional YRTC renovations to create an enhanced therapeutic environment for the remaining youth. (See pages 18-23)
 - Completes all necessary actions to transition the YRTCs into regionally based facilities, including assessment of the potential need to close certain structures based on population demands. (See pages 18-23)
 - Requires development of regionally based treatment facilities including the feasibility of transitionally redesigning the existing YRTC facilities, and other state run juvenile treatment facilities, into this regionally based framework. (See pages 18-23)

NEBRASKA CHILDREN'S COMMISSION RELATED RECOMMENDATIONS

- K. Establish the Juvenile Services Committee (formerly the Juvenile Services (OJS) Committee) as a standing committee of the Nebraska Children's Commission, through additional legislation, with the authority to implement the recommendations herein. Craft the legislation in such a manner that the Juvenile Services Committee will stand, even if the Nebraska Children's Commission sunsets. (See pages 24-35)
- L. Establish five sub-committees of the Juvenile Services Committee to provide input and oversight on: 1) Screening and Assessment tools; 2) Community-based programs; 3) SPEP

design; 4) YRTC Transition/Level 5 creation; and 5) Social, Racial, and Ethnic Disparities. (See pages 24-35)

- M. Contract with a federal expert in juvenile systems reform for at least a two year period of time to provide expertise and oversight in the implementation of a comprehensive juvenile systems reform, and obtain and analyze system utilization data. (See pages 24-35)
- N. Establish and require uniform statewide screening and assessment tools, including educational assessments, which shall be conducted when youth first encounter the juvenile justice system, at various times when moving between levels of care, and when there is a change in clinical status or presentation. Screening and selective assessment should be conducted when youth enter residential programs, including the county juvenile detention centers and YRTCs. All juvenile justice entities (law enforcement, all legal representatives, and judicial entities) and system stakeholders must utilize and follow assessment recommendations. All assessment and recommendation information obtained must be shared with all stakeholders who have a need to know and right to know to optimize care for each youth. (See pages 25-26 & 29-30)
- O. Incentivize counties (group of counties) or tribes by providing additional funds for entities that can demonstrate to the Nebraska Commission on Law Enforcement and Criminal Justice how they have successfully leveraged braided funds to maintain youth in community based programs. The category of braided funds shall include (but not be limited to): juvenile justice, child welfare, education (developmental disabilities), behavioral health, mental health, and private sources. (See pages 26 & 30-33)
- P. Task the Juvenile Services Committee with developing a decision matrix to establish YRTC entrance criteria that takes into account appropriate screening and assessment scores, seriousness of the crime, and the need for more intense interventions because of previous intervention failure. Task the committee with researching other states programs and information from national experts and research. (See pages 18-23; 26-27; & 34)
- Q. Require the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) and the Georgetown Center for Juvenile Justice Reform Crossover Youth Practice model to be implemented statewide. (See pages 27 & 34-35)
- R. Prioritize the creation of statewide technology solutions that utilize new technology and maximize the financial return on investment by reducing the number of full-time equivalent staff hours to: input child welfare and juvenile justice data; extract data for analysis from multiple systems; and efficiently share data across multiple stakeholders with a need to know and right to know pertinent child/youth information. Capitalize on the investigative work that is already being done by the Nebraska Children's Commission's Technology Workgroup. (See pages 28 & 35-36)
- S. Begin to address workforce issues through: workforce training and development; workforce technology solutions that allow for easier entry of documentation and data; and investigation of varied methods for recruitment and retention of workers at all levels of the child welfare and juvenile justice system. (See pages 28 & 37-39)

- T. Work with the Young Adult Voluntary Services and Supports Advisory Committee (LB 216, 2012) of the Nebraska Children’s Commission to extend voluntary services for children who are aging out of systems to include children who are in out of home placement and have been in the juvenile justice system. (See page 28)
- U. Establish and fund an Education Committee for At-Risk Youth as a standing committee of the Nebraska Children’s Commission, through additional legislation, to address the unique educational needs of children and youth in the Child Welfare and Juvenile Justice systems. Craft the legislation in such a manner that the Education Committee for At-Risk Youth will stand, even if the Nebraska Children’s Commission sunsets. (See pages 28 &39)

SYSTEM OF CARE RECOMMENDATIONS

- V. Require behavioral health regions, and state funded entities, to create a continuum of community-based services that are located within counties (groups of counties) or tribes so that youth remain connected to community and family. To achieve this goal, small rural counties are encouraged to work as a multi-county group to develop physically and financially accessible services. Encourage the Regional systems to prioritize the creation and funding of services to youth at risk for involvement in the juvenile justice system. (See pages 40-41)
- W. Establish adequate statewide Mental Health and Behavioral Health Services. Provide legislative support to establish a statewide evidence-based infrastructure of mental health and substance use disorder treatment services to be provided within communities. This will be established by addressing work force issues, adequate payment and funding for provided services, and monitoring and oversight of treatment service outcomes, but not limited to these interventions. (See pages 40-41)
- X. Create a juvenile justice specific division within the Division of Behavioral Health of the Department of Health and Human Services for behavioral health service delivery, whose responsibility will be collaborating with local, county, regional, and state entities to create the Continuum of Care. (See pages 40-41)

Additional information about this report is located in the appendices as follows:

- Appendix A – Committee Members
- Appendix B – LB 821 and LB 561 Committee Responsibilities
- Appendix C –Planning Documents and References

JUVENILE SERVICES (OJS) COMMITTEE MISSION, VISION, AND GOALS

The Legislature passed Legislative Bill 821 (LB 821) during the 2012 Legislative Session and created the Nebraska Children's Commission as a permanent forum for collaboration among state, local, community, public and private stakeholders in child welfare and juvenile justice programs and services. The intent of the Legislature in creating the Nebraska Children's Commission was to establish the group as a high-level leadership body with membership from legislative, executive and judicial branches along with system stakeholders, to improve the safety and well-being of children and families in Nebraska, by ensuring:

- integration, coordination, and accessibility of all services provided by the state, whether directly or pursuant to contract;
- reasonable access to appropriate services statewide;
- efficiency in service delivery; and
- availability of accurate and complete data as well as ongoing data analysis to identify important trends and problems as they arise.

LB 821 also created the Juvenile Services (OJS) Committee as a subcommittee of the Nebraska Children's Commission to:

- examine the structure and responsibilities of the Office of Juvenile Services as they existed on April 12, 2012;
- review the role and effectiveness of the Youth Rehabilitation and Treatment Centers (YRTCs) in the juvenile justice system and make recommendations to the Nebraska Children's Commission on the future role of the YRTCs in the juvenile justice continuum of care; and
- review the responsibilities of the Administrator of the Office of Juvenile Services (OJS administrator), including oversight of the youth rehabilitation and treatment centers and juvenile parole, and make recommendations to the Nebraska Children's Commission relating to the future responsibilities of the administrator.

The Juvenile Services (OJS) Committee held its first meeting on September 26, 2012. The committee began its thoughtful examination of the juvenile justice system by reviewing previous juvenile justice reform recommendations to determine what future changes, if any, needed to be recommended for the juvenile justice continuum of care. The committee's examination of the Nebraska Juvenile Justice system included:

- reviewing and updating the Legislative Resolution 196 (LR 196) interim study findings of the Nebraska Juvenile Correctional Facilities Master Plan Update;
- reviewing statistical information on both YRTC-Kearney and YRTC-Geneva;
- touring YRTC-Kearney and the Nebraska Correctional Youth Facility (NCYF);
- speaking with youth that were committed to the YRTC-Kearney or incarcerated at the NCYF;
- creating a proposed Juvenile Justice System Continuum of Service document; and
- creating an Ideal Juvenile Justice Treatment System matrix.

On May 29, 2013, the committee's legislative charge was revised with the passage of LB 561 which implemented initial juvenile justice reform. Due to the system restructuring that was legislated in LB 561, the committee's charge to review the responsibilities of the OJS administrator was eliminated and the review of the YRTCs was expanded to include:

- what populations should be served;
- what treatment services should be provided at the centers in order to appropriately serve those populations; and
- how mental and behavioral health services are provided to juveniles in secure residential placements and the need for such systems of care services in the juvenile justice system throughout Nebraska.

The committee was also charged with collaborating with the University of Nebraska at Omaha, the Juvenile Justice Institute, the University of Nebraska Medical Center, the Center for Health Policy, the behavioral health regions as established in section 71-807, and state and national juvenile justice experts to develop recommendations. In addition, if the committee's recommendations include maintaining the Youth Rehabilitation and Treatment Center-Kearney, the recommendations shall include a plan to implement a rehabilitation and treatment model by upgrading the center's physical structure, staff, and staff training and the incorporation of evidence-based treatments and programs. The committee's recommendations are to be delivered to the Nebraska Children's Commission and electronically to the Judiciary Committee of the Legislature by December 1, 2013.

The recommendations in this report are the product of a variety of strategic planning processes on the important work of reforming the juvenile justice system. The information is intended to be used in collaborative concert with the other child welfare reform efforts being undertaken by Department of Health and Human Services, the Nebraska Children's Commission, and the legislature. Therefore, the Juvenile Services (OJS) Committee would like to voice its continued support of the Nebraska Children's Commission vision to develop collaborative recommendations that strengthens both the child welfare and the juvenile justice systems by:

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

This report details the committee work and findings through December 2013 in completing the tasks assigned originally in LB 821 and more currently in LB 561. Although the committee's total assessment of all facets of the juvenile justice system is not complete, the committee offers the following recommendations to the Department of Health and Human Services (DHHS), the juvenile justice community, the Nebraska Children's Commission, and the Judiciary Committee of the Legislature on the future role of the youth rehabilitation and treatment

centers in the juvenile justice continuum of care and proposed changes for system wide juvenile justice reform.

