

**Nebraska Children's Commission**

Twenty-ninth Meeting  
November 18, 2014  
9:00 AM – 3:00 PM  
Country Inn & Suites, Omaha Room  
5353 North 27<sup>th</sup> Street, Lincoln, NE

**Call to Order**

Karen Authier called the meeting to order at 9:05 a.m. and noted that the Open Meetings Act information was posted in the room as required by state law.

**Roll Call**

Commission Members present: Pam Allen, Teresa Anderson (9:43 a.m.), Karen Authier, Beth Baxter, Holly Brandt, Jennifer Clark, Candy Kennedy Goergen, Kim Hawekotte, Gene Klein (9:09 a.m.), David Newell, Deb O'Brien, Mary Jo Pankoke, Dale Shotkoski, Susan Staab (11:02 a.m.), and Diana Tedrow.

Commission Members absent: Norman Langemach and Andrea Miller.

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

Ex Officio Members absent: Senator Jeremy Nordquist.

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

**Approval of Agenda**

A motion was made by Mary Jo Pankoke to approve the agenda with a correction to the time to recess for Workgroups (item XIV – should be 12:00 p.m. instead of 12:00 a.m.). The motion was seconded by Jennifer Clark. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Holly Brandt, Jennifer Clark, Candy Kennedy Goergen, Kim Hawekotte, David Newell, Deb O'Brien, Mary Jo Pankoke, Dale Shotkoski, and Diana Tedrow. Voting no: none. Abstaining: none. Teresa Anderson, Gene Klein, Norman Langemach, Andrea Miller, and Susan Staab were absent for the vote. Motion carried.

**Approval of October 21, 2014, Minutes**

A motion was made by Beth Baxter to approve the minutes of the October 21, 2014, meeting as written. The motion to approve the minutes was seconded by Candy Kennedy Goergen. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Holly Brandt, Jennifer Clark, Candy Kennedy Goergen, Gene Klein, David Newell, Deb O'Brien, Mary Jo Pankoke, Dale Shotkoski, and

Diana Tedrow. Voting no: none. Kim Hawekotte abstained. Teresa Anderson, Norman Langemach, Andrea Miller, and Susan Staab were absent for the vote. Motion carried.

### **Chairperson's Report**

Karen Authier provided a brief chair's report. Karen noted that she had attended the Health Care Summit where the group looked at the eight building blocks for health care. The conference provided information on future changes that can be expected in the health care industry. Karen also noted that Voices for Children was hosting a conference on disproportionate minority contact in child welfare and juvenile justice. The conference, Race Matters, is scheduled for December 3 and 4. Karen noted that registration information would be sent to Commission members for their review. Karen updated the Commission on Norman Langemach and noted that he would be returning to the Commission in 2015, but was currently out due to some health issues. Karen then concluded her remarks by noting that the November 2014 meeting would be Kerry Winterer's last Commission meeting due to his resignation from DHHS. Karen thanked Kerry for his leadership and hard work, especially with the start-up of the Nebraska Children's Commission.

### **Legislative Update**

Senator Colby Coash gave an update on the upcoming legislative session. Senator Coash noted that the make-up of the legislature and key leadership changes would be taking place in 2015. He noted that new colleagues would be welcomed to both the Health and Human Services Committee of the Legislature and the Judiciary Committee. He noted that the Judiciary Committee would have between four and six new members out of eight total members.

Senator Coash and Senator Kathy Campbell provided information on the Legislative Resolution on Guardian ad Litem. It was noted that this would be a top issue during the legislative session.

Senator Campbell provided additional information on healthcare issues that Nebraska will face in the next 15 years. She noted that she anticipates that a bill will be introduced in the next session to set in motion the eight building blocks of health care.

Senator Campbell concluded her remarks by noting that Michelle Chaffee had accepted a different job and would be leaving her position as legal counsel for the Health and Human Services Committee.

### **DHHS Update**

Thomas Pristow updated the committee on issues with the IV-E Waiver. Thomas stated that he was asking for Commission support to begin looking at Group Home Rates and the need to unbundle those rates, just as the Foster Care Reimbursement Rate Committee had done with Foster Care Rates. Thomas noted that the implementation date was July 1. Thomas asked for the Commission's support in having the Foster Care Reimbursement Rate Committee look at Group Home Rates also. Thomas noted that he had discussed with Karen Authier and Peg Harriott that the composition of the committee might need to change slightly to make sure their

was proper industry representation. Thomas noted that there are 16 providers. He also noted that he didn't believe foster parents would be needed on the committee for this discussion.

A motion was made by Candy Kennedy Goergen to accept the assignment of reviewing IV-E rate adjustments for the unbundling of Group Home Rates and to assign the task of reviewing this issue to the Foster Care Reimbursement Rate Committee. The motion was seconded by Pam Allen. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Holly Brandt, Jennifer Clark, Candy Kennedy Goergen, Kim Hawekotte, Gene Klein, David Newell, Deb O'Brien, Mary Jo Pankoke, Dale Shotkoski, and Diana Tedrow. Voting no: none. Abstaining: none. Teresa Anderson, Norman Langemach, Andrea Miller, and Susan Staab were absent for the vote. Motion carried.