After the review of LR 196, the Juvenile Services (OJS) committee began its strategic recommendation framing and planning process by crafting the committee's mission, vision and goals. The mission, vision and goals then formed the framework for the creation of the Ideal Juvenile Justice Treatment System matrix (see page 10).

MISSION:

Design a comprehensive, culturally competent, continuum of care in the juvenile justice system that provides accountability for youth and families, while maintaining public safety.

VISION:

- Continuous Leadership and Oversight
- Transparent System Collaboration with Shared Partnerships and Ownership
- Right Youth, Right Services, Right Time
- Family Centered and Youth Focused
- Consistent, Stable, Skilled, Effective Workforce
- Address Social, Racial, and Ethnic Disparities
- Data Driven Decision-making
- Consistent and Sustainable Funding

GOAL:

The Juvenile Services (OJS) Committee's goal is to work collaboratively with the executive, legislative, judicial and county branches of government; the Nebraska Children's Commission; and other key stakeholders to establish and support the development of the Ideal Juvenile Justice Treatment System that will prevent children and youth from entering or becoming more deeply involved in the juvenile justice system. (See Ideal Juvenile Justice Treatment System matrix on page 10)

The Ideal Juvenile Justice Treatment System

Core Principles: •Family inclusive •Community based •Needs based •Safe •Client centered •Evidence based •Adjustable						
Community Systems	Stakeholder Education	Screening and Assessments	Provider Capacity	Core Service Components	Service Quality	Re-entry Planning
Comprehensive effective prevention Access to needed services without court involvement Early identification through screenings, schools, primary care providers	Educate on treatment options to the Bar Association and others Engage judicial bench and legal parties in system design and evaluation Prosecutor role and education Law enforcement role and education	Timely and effective use of consistent tools across systems Strength based: family involved and youth identify needs Culturally and gender validated Evaluations occur in a safe and therapeutic environment Fluid process for selection of tools: make changes as needed	Licensed providers for youth Adequate provider compensation Grow qualified professional providers Skilled providers for the population they are serving Culturally and linguistically competent Training for the workforce	Maintain family contact and involvement during treatment Treatment that is developmentally and culturally appropriate Gender specific programming Treatment model to include substance abuse, mental illness, and behavioral health	Matching services to correct provider and correct location Fidelity to models Resources to train and measure fidelity Levels of services needed No eject, no reject Regular assessment of service plans and adjustments as necessary Incentivize evidence based/best practice	Discharge planning and after care supports Review of students returning to education system and timeliness of returns Based on treatment goals and objectives

Core Design Framework

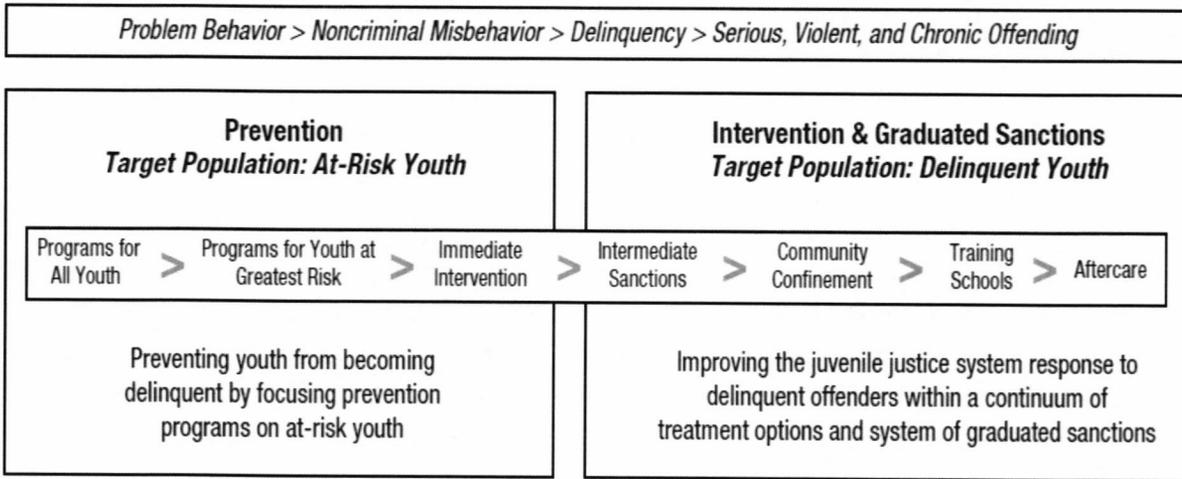
After review of current juvenile justice literature, the Juvenile Services (OJS) Committee identified core design framework elements to guide future service development processes and to aid in the assessment of the YRTC's. The Juvenile Services (OJS) Committee recommends utilizing the Child and Adolescent Service System Program (CASSP) Principles, the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders, and evidence-based practices as core design framework principles for all juvenile justice services created and provided in the state of Nebraska.

CASSP Principles

1. **Youth-centered:** Services are planned to meet the individual needs of the youth, rather than to fit the youth into an existing service. Services consider the youth's family and community contexts, are developmentally appropriate and youth-specific, and also build on the strengths of the youth and family to meet the mental health, social, spiritual, and physical needs of the youth.
2. **Family –focused:** Services recognize that the family is the primary support system for the youth. The family participates as a full partner in all stages of the decision-making and treatment planning process, including implementation, monitoring and evaluation. A family may include biological, adoptive and foster parents, siblings, grandparents and other relatives, and other adults who are committed to the youth. The development of mental health policy at state and local levels includes family representation.
3. **Community-based:** Whenever possible, services are delivered in the youth's home community, drawing on formal and informal resources to promote the youth's successful participation in the community. Community resources include not only mental health professionals and provider agencies, but also social, religious and cultural organizations and other natural community support networks.
4. **Multi-system:** Services are planned in collaboration with all the youth-serving systems involved in the youth's life. Representatives from all these systems and the family collaborate to define the goals for the youth, develop a service plan, develop the necessary resources to implement the plan, provide appropriate support to the youth and family, and evaluate progress.
5. **Culturally competent:** Culture determines our world view and provides a general design for living and patterns for interpreting reality that are reflected in our behavior. Therefore, services that are culturally competent are provided by individuals who have the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of a particular group of people.
6. **Least restrictive/least intrusive:** Services take place in settings that are the most appropriate and natural for the youth and family and are the least restrictive and intrusive available to meet the needs of the youth and family, while maintaining public safety.

Adapted from Pennsylvania Child and Adolescent Service System Program

Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders



Sources: Wilson & Howell (1993, 1994); Howell (2003a, 2003b, 2009)

1. Community primary prevention programs oriented toward reducing risk and enhancing strengths for all youth.
2. Focused secondary prevention programs for youth in the community at greatest risk who are not involved with the juvenile justice system or, perhaps diverted from the juvenile justice system.
3. Intervention programs tailored to identified risk and need factors, if appropriate, for first-time minor delinquent offenders provided under minimal sanctions, e.g., diversion or administrative probation.
4. Intervention programs tailored to identified risk and need factors for non-serious repeat offenders and moderately serious first-time offenders provided under intermediate sanctions, such as regular probation.
5. Intensive intervention programs tailored to identified risk and need factors for first-time serious or violent offenders provided under stringent sanctions, e.g., intensive probation supervision or residential facilities.
6. Multi-component intensive intervention programs in secure correctional facilities for the most serious, violent, and chronic offenders.
7. Post-release supervision and transitional aftercare programs for offenders released from residential and correctional facilities. (Lipsey, Howell, Kelly, Chapman, Carver 2010)

Source: Improving the Effectiveness of Juvenile Justice Programs – Center for Juvenile Justice Reform

Note: The term “evidence-based” in this document defines one of four levels: evidence-based, research-based, theory-based, and pilot program which may be used for services for youth and families.

Core Evaluation Framework

After review of current juvenile justice literature, the Juvenile Services (OJS) Committee determined that it was also important to establish a method of evaluating programs and services, as well as creating a process for Continuous Quality Improvement (CQI). Therefore, the Juvenile Services (OJS) Committee recommends utilizing the Standardized Program Evaluation Protocol (SPEP) for assessing Juvenile Justice programs. The SPEP creates a metric by assigning points to programs according to how closely their characteristics match those associated with the best recidivism outcomes for similar programs as identified in Lipsey's large (2009) meta-analysis of evaluation studies. Although the SPEP is focused on recidivism, the programs found in the meta-analysis to be effective for reducing recidivism also had positive effects on other outcomes such as family and peer relations, mental health symptoms, and school attendance.

Recommendations Report Framework

The following pages of the report provide background information from state and national experts, recommendations for other committees and workgroups that are engaged in Child Welfare and Juvenile Justice Systems reform, and rationale for the recommended changes to legislation, as well as to the juvenile justice culture and system. The Juvenile Services (OJS) Committee has attempted in this report to suggest a group that should be tasked with further developing the recommendations and ideas in this report. It is not the committee's intent to imply that these are the only initiatives or entities in the State of Nebraska to whom the recommendations or ideas in the report may apply.

JUDICIARY COMMITTEE RECOMMENDATIONS

Legislative Recommendations (2014 Legislative Session)

FOUNDATIONAL PRINCIPLES

- A. Establish and support a model for juvenile justice collaboration and implementation of necessary juvenile justice services across the state. This model of collaboration should include executive, legislative, judicial, and county branches of government.
- B. Create legislation that children in the juvenile justice system should be a priority.

LEGAL SYSTEM CHANGES

- C. Change statutory language so that all juvenile law violations (excluding minor traffic offenses) originate in juvenile court, for all youth under age 18. (See pages 10-12)
- D. Change statutory language to require that all youth have legal counsel and appropriate adequate funding for that requirement. (See pages 10-12)
- E. Consider changing statutory language to establish separate juvenile court districts statewide. (See pages 10-12)

CORE DESIGN FRAMEWORK

- F. Utilize the Child and Adolescent Service System Program (CASSP) Principles as a core design framework for creating community-based services for youth at each level of involvement in the juvenile justice system. (See page 11)
- G. Utilize the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders as a core design framework for creating community-based services for youth at each level of involvement in the juvenile justice system. (See page 12)
- H. Utilize Juvenile Justice Services that are Evidence-based. (See page 12)
- I. Utilize the Standardized Program Evaluation Protocol (SPEP) for assessing Juvenile Justice Programs. (See page 13)

YRTC RELATED RECOMMENDATIONS (LB 561)

- J. Create legislation that:
- Creates an intensive, highly structured treatment facility in an urban area with programming designed specifically for high-risk juvenile law violators (Level 5). Consider renovating an existing structure to expedite the creation of this facility. (See pages 18-23)
 - Transfers Level 5 identified youth from the YRTCs into their own treatment environment in the newly created facility. (See pages 18-23)
 - Requires the YRTCs to provide evidence based, trauma informed treatment for behavioral health disorders, mental health disorders, and substance use disorders to include appropriate medication assisted treatment. (See pages 18-23)
 - Continues any additional YRTC renovations to create an enhanced therapeutic environment for the remaining youth. (See pages 18-23)
 - Completes all necessary actions to transition the YRTCs into regionally based facilities, including assessment of the potential need to close certain structures based on population demands. (See pages 18-23)
 - Requires development of regionally based treatment facilities including the feasibility of transitionally redesigning the existing YRTC facilities, and other state run juvenile treatment facilities, into this regionally based framework. (See pages 18-23)

NEBRASKA CHILDREN'S COMMISSION RELATED RECOMMENDATIONS

- K. Establish the Juvenile Services Committee (formerly the Juvenile Services (OJS) Committee) as a standing committee of the Nebraska Children's Commission, through additional legislation, with the authority to implement the recommendations herein. Craft the legislation in such a manner that the Juvenile Services Committee will stand, even if the Nebraska Children's Commission sunsets. (See pages 24-35)
- L. Establish five sub-committees of the Juvenile Services Committee to provide input and oversight on: 1) Screening and Assessment tools; 2) Community-based programs; 3) SPEP design; 4) YRTC Transition/Level 5 creation; and 5) Social, Racial, and Ethnic Disparities. (See pages 24-35)
- M. Contract with a federal expert in juvenile systems reform for at least a two year period of time to provide expertise and oversight in the implementation of a comprehensive juvenile systems reform, and obtain and analyze system utilization data. (See pages 24-35)
- N. Establish and require uniform statewide screening and assessment tools, including educational assessments, which shall be conducted when youth first encounter the juvenile justice system, at various times when moving between levels of care, and when there is a change in clinical status or presentation. Screening and selective assessment should be conducted when youth enter residential programs, including the county juvenile detention centers and YRTCs. All juvenile justice entities (law enforcement, all legal representatives, and judicial entities) and system stakeholders must utilize and follow assessment recommendations. All assessment and recommendation information

obtained must be shared with all stakeholders who have a need to know and right to know to optimize care for each youth. (See pages 25-26 & 29-30)

- O. Incentivize counties (group of counties) or tribes by providing additional funds for entities that can demonstrate to the Nebraska Commission on Law Enforcement and Criminal Justice how they have successfully leveraged braided funds to maintain youth in community based programs. The category of braided funds shall include (but not be limited to): juvenile justice, child welfare, education (developmental disabilities), behavioral health, mental health, and private sources. (See pages 26 & 30-33)
- P. Task the Juvenile Services Committee with developing a decision matrix to establish YRTC entrance criteria that takes into account appropriate screening and assessment scores, seriousness of the crime, and the need for more intense interventions because of previous intervention failure. Task the committee with researching other states programs and information from national experts and research. (See pages 18-23; 26-27; & 34)
- Q. Require the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) and the Georgetown Center for Juvenile Justice Reform Crossover Youth Practice model to be implemented statewide. (See pages 27 & 34-35)
- R. Prioritize the creation of statewide technology solutions that utilize new technology and maximize the financial return on investment by reducing the number of full-time equivalent staff hours to: input child welfare and juvenile justice data; extract data for analysis from multiple systems; and efficiently share data across multiple stakeholders with a need to know and right to know pertinent child/youth information. Capitalize on the investigative work that is already being done by the Nebraska Children's Commission's Technology Workgroup. (See pages 28 & 35-36)
- S. Address workforce issues through: workforce training and development; workforce technology solutions that allow for easier entry of documentation and data; and investigation of varied methods for recruitment and retention of workers at all levels of the child welfare and juvenile justice system. (See pages 28 & 37-39)
- T. Work with the Young Adult Voluntary Services and Supports Advisory Committee (LB 216, 2012) of the Nebraska Children's Commission to extend voluntary services for children who are aging out of systems to include children who are in out of home placement as a result of the juvenile justice system. (See page 28)
- U. Establish and fund an Education Committee for At-Risk Youth as a standing committee of the Nebraska Children's Commission, through additional legislation, to address the unique educational needs of children and youth in the Child Welfare and Juvenile Justice systems. Craft the legislation in such a manner that the Education Committee for At-Risk Youth will stand, even if the Nebraska Children's Commission sunsets. (See pages 28 & 39)

SYSTEM OF CARE RECOMMENDATIONS

- V. Require behavioral health regions, and state funded entities, to create a continuum of community-based services that are located within counties (groups of counties) or tribes so that youth remain connected to community and family. To achieve this goal, small rural counties are encouraged to work as a multi-county group to develop physically and financially accessible services. Encourage the Regional systems to prioritize the creation and funding of services to youth at risk for involvement in the juvenile justice system. (See pages 40-41)

- W. Establish adequate statewide Mental Health and Behavioral Health Services. Provide legislative support to establish a statewide evidence-based infrastructure of mental health and substance use disorder treatment services to be provided within communities. This will be established by addressing work force issues, adequate payment and funding for provided services, and monitoring and oversight of treatment service outcomes, but not limited to these interventions. (See pages 40-41)

- X. Create a juvenile justice specific division within the Division of Behavioral Health of the Department of Health and Human Services for behavioral health service delivery, whose responsibility will be collaborating with local, county, regional, and state entities to create the Continuum of Care. (See pages 40-41)

YRTC RELATED RECOMMENDATIONS AND BACKGROUND INFORMATION

Recommendation: (See pages 4 & 15 – Item J)

Create legislation that:

- Creates an intensive, highly structured treatment facility in an urban area with programming designed specifically for high-risk juvenile law violators (Level 5). Consider renovating an existing structure to expedite the creation of this facility.
- Transfers Level 5 identified youth from the YRTCs into their own treatment environment in the newly created facility.
- Requires the YRTCs to provide evidence based, trauma informed treatment for behavioral health disorders, mental health disorders, and substance use disorders to include appropriate medication assisted treatment.
- Continues any additional YRTC renovations to create an enhanced therapeutic environment for the remaining youth.
- Completes all necessary actions to transition the YRTCs into regionally based facilities, including assessment of the potential need to close certain structures based on population demands.
- Requires development of regionally based treatment facilities including the feasibility of transitionally redesigning the existing YRTC facilities, and other state run juvenile treatment facilities, into this regionally based framework.

As noted above, the Juvenile Services (OJS) Committee is recommending that the juvenile justice system be transformed to a community-based system of care. In making this recommendation, the committee chose to consider how both YRTC- Kearney and YRTC – Geneva would function within the overall system recommendations. The Committee noted that the two programs differ significantly in the services offered and the populations they are serving. During the course of the committee deliberations, both facilities were engaged in the implementation of treatment and evidence-based services, staff training and program changes.

Based on the research that was done and extensive discussions, the committee has concluded that Nebraska will always have a need for facilities for the highest risk youth with significant treatment needs. However, the committee strongly believes that the role of the YRTCs will transition over time as the system is modified based on the reform efforts already implemented by passage of LB 561 and as new community-based systems are implemented. Kearney and Geneva YRTCs will be needed as a more regional, community-based system of care is implemented. However, it is anticipated that the role and population of both facilities will change.

Therefore, the committee believes that the future role cannot be fully projected until a continuum of community-based resources and therapeutic services are implemented regionally. Closure of either YRTC at the onset of system reform would be irresponsible. This must be a data-driven decision based on utilization and the assessed need of youth as community based Continua of Care are implemented and enhanced. During this process the committee believes the YRTCs must continue to move to a therapeutic modality.

The YRTC's Role within the Nebraska Juvenile Justice System

- In 2011, 13,143 Nebraska juveniles were taken into custody and charged with a felony, misdemeanor, or status offense.
- In FY 2011-2012, YRTC Kearney admitted 425 young men and YRTC Geneva admitted 140 young women. Thus, the two YRTCs provided services for around 3% of all juvenile arrests in 2011-2012.

Cost

- In FY 2009-2010 the total cost appropriated to the two YRTCs was \$17,122,474.
- In 2010, it cost an average of \$58,963 per youth in Geneva and \$29,298 per youth in Kearney.
- The average cost per day per youth was \$247 in Geneva and \$193 in Kearney in 2010-2011.

Population

- In August 2013 there were 130 youth in Kearney and 54 in Geneva on average.
- In FY 2012-2013, a total of 349 youth were admitted to Kearney and 110 to Geneva, which was a notable decline from FY 2011-2012 when there were 425 youth at Kearney and 140 at Geneva.
- In FY 2011-2012, the average daily population was 81 in Geneva and 160 in Kearney, which was at or above the capacity for both centers (82 for Geneva and 150 for Kearney).
- The average length of stay was 5.1 months in Kearney and 6.6 months in Geneva.
- In FY 2010-2011, the average age was 16 at both centers.
- White, non-Hispanic youth made up 43% of the population in Geneva and 46% in Kearney.
- Hispanic Youth made up 21% of the population at Geneva and 22% at Kearney.
- Black, non-Hispanic youth made up 18% of the population at Geneva and 24% at Kearney.
- American Indian youth made up 10% of the population in Geneva and 7% in Kearney.
- Lastly, 1% of the youth in Kearney were of Asian/Pacific Islander descent and 8% of the youth in Geneva were of "other" descent.
- The majority of the youth at Geneva and Kearney came from the Eastern or Southeastern Services (i.e., Lincoln and Omaha areas). In FY 2011-2012, 56% of the Youth in Kearney and 64% of the Youth in Geneva came from these two service areas.

Offenses

- In FY 2011-2012 the top five offenses of youth at YRTC Kearney were assault (88), theft (76), possession of drugs (45), burglary (44), and criminal mischief (43). The top five offenses among youth at Geneva were assault (48), theft (19), shoplifting (13), disturbing the peace (11), and criminal mischief (8).
- From FY 2007-2008 to FY 2009-2010, 27% of youth in both YRTCs were admitted for violent crimes, 10% for drug crimes, 41% from property crimes, 14% from public order offenses, 7% for probation offenses and 1% for status offenses.

Assaults

- In August 2012 through July 2013, there were 90 youth-on-staff assaults in Kearney and 22 in Geneva.
- In that same year, there were 174 youth-on-youth assaults in Kearney and 11 in Geneva.

YLS Scores

- The Youth Level of Service (YLS) is a risk/needs assessment and case management tool used to define the level of risk for youth entering the juvenile justice system.
- Of the 349 youth admitted to Kearney in FY 2012-2013, 3 (0.9%) scored very high on the YLS, 282 (80.8%) scored high, 58 (16.6%) scored moderate, and 6 (1.7%) scored low.
- Of the 110 youth admitted to Geneva in FY 2012-2013, 2 (1.8%) scored very high on the YLS, 69 (62.7%) scored high, and 39 (35.5%) scored moderate.

Behavioral Health

- Youth at Geneva exhibited the following behavioral health issues/diagnoses in FY 2012-2013 on the Mental Health Assessment (MHA): depression (28%), conduct disorder (28%), oppositional behavior (22%), substance abuse (59%), mood disorders (10%), and antisocial behaviors (14%), among others. In addition, 42% of Geneva youth had an elevated suicidal/self-harm risk identified at admission based on the Massachusetts Youth Screening Instrument (MAYSI), and 32% had been self-injurious prior to admission based on the Voiced Inventory of Self-Injurious Actions (VISA).
- Youth at Kearney exhibited the following behavioral health issues/diagnoses in FY 2012-2013 on the MHA: conduct disorder (64%), ADHD (45%), cannabis abuse (39%), alcohol abuse (31%), impulse control disorder (25%), oppositional defiant disorder (21%), mood disorder (19%), a history of self-harm behaviors (11%), depressive disorder (8%), bipolar disorder (8%), and PTSD (6%), among others.

Recommitments

- On July 1, 2013 there were 134 youth at Kearney and 59 at Geneva, of these 14 (10%) youth at Kearney were recommitments and 4 (7%) youth at Geneva were recommitments.
- In a study conducted of Lancaster County youth admitted to the YRTC's it was found that 29% of youth released from Kearney were eventually readmitted to the same facility and 11% of youth released from Geneva were readmitted back to Geneva (Hobbs, 2012).

YRTC Data Summary

Following is a summary of the data that was reviewed in consideration of the review of the role and function of YRTC's.

In FY 2012-2013, a total of 350 youth were admitted to YRTC-Kearney and 110 to YRTC-Geneva, which was a notable decline from FY 2011-2012 when there were 425 youth at Kearney and 140 at Geneva. Youth at the centers stayed for an average of 5.1 months at Kearney and 6.6 months in Geneva. Ethnic and racial minorities comprise 54% of the population at Kearney and

57% of the population at Geneva. The leading offense for youth at both centers is assault and violent behaviors are common at the centers, especially at Kearney. From August 2012 through July 2013, there were 90 youth-on-staff assaults at Kearney and 22 in Geneva. In that same time period, there were 174 youth-on-youth assaults in Kearney and 11 in Geneva.

Youth at both centers appear to be in need of a variety of services and treatment modalities. In FY 2012-2013, the vast majority of youth (81% at Kearney and 63% at Geneva) scored "high" on the Youth Level of Service (YLS) assessment. However, a very low percentage scored "very high" on the YLS (0.9% at Kearney and 1.8% at Geneva). The vast majority of youth exhibit an issue with substance abuse, albeit at varying levels. In Kearney cannabis abuse was assessed among 39% of the population, and alcohol abuse in 31% of the population in FY 2012-2013, among numerous other substance-related issues.

Overall, it was reported by YRTC leadership that 91% of the population at Kearney has some form of substance issue. At Geneva, 59% of the population was assessed as having a substance abuse issue. In addition to these substance abuse related issues, conduct disorder (64% at Kearney and 28% at Geneva) and oppositional defiant disorder (21% at Kearney and 22% at Geneva) were assessed with notable frequency among the youth. Lastly, 42% of Geneva youth had an elevated suicidal/self-harm risk identified at admission.

Recommended Next Steps

If our goal is to create a juvenile justice system that is truly rehabilitative and gives young people the tools they need to contribute to society, we must reform and restructure the YRTCs. While reform is never easy, implementing national best practice will benefit youth, communities, and state as a whole. (YRTC Issue Brief, Voices for Children in Nebraska)

Recommended YRTC Treatment Services Transition:

Residential Juvenile Justice Services should be provided within a Therapeutic Milieu –A therapeutic milieu views every interaction between a youth and staff as an opportunity for therapy and skills training. In order to provide consistent treatment to all youth, all staff who interact with youth, including staff that may not view themselves as therapists in the traditional sense are trained in the therapeutic model (Lee, 2013).

Recommended DHHS Actions:

1. Continue to establish a therapeutic milieu treatment culture in the YRTCs.
2. Provide staff with initial and ongoing training in foundational evidence-based practices, including behavioral analysis; contingency management; cognitive-behavioral therapy; effective behavioral management techniques and delivering skills training in social,

problem solving, and anger management skills, with a goal of implementing Dialectical Behavior Therapy (DBT) (see Lee, 2013, page 23).

3. Prioritize and support a rehabilitation culture in the YRTC's through partnering with direct care staff leaders, proper resources, ongoing training, continuous program improvement efforts, incentives for targeting outcomes, and administrative backing (Lee, 2013).
4. Assure YRTC staffing meets national norms for implementing rehabilitation services (Lee, 2013).
5. Increase organization, intensity, and range of treatment services in both facilities (Lee, 2013).
6. Modify classification and programming to align youth risk levels with intensity and type of treatment, and reinforce positive youth behavior (Lee, 2013).
7. Update policies addressing self-harm and aggressive behavior to align administrative procedures with effective clinical management (Lee, 2013).
8. Implement instruments and tools to measure youth functioning and progress (Lee, 2013).
9. Facilitate increased family involvement and family and youth voice (Lee, 2013).
10. Significantly increase non-contingent telephone contact between youth and family (Lee, 2013).
11. Use technology such as video conferencing for more frequent youth/family contact.
12. Enhance and maintain the role of youth councils and youth voice in changes within the YRTC's.

YRTC Facilities

Recommended DHHS Actions:

1. Continue to invest in renovation of the YRTC facilities, especially Kearney, to transform the facility in a manner that enhances and supports the selected treatment model.
2. Maintain YRTC facilities to meet safety and service standards while the transition process occurs but do not make major changes during the implementation of the system.
3. On an annual basis review utilization data and close cottages, as needed.
4. If it is determined to use YRTC for a high-risk/high-need population, based on the treatment needs and best practices for serving that population, build or renovate the campus structure to meet those needs.

YRTC Population

Recommended Juvenile Services Committee (JSC) Assignments:

1. Monitor the population trend each year as the regional system is implemented for impact on the YRTCs utilization and treatment program requirements.
2. Work with DHHS to identify the actual number of youth statewide who are at high risk of violent crimes against other persons and require a high-level of treatment.
3. Provide annual updates to the Nebraska Children's Commission and the Judiciary Committee of the Legislature on the progress towards transitioning the YRTCs into a statewide, regionally based rehabilitation and treatment framework.

NEBRASKA CHILDREN'S COMMISSION RECOMMENDATIONS

Core Principle

“Leadership is a key underpinning requirement for success in achieving all of the strategic recommendations in order to meet the defined goals.”

(Nebraska Children’s Commission, Phase I Strategic Plan)

This report was created as a broad consensus document that provides a framework and structure for development of more detailed and specific recommendations and strategies in 2014 and beyond. The legislature’s charge to the Juvenile Services (OJS) Committee was originally broad and far-reaching. Committee members undertook development of this plan for state-wide child welfare and juvenile justice reform with awareness of the importance of arriving at a shared vision and goals as an underpinning for subsequent discussion and decision making regarding myriad substantive issues.

Comprehensive system reform and the implementation of the recommendations in this document require continuous leadership and oversight. The Juvenile Services (OJS) committee members are committed to continuing the leadership journey that was started in 2012 and to taking ownership for a successful outcome to this reform effort. However, the optimal structure would include leadership from state and private entities with the decision making authority for system reform. There are many entities charged with portions of this work but no one entity with overarching system decision making. The long term framework requires input and consensus from many entities.

Should there be political will to allow the Juvenile Services Committee to continue, subsequent work by this committee will include further study of complex issues and additional recommendations for child welfare and juvenile justice system reform that is responsive to needs, dynamic in nature, and effective in delivering services in all geographic areas of a state with both urban and rural challenges.

The committee looks forward to expanding the collaborative efforts as outlined in this document.

Juvenile Services Committee and Sub-committees:

Recommendations:

Establish the Juvenile Services Committee (formerly the Juvenile Services (OJS) Committee) as a standing committee of the Nebraska Children’s Commission, through additional legislation, with the authority to implement the recommendations herein. Craft the legislation in such a manner that the Juvenile Services Committee will stand, even if the Nebraska Children’s Commission sunsets. (See pages 4 &15 – Item K)

Contract with a federal expert in juvenile systems reform for at least a two year period of time to provide expertise and oversight in the implementation of a comprehensive juvenile systems reform, and obtain and analyze system utilization data. (See pages 5 & 15 – Item M)

The Juvenile Services (OJS) Committee is recommending that the Juvenile Services Committee be comprised of, but not limited to, the following representatives:

- Department of Education
- Courts
- Department of Health and Human Services
- Legislative Representatives
- Probation
- Diversion
- Advocacy Groups
- Universities
- Crime Commission
- Providers
- Law Enforcement
- Behavioral Health Physicians
- Ombudsman
- NAACO
- Consumers
- Foster Care Review
- Corrections
- Special Education
- County Attorney
- Advisory Council
- Juvenile Justice
- Vocational Rehabilitation

It is anticipated that the JSC would work with the federal expert to enhance oversight of the juvenile services system reform efforts.

Recommendation:

Establish five sub-committees of the Juvenile Services Committee to provide input and oversight on: 1) Screening and Assessment tools; 2) Community-based Programs; 3) SPEP Design; 4) YRTC Transition/Level 5 Creation; and 5) Social, Racial, and Ethnic Disparities. (See pages 4, 5, & 15 – Item L)

The Screening and Assessment Tools sub-committee would have the responsibility of working on the statewide screening and assessment recommendation to identify areas of needed collaboration and future policy development.

Recommendation:

Establish and require uniform statewide screening and assessment tools, including educational assessments, which shall be conducted when youth first encounter the juvenile justice system, at various times when moving between levels of care, and when there is a change in clinical status or presentation. Screening and selective assessment should be conducted when youth enter residential programs, including the county juvenile detention centers and YRTCs. All juvenile justice entities (law enforcement, all legal representatives, and judicial entities) and system stakeholders must utilize and follow assessment recommendations. All assessment and recommendation information obtained

must be shared with all stakeholders who have a need to know and right to know to optimize care for each youth. (See pages 5, 15-16 – Item N)

The Community-based Programs sub-committee would have the responsibility of working with child welfare and juvenile justice stakeholders, including the Nebraska Children’s Commission Community Ownership of Child-Wellbeing Workgroup and the Nebraska Commission on Law Enforcement and Criminal Justice to identify areas of services gaps and encourage development and priority funding of needed juvenile justice treatment system services. The sub-committee would give priority to implementation of the following recommendation:

Recommendation:

Incentivize counties (group of counties) or tribes by providing additional funds for entities that can demonstrate to the Nebraska Commission on Law Enforcement and Criminal Justice how they have successfully leveraged braided funds to maintain youth in community based programs. The category of braided funds shall include (but not be limited to): juvenile justice, child welfare, education (developmental disabilities), behavioral health, mental health, and private sources. (See pages 5 & 16 – Item O)

The SPEP Design sub-committee would have the responsibility of developing a framework for the use of SPEP as an evidence-based evaluation tool. The sub-committee would give priority to implementation of the following recommendations:

Recommendations:

Utilize Juvenile Justice Services that are Evidence-based. (See page 12)

Utilize the Standardized Program Evaluation Protocol (SPEP) for assessing Juvenile Justice Programs. (See page 13)

The YRTC Transition/Level 5 Creation sub-committee would have the responsibility for oversight of the monitoring of data and trends related to the YRTC transition and Level 5 facility creation. The sub-committee would give priority to implementation of the following recommendations:

Recommendations: (See pages 4 & 15 – Item J)

Create legislation that:

- Creates an intensive, highly structured treatment facility in an urban area with programming designed specifically for high-risk juvenile law violators (Level 5). Consider renovating an existing structure to expedite the creation of this facility.

- Transfers Level 5 identified youth from the YRTC's into their own treatment environment in the newly created facility.
- Requires the YRTC's to provide evidence based, trauma informed treatment for behavioral health disorders, mental health disorders, and substance use disorders to include appropriate medication assisted treatment.
- Continues any additional YRTC renovations to create an enhanced therapeutic environment for the remaining youth.
- Completes all necessary actions to transition the YRTC's into regionally based facilities, including assessment of the potential need to close certain structures based on population demands.
- Requires development of regionally based treatment facilities including the feasibility of transitionally redesigning the existing YRTC facilities, and other state run juvenile treatment facilities, into this regionally based framework.

Task the Juvenile Services Committee with developing a decision matrix to establish YRTC entrance criteria that takes into account appropriate screening and assessment scores, seriousness of the crime, and the need for more intense interventions because of previous intervention failure. Task the committee with researching other states programs and information from national experts and research. (See pages 5 & 16 – Item P)

The Social, Racial, and Ethnic Disparities sub-committee would have the responsibility of ensuring that uniform processes exist at each decision point of the juvenile justice system that will promote fairness for all youth, and help address Disproportionate Minority Contact (DMC). The sub-committee would give priority to implementation of the following recommendation:

Recommendation:

Require the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) and the Georgetown Center for Juvenile Justice Reform Crossover Youth Practice model to be implemented statewide. (See pages 5 & 16 – Item Q)

Nebraska Children’s Commission – Technology Workgroup:**Recommendation:**

Prioritize the creation of statewide technology solutions that utilize new technology and maximize the financial return on investment by reducing the number of full-time equivalent staff hours to: input child welfare and juvenile justice data; extract data for analysis from multiple systems; and efficiently share data across multiple stakeholders with a need to know and right to know pertinent child/youth information. Capitalize on the investigative work that is already being done by the Nebraska Children’s Commission’s Technology Workgroup. (See pages 5 & 16 – Item R)

Nebraska Children’s Commission – Workforce Workgroup:**Recommendation:**

Address workforce issues through: workforce training and development; workforce technology solutions that allow for easier entry of documentation and data; and investigation of varied methods for recruitment and retention of workers at all levels of the child welfare and juvenile justice system. (See pages 5 & 16 – Item S)

Nebraska Children’s Commission – Young Adult Voluntary Services and Supports Advisory Committee:**Recommendation:**

Work with the Young Adult Voluntary Services and Supports Advisory Committee (LB 216, 2012) of the Nebraska Children’s Commission to extend voluntary services for children who are aging out of systems to include children who are in out of home placement as a result of the juvenile justice system. (See pages 6 & 16 – Item T)

Nebraska Children’s Commission – Education Committee for At-Risk Youth (proposed new committee):**Recommendation:**

Establish and fund an Education Committee for At-Risk Youth as a standing committee of the Nebraska Children’s Commission, through additional legislation, to address the unique educational needs of children and youth in the Child Welfare and Juvenile Justice systems. Craft the legislation in such a manner that the Education Committee for At-Risk Youth will stand, even if the Nebraska Children’s Commission sunsets. (See pages 6 & 16 – Item U)

Recommended Next Steps

Juvenile Services Committee:

1. Increase capacity for leadership development in the juvenile justice system.
 - Identify current juvenile justice leaders and develop network opportunities.
 - Partner with NJJA and other stakeholders to develop a juvenile justice leadership academy.
2. Establish an interagency prevention-centered collaborative group to create a shared framework of primary and secondary prevention services through community based collaboration, use of evidence based programs, policies and practices, and public private partnerships with braided federal, state, and community resources, which includes representation from and opportunities for participation by family members, youth and advocates.
3. Require concrete processes for assuring the partnerships with youth, families, communities, and diverse racial and ethnic groups in the development of the system.
4. Develop a formula to reduce “deep-end” and high-end utilization.

Juvenile Services Committee - Screening and Assessment Tools Sub-committee:

Note: This subcommittee would have the responsibility of working on the statewide screening and assessment recommendation to identify areas of needed collaboration and future policy development.

“In addition to providing superior outcomes, matching youth needs with service and placement levels is the most efficient use of public resources.” (Lee, 2013)

Proposed Sub-committee Action Items:

1. Establish standardized evidence based screening and assessment tools to be used which reflect strengths and needs (Lee, 2013).
2. Assure the range of instruments address initial screening, general screening, risks and needs, adaptive functioning in multiple domains, mental health concerns, substance use disorders, and family functioning.
3. Establish use of a common validated instrument to identify the most violent offenders, felony recidivists, and potential chronic offenders among second time offenders.
4. Design a method for creating a paradigm shift of “assessment before action” at the first contact with law enforcement and/or schools through the creation of assessment centers.
5. Assure screening/assessment and services are in place in an expedited, age-appropriate, timely manner and result in a timely, targeted, systematic response based on that assessment.

- Develop/research guidelines for each system response.
 - Educate system “players”
 - Utilize validated/evidenced-based screening tools
 - Develop concept of a Juvenile Intake Assessment Center (JIAC)
 - Develop criteria for referral
6. Develop family-centered and person-centered policies and practices for assessment, goal and objective planning; service selection; treatment and evaluation that are compatible with other systems, such as mental health and child protective services to assure a cross trained work force and enhanced family engagement through knowledge and skills.

Juvenile Services Committee – Community –based Programs Sub-committee:

Note: This sub-committee would have the responsibility of working with child welfare and juvenile justice stakeholders, including the Nebraska Children’s Commission Community Ownership of Child-Wellbeing Workgroup and the Nebraska Commission on Law Enforcement and Criminal Justice to identify areas of services gaps and encourage development and priority funding of needed juvenile justice treatment system services.

“In addition to providing superior outcomes, matching youth needs with service and placement levels is the most efficient use of public resources.” (Lee, 2013)

“Youth with complex needs require coordinated efforts to be maintained in the community because multiple individuals and systems are often involved, and problems in one area of the treatment plan can jeopardize the viability of the entire community placement.” (Lee, 2013)

“Expand youth and family voice and choice, including partner and mentor programs throughout the Nebraska juvenile justice systems.” (Lee, 2013)

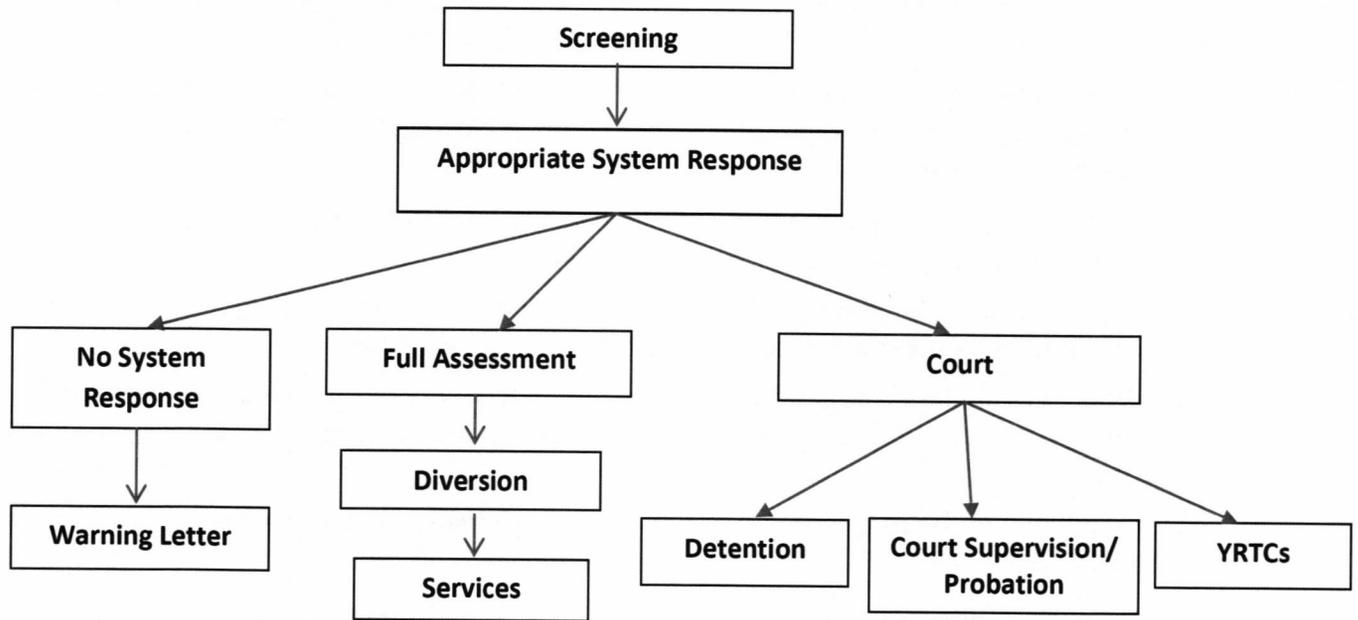
Proposed Sub-committee Action Items:

1. Work with the Community Ownership of Child Well-being workgroup to consider giving priority to the development of primary prevention programs for all youth that have shown promising trends in helping youth at higher risk of entering the juvenile justice system.
2. Develop public/private partnerships.
 - Identify and document existing collaborations and initiatives at state and local level.
 - Partner with Nebraska Children’s Commission Community Ownership workgroup.
 - Educate juvenile justice to get involved.
 - Create a uniform way of informing the state on this work.
3. Enhance emphasis on, and training for broad based community collaborations to play prominent roles in community assessment, planning and change especially in regard to collective impact (Lee, 2013).

4. In conjunction with public and private partners identify a common process for evaluating collaborative capacity and collective impact to inform practice of collaborative groups.
5. Services will be community-based. In conjunction with counties, collaborative groups, and other systems (e.g., behavioral health, child protective services) identify geographic natural ecologies (county and groups of counties) for the development of youth services.
6. Conduct assessments of the array of services in each of these counties/multi-county areas, which include utilization, need, gaps, and quality evaluations; mapping of evidence based practices; cultural responsiveness; and staffing requirements.
7. As part of the assessment of the array of services, identify those resources which can be re-designed within the levels of the Continuum of Care such as staff-secure and detention facilities.
8. Employ evidence-based practices such as Trauma Informed Care to reduce the utilization of “out-the-door” practices with youth.
9. Develop and implement an information package on the systems change theory and best practices to be provided to community and state stakeholders.
10. Based on population size, develop a continuum of county or multi-county community-based resources from prevention to treatment that are cost shared by the county and the state.
11. Based on population size, develop a continuum of county or regional services community-based treatment.
12. Strengthen and assure youth and family voice in community-based and residential milieus through existing youth councils and family partner organizations (Lee, 2013).
13. Develop alumni opportunities to mentor and support youth (Lee, 2013).
14. Provide assistance and support in arranging transportation for family members to visit youth who may need to reside outside of a reasonable distance for visitation or for whom family circumstances preclude ability to travel.

15. Further develop the continuum of care concept for services close to home that are accessible financially and geographically to all youth being served.

- a. Conduct an analysis of current systems and identify holes in those systems
- b. Identify what the ideal system responses should include
 - No system response “out-the-door”
 - Diversion
 - Court involvement



16. Collaborate on developing all aspects of Primary Prevention, Secondary Prevention, Interventions and Graduation Sanctions.

Primary Prevention

A consistent, sustained focus on primary prevention for all youth addresses the long-term outcomes for youth and families within the community setting through braided resources from multiple disciplines. These resources also support re-entry for those few youth who may need a higher level of rehabilitative or treatment services.

1. Utilizing a public health model which reduces risk and enhances protective factors, and braided funding, develop and sustain universal evidence-based prevention programs which target all youth and secondary prevention programs which target pre-delinquent youth who are assessed for risk factors but have not yet appeared in the juvenile justice system or youth who have been referred to the system, judged to be at risk and diverted to the prevention program in schools and communities.

2. Implement early identification of youth risks and needs and community-based response through screenings in schools and through primary caregivers.
3. Assure access to needed mental health and health services without “system” involvement through the availability of community resources for early response.
4. Establish educational systems policies which encourage schools to retain high risk, abused, and neglected youth without performance penalties.
5. Establish policies and practices which enhance and encourage community and family acceptance of responsibility for youth.
6. Assure that every youth in the state of Nebraska has a medical home.
7. Develop common “cross systems” evaluation measures to reduce administrative impact on communities while assuring measurement of agreed upon well-being indicators.

Secondary Prevention, Interventions and Graduated Sanctions

“Treating youth in less restrictive settings is less disruptive to development.” (Lee, 2013)

Establish guidelines, policies/procedures, structured decision-making tools, and/or statutes for decisions relating to:

1. Assuring that treatment and placement are based on the youth need and risk.
2. Detaining youth only when they are at risk to fail to appear in court or commit a new crime.
3. Using graduated sanctions.
4. Placing youth in the least restrictive treatment settings.
5. Use of restrictive treatment settings only after non-response to intensive community-based services, demonstrated needs, or a youth represents a community safety concern.
6. Placing youth in a YRTC only when community safety concerns exist or after non-response to less restrictive settings. Develop guidelines to restrict YRTC placement to only those youth adjudicated of the most serious offenses or who present a danger to the community.
7. Placing youth in out-of-state treatment programs should be reserved for demonstrated treatment needs or where to do so is economically viable and places the child in closer proximity to the family. Review of out-of-state placements should occur annual to determine need for developing services within Nebraska (Lee, 2013).

Juvenile Services Committee – SPEP Design Sub-committee:

Note: This subcommittee would have the responsibility of developing a framework for the use of SPEP as an evidence-based evaluation tool.

Proposed Sub-committee Action Items:

1. Identify additional therapeutic program requirements for the Juvenile Justice System based on the findings of the SPEP.
2. Identify evidence-based, cost effective treatments to address identified needs of youth and community stakeholder concerns and implement these within the local community.

Juvenile Services Committee – YRTC Transition/Level 5 Creation Sub-committee:

Note: This subcommittee would have the responsibility for oversight of the monitoring of data and trends related to the YRTC transition and Level 5 facility creation.

Proposed Sub-committee Action Items:

See report page 23 – YRTC Population for sub-committee action items. The YRTC section of the report can be found on pages 18 – 23.

Juvenile Services Committee – Social, Racial, and Ethnic Disparities Sub-committee:

Note: This sub-committee would have the responsibility of ensuring that uniform processes exist at each decision point of the juvenile justice system that will promote fairness for all youth, and help address Disproportionate Minority Contact (DMC).

“Implementing more uniform processes at each decision point of the juvenile justice system will promote fairness for all youth, and help address DMC.” (Lee, 2013)

Proposed Sub-committee Action Items:

1. Implement recommendations from the Nebraska Disproportionate Minority Contact (DMC) Assessment (Hobbs, 2012).
2. Implement a uniform process at each decision point of the juvenile justice system to promote fairness for all youth and help address DMC including, implementing standardized assessment tools, structured decision making tools, and standard sentencing guidelines (Lee, 2013).
3. Assure that transfer of minority youth to criminal court is reserved for specifically defined most serious of crimes (Lee, 2013).
4. Establish common definitions and data collection practices on race and ethnicity.
5. Ensure cultural competency, reasonable caseload sizes, and measure the quality of service and supervision provided
 - a. Investigate and adopt standards appropriate to relative caseload size.

- b. Develop internal controls that define quality of service utilizing best practices models.
 - c. Set standards for competency expectations of supervisory personnel.
 - d. As part of the mission, focus on developing cultural competency at all levels.
6. Expand the usage of the Juvenile Detentions Alternatives curriculum for reviewing minority contact and in the juvenile detention system.
 7. Include minority youth and families in the system design and ongoing system assessment, including access to legal counsel, through processes that promote safety and support in speaking publicly.
 8. Implement utilization of resources from the Office of Juvenile Justice and Delinquency Prevention DMC Virtual Resource Center as part of on-going training (Lee, 2013).

Nebraska Children’s Commission – Technology Workgroup:

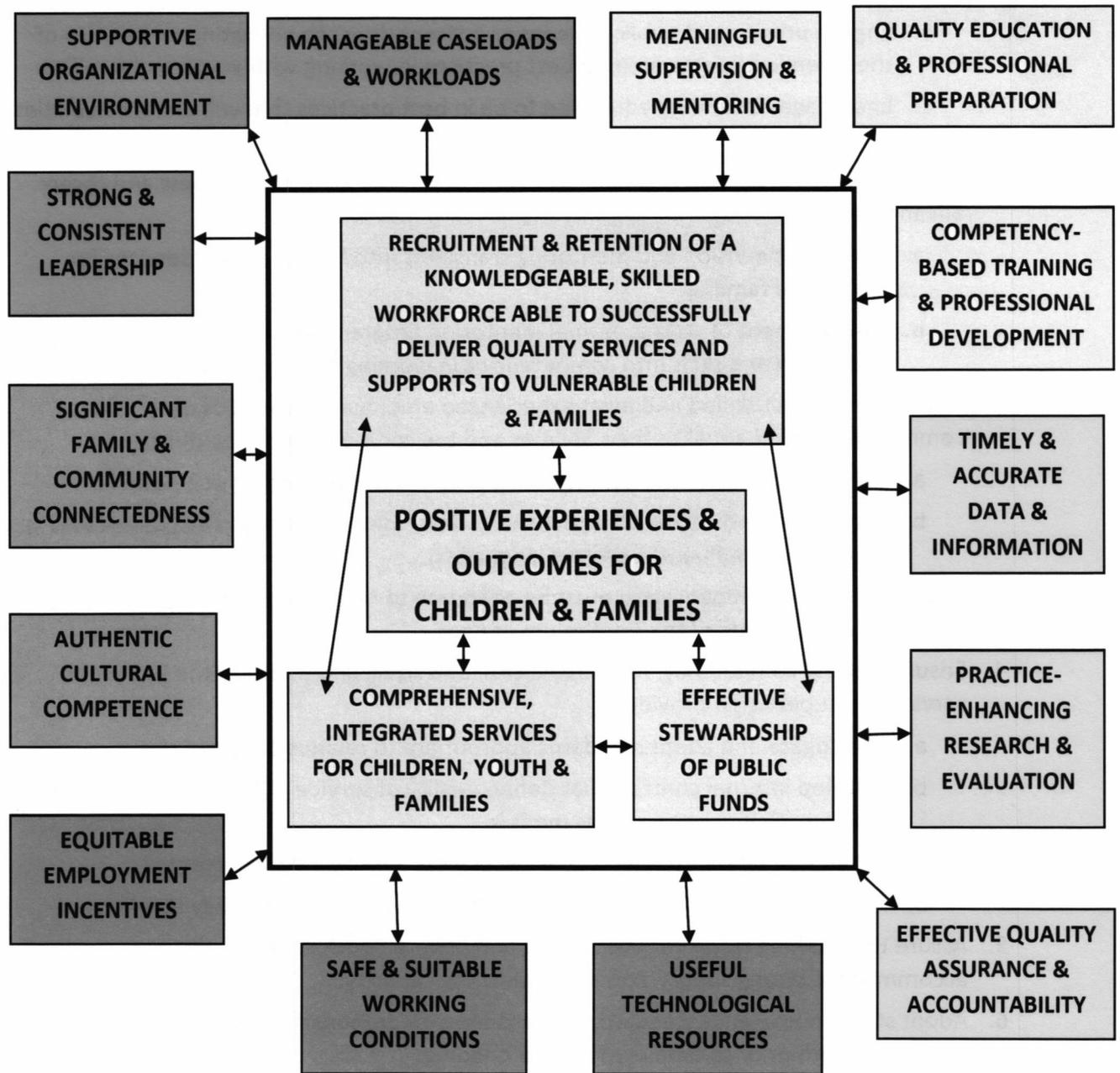
“ . . . data must be collected on critical variables like graduation rates, or GED attainment, employment, programming options, and recidivisms rates. This data will help inform future efforts toward a shared data system and will help identify where gaps in services exists.”
 (Hobbs, 2012)

Proposed Workgroup Action Items:

1. Promote Information sharing:
 - Develop common definitions of key system points (i.e. – entry, exit, etc.).
 - Develop and define common outcome measures (i.e. – recidivism, case processing, etc).
 - Ensure data efforts include juvenile justice.
 - Develop information sharing agreements across systems (education, justice, etc).
 - Utilize technical assistance from national experts.
2. Information should follow a youth/family through a timely common data sharing system.
3. Create a state system that makes data accessible at both the individual and policy levels.
 - a. Review current statutes and agency policy to determine what can be shared.
 - b. Educate/explain to family and youth why we want to share data (prevent duplication-increase coordination).
 - c. Explore legislative responses to sharing data for public policy/research.
 - d. Develop information sharing agreements across systems (education, justice, behavioral health) to monitor and assess outcome indicators.
4. Identify and uniformly collect meaningful data that assists in measuring individual progress and system wide change.

5. Establish training and decision making that assures that the workforce culture relies on data.
 - a. Inform staff on reasons for quality data.
 - b. Increase accountability/quality assurance through the use of data.
 - c. Use data on a daily basis in agencies.
6. Assure recording systems at the front line level benefit from use of electronic systems and do not receive undue burden for recording.

14 COMPONENTS TO SUPPORT AN EFFECTIVE WORKFORCE



Source: Children’s Defense Fund – Components of an Effective Child Welfare Workforce to Improve Outcomes for Children and Families: What does the Research Tell Us?

Proposed Workgroup Action Items:

1. Foster working with youth as a professional and career choice.
 - a. Incentivize college students to enter the profession by offering tuition remission and/or reimbursement.
 - b. Engage private and public colleges as a “front door” to educating employees of the juvenile justice system in best practices in working with youth and families.
 - c. Encourage continuing education to be in best practices that will enhance abilities of employees to serve youth and families.
2. Provide adequate support, training, and mentoring that allows for success and career advancement.
 - a. Strong supervision and mentoring translates into higher quality services for youth and families.
 - b. Development of strong, formal mentoring programs to enhance transfer of education and skills into competencies in working with youth and families.
3. Ensure the highest skilled and most experienced employees receive cases commensurate and equal to their abilities and are compensated accordingly.
 - a. Identify core skills and abilities needed to work with specific populations.
 - b. Provide incentives for employees who have specialized, high risk caseloads (e.g., those who are fluent in certain languages).
 - c. Employee compensation must be adequate to recruit and retain qualified staff in all components of the Continuum of Care.
4. Ensure cultural competency, reasonable caseload sizes, and measure the quality of service and supervision provided
 - a. Investigate and adopt standards appropriate to relative caseload size.
 - b. Develop internal controls that define quality of service utilizing Evidence Based Practice (EBP)/best practices models.
 - c. Set standards for competency expectations of supervisory personnel.
 - d. As part of the mission, focus on developing cultural competency at all levels.
5. Assure that staffing ratios for both public and private youth serving sectors accommodate strong supervision and mentoring capacity.
6. Adopt state competency standards and ensure staff demonstrate competency standards, both prior to employment and ongoing.
7. Assure that the juvenile justice workforce receives ongoing training about social inequalities and cumulative disadvantage.
8. Train on social equality and cumulative disadvantage.
9. Partner with the System of Care planning related to recruitment, retention, and training staff.
10. Recruitment should target retired people and college students.

11. Assure that all staff members are included in planning for and development of the “big picture”.
12. Ensure consistent programming as system moves to a regional structure.
13. Train workforce in evidence-based family-centered assessment, planning and engagement tools and practices (Lee, 2013).
14. Develop and assure accountability to policies and practice which assure that families are fully involved in decision making from pre-filing onwards.
15. Provide refresher trainings on the purpose and philosophy of juvenile court (Lee, 2013).
16. Create a culturally competent workforce by hiring and training individuals who have the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of a particular group of people.
17. Provide ongoing opportunities for prosecutors to understand juvenile justice, adolescent development, and evidence-based practices available in the community.
18. Establish a state recruitment campaign and incentives to address shortage of mental health professionals.
19. Establish statewide competency standards for community and residential front line workers, supervisors, and administrators.
20. Promote employment by persons from racial and ethnic backgrounds representative of the population served.
21. Partner with two and four-year schools to create specific degrees/certifications which respond to the core competencies and can be delivered in the college or workplace settings.
22. Establish a process to grandfather in existing staff.
23. Establish higher education incentives for those entering the youth care profession which allows for low interest and/or loan forgiveness for years of service.

Nebraska Children’s Commission - Education Committee for At-Risk Youth (new committee):

1. Review issues related to school attendance and performance and recommend planning for intervention with the youth.
2. Help evaluate educational processes when considering the correct setting for the youth.
3. In whatever role the YRTC facilities will have in the future, evaluation and consideration should be given to the education schedule for the youth and when they return to the community (i.e. the youth is able to return to a school in the community at the beginning of a quarter or semester).

SYSTEM OF CARE PLANNING GRANT RECOMMENDATIONS

Nebraska was awarded a System of Care (SOC) planning grant after the Juvenile Services Committee was charged with reviewing mental and behavioral health services for youth. The SOC planning process will provide a more extensive approach to this component of the Juvenile Services System Reform. The following recommendations are made in response to the charge to the Juvenile Services Committee and for the System of Care planning process.

Recommendations:

Require behavioral health regions, and state funded entities, to create a continuum of community-based services that are located within counties (groups of counties) or tribes so that youth remain connected to community and family. To achieve this goal, small rural counties are encouraged to work as a multi-county group to develop physically and financially accessible services. Encourage the Regional systems to prioritize the creation and funding of services to youth at risk for involvement in the juvenile justice system. (See pages 6 & 17 – Item V)

Establish adequate statewide Mental Health and Behavioral Health Services. Provide legislative support to establish a statewide evidence-based infrastructure of mental health and substance use disorder treatment services to be provided within communities. This will be established by addressing work force issues, adequate payment and funding for provided services, and monitoring and oversight of treatment service outcomes, but not limited to these interventions. (See pages 6 & 17 – Item W)

Create a juvenile justice specific division within the Division of Behavioral Health of the Department of Health and Human Services for behavioral health service delivery, whose responsibility will be collaborating with local, county, regional, and state entities to create the Continuum of Care. (See pages 6 & 17 – Item X)

Proposed Planning Committee Action Items:

1. Establish a spectrum of residential and non-residential behavioral health treatment options, within each behavioral health region, with consistencies for all youth regardless of system of entry (Behavioral Health, Juvenile Justice, or Education).
2. Establish a framework of treatment modalities for various assessed needs including but not limited to: family therapy, multi-systemic family therapy, conduct disorders, behavior management, and trauma informed care.
3. Establish an interagency interdisciplinary Assessment and Treatment Committee charged with establishing, and reviewing on a three-year basis, standardized assessments and treatment modalities to be used within the youth serving systems to assure state of the art services and outcomes.
4. Establish, support, and sustain community-based, youth-specific, drug /alcohol treatment services and mental health services, which are accessible without court process.

5. Expand Medicaid and Medicaid support of Evidence Based Practices to mitigate the number of court cases required to access services.
6. Align the Medicaid payment schedule to service needs, including additional flexibility for evidence-based mental and behavioral health services required for the juvenile service population.
7. Establish minimum standards for treatment provider ratio and frequency.
8. Establish a mechanism for youth who fail diversion due to drug or alcohol use to enter drug/alcohol treatment directly.
9. Conduct a thorough analysis of the allocation of the regional resources for juvenile and family services to determine the level of regional resources required for behavioral health youth in crisis.
10. Allocate unused regional mental and behavioral health funds for juvenile services.
11. Develop wide reaching substance use education and treatment services (Lee, 2013).
12. Coordinate psychiatric and psychosocial treatment services (Lee, 2013).
13. Establish regional sites for longer term regional facilities for mental illness, substance use disorders, and conduct disorders that serve a population ratio that makes them cost effective.
14. Develop or enhance facilities for chronic violent offenders based on assessed needs and risk, within locations that assure family involvement.

PROGRAM FUNDING RECOMMENDATIONS

Core Principle

“Explore “blended funding” options that combine resources from mental health, juvenile justice, child welfare and education, and increase flexibility in the use of blended resources to better meet the needs of youth and families.” (Lee, 2013)

The State of Nebraska should take steps to access and maximize federal funding. Funding of the system should be flexible based on the needs of the youth and family. Priority should be given to community-based funding for counties, multi-county groups, or tribes to utilize community –based funding for a continuum of evidence-based services in the community to prevent youth coming into secure care and for reentry care. Incentives should be provided for counties (groups of counties) or tribes for development of county or multi-county services which by diverting youth from the juvenile justice system reduce the number of youth in the system.

Appendix A

Juvenile Services (OJS) Committee Members and LB 561 Responsibilities

Co-Chairperson: Ellen Brokofsky, Nebraska Children's Commission, State Probation Administrator –
Administrative Office of the Courts and Probation

Co-Chairperson: Martin Klein, Nebraska Children's Commission, Deputy Hall County Attorney

Committee members:

- Kim Culp, Director -Douglas County Juvenile Assessment Center
- Barbara Fitzgerald, Coordinator - Yankee Hill Programs – Lincoln Public Schools
- Sarah Forrest, Policy Coordinator – Child Welfare and Juvenile Justice – Voices for Children
- Judge Larry Gendler, Separate Juvenile Court Judge for Sarpy County, NE
- Kim Hawekotte, Nebraska Children's Commission, Director – Foster Care Review Office (former CEO – KVC Nebraska)
- Dr. Anne Hobbs, Director – Juvenile Justice Institute, University of Nebraska, Omaha
- Ron Johns, Administrator – Scotts Bluff County Detention Center
- Nick Juliano, Senior Director Community Impact – Boys Town
- Tina Marroquin, Lancaster County Attorney
- Mark Mason, Program Director - Nebraska Vocational Rehabilitation
- Jana Peterson, Facility Administrator – YRTC, Kearney
- Corey Steel, Assistant Deputy Administrator for Juvenile Services, Administrative Office of the Courts and Probation
- Monica Miles-Steffens, Executive Director – Nebraska Juvenile Justice association & Nebraska JDAI Statewide Coordinator
- Pastor Tony Sanders, CEO – Family First: A Call to Action
- Dalene Walker, Parent
- Dr. Ken Zoucha, Medical Director - Hastings Juvenile Chemical Dependency Program

Resources to the Committee:

- Senator Kathy Campbell
- Senator Colby Coash
- Jim Bennet, Reentry Program Specialist - State Office of Probation Administration
- Doug Koebernick, Legislative Assistant for Senator Steve Lathrop
- Tony Green, Deputy Director of the Office of Juvenile Services
- Liz Hruska, Legislative Fiscal Office
- Jerall Moreland, Assistant Ombudsman - Nebraska Ombudsman's Office
- Dr. Liz Neeley, Nebraska Bar Association, Supreme Court Minority Justice Committee
- Jenn Piatt, Legal Counsel for Senator Brad Ashford
- Dr. Hank Robinson, Director of Research, Nebraska Department of Corrections
- Julie Rogers, Nebraska Children's Commission, Inspector General of Nebraska Child Welfare
- Dan Scarborough, Facility Administrator – YRTC, Geneva
- Amy Williams, Legislative Assistant for Senator Amanda McGill

OJS Committee Responsibilities

LB 821

The [Nebraska Children's] commission shall create a committee to examine the structure and responsibilities of the Office of Juvenile Services as they exist on the effective date of this act. Such committee shall review the role and effectiveness of the youth rehabilitation and treatment centers in the juvenile justice system and make recommendations to the commission on the future role of the youth rehabilitation and treatment centers in the juvenile justice continuum of care. Such committee shall also review the responsibilities of the Administrator of the Office of Juvenile Services, including oversight of the youth rehabilitation and treatment centers and juvenile parole, and make recommendations to the commission relating to the future responsibilities of the administrator.

LB 561, Sec. 42-4203 (2b)

The [Nebraska Children's] commission shall create a committee to examine the structure and responsibilities of the Office of Juvenile Services as they exist on April 12, 2012. Such committee shall review the role and effectiveness of the youth rehabilitation and treatment centers in the juvenile justice system and make recommendations to the commission on the future role of the youth rehabilitation and treatment centers in the juvenile justice continuum of care, including what populations they should serve and what treatment services should be provided at the centers in order to appropriately serve those populations. Such committee shall also review how mental and behavioral health services are provided to juveniles in secure residential placements and the need for such services throughout Nebraska and make recommendations to the commission relating to those systems of care in the juvenile justice system. The committee shall collaborate with the University of Nebraska at Omaha, Juvenile Justice Institute, the University of Nebraska Medical Center, Center for Health Policy, the behavioral health regions as established in section 71-807, and state and national juvenile justice experts to develop recommendations. If the committee's recommendations include maintaining the Youth Rehabilitation and Treatment Center-Kearney, the recommendation shall include a plan to implement a rehabilitation and treatment model by upgrading the center's physical structure, staff, and staff training and the incorporation of evidence-based treatments and programs. The recommendations shall be delivered to the commission and electronically to the Judiciary Committee of the Legislature by December 1, 2013.

Juvenile Service (OJS) Planning Documents and References

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Lee, T. (2013). Nebraska Juvenile Justice System Evaluation.

Lipsey, M., Howel, J., Kelly, M., Chapman, G., Carver, D. (2010). Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice.

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Voices for Children in Nebraska (2012a). Issue Brief: Nebraska's Youth Rehabilitation and Treatment Centers.

Voices for Children in Nebraska (2012b). Kids Count in Nebraska Report.