### **Probation Update**

Ellen Brokofsky provided a Probation update. Ellen noted that the Council of State Governments (CSG) is currently working with 30 separate focus groups to look at policy, procedures, and processes related to juvenile justice. Ellen noted that the group will not be looking at status offenders. She noted that the group hoped to look at the YRTC's and the whole population in out-of-home care. Ellen noted that CSG hopes to have a preliminary report out in February.

Ellen also provided information to the group on the Evidence-Based Practices evaluation process being worked on by Dr. Anne Hobbs and Dr. Richard Weiner and the Crossover Youth project. Ellen concluded her remarks by providing information on the MST/FFT planning grant that was provided by the Sherwood Foundation.

### **LR 542 Report (Guardian ad Litem)**

Bethany Connor reviewed the information contained in the *Summary of Legislative Hearing on Legislative Resolution 542: Interim Study to Examine Issues Regarding the Current Guardian ad Litem System* report. Commission members then discussed the role of the Commission in examining the GAL issue. It was noted that the Workforce Workgroup had the GAL issue on the list of workforce issues to address at some point, but acknowledged that they might not get to that issue for a while. Kim Hawekotte noted that the FCRO works to get information from the GAL as a part of their case file reviews, but they receive less than a 50% response. Senator Coash indicated that he wants the Children's Commission involved in the discussion related to the structuring of the GAL program in Nebraska. Since the Workforce Workgroup is not currently able to address the issue, a recommendation was made to create a special taskforce to look at all the issues surrounding the GAL process.

Gene Klein then made a motion to create a special taskforce that would review reports and background information as a foundation, and make specific recommendations on all legal parties in Juvenile Court proceedings. The taskforce will begin by examining the GAL role in a report that can be reviewed by the Children's Commission at the January meeting and then sent to the legislature. The motion was seconded by Kim Hawekotte. Voting yes: Pam Allen, Teresa Anderson, Karen Authier, Beth Baxter, Holly Brandt, Jennifer Clark, Candy Kennedy Goergen, Kim Hawekotte, Gene Klein, David Newell, Deb O'Brien, Mary Jo Pankoke, Dale Shotkoski,

and Diana Tedrow. Voting no: none. Abstaining: none. Norman Langemach, Andrea Miller, and Susan Staab were absent for the vote. Motion carried.

Kim Hawekotte then volunteered to chair the taskforce and requested that Bethany Connor help organize the taskforce. David Newell, Judge Linda Porter, Jennifer Clark, and Julie Rogers also agreed to serve on the taskforce, along with David Slattery from Senator Coash's office. Kim indicated that she would work with this group to identify other participants who might need to be included in the discussion.

### **Bridge to Independence Committee Report**

Mary Jo Pankoke provided an update on the Bridge to Independence Advisory Committee and the committee report. Mary Jo noted that the final report included examples of the kind of help that has been provided to program participants. Mary Jo noted that the FCRO will be doing 6 month reviews that will begin in February. She also noted issues that will need to be addressed in the future including Tribal youth issues and the OJS population. A question was raised regarding the final bullet of the report and it was noted that the reference to the Probation/OJS Population should reference "Some young people" instead of "Many young people".

At the conclusion of the discussion time Kim Hawekotte made a motion to approve the November 18, 2014 version of the Bridge to Independence Advisory Committee Report with the change to the final bullet to change the word "Many" to "Some". The motion was seconded by Gene Klein. Voting yes: Pam Allen, Teresa Anderson, Karen Authier, Beth Baxter, Holly Brandt, Jennifer Clark, Candy Kennedy Goergen, Kim Hawekotte, Gene Klein, David Newell, Deb O'Brien, Mary Jo Pankoke, Dale Shotkoski, and Diana Tedrow. Voting no: none. Abstaining: none. Norman Langemach, Andrea Miller, and Susan Staab were absent for the vote. Motion carried.

### **Juvenile Services (OJS) Committee Report and Action Item**

Ellen provided an update on the Juvenile Services (OJS) Committee. Ellen noted that Nicole Brundo will lead the December meeting of the committee as the group works to set priorities for 2015. Ellen also noted that the committee voted to recommend that a seat on the committee be given to Cassy Rockwell and a youth from Project Everlast. It was noted that the two people will have only one vote on the committee. Ellen asked the Commission to approve this addition to the committee. Commission members discussed this addition to the committee and how the voting process should work for the youth. At the conclusion of the discussion, Kim Hawekotte made a motion to add Cassy Rockwell or her designee from Project Everlast as a voting member of the Juvenile Services Committee with the recommendation that the young person have the vote on the Committee. The motion was seconded by Jennifer Clark. Voting yes: Pam Allen, Teresa Anderson, Karen Authier, Beth Baxter, Holly Brandt, Jennifer Clark, Candy Kennedy Goergen, Kim Hawekotte, Gene Klein, David Newell, Deb O'Brien, Mary Jo Pankoke, Dale Shotkoski, Susan Staab, and Diana Tedrow. Voting no: none. Abstaining: none. Norman Langemach and Andrea Miller were absent for the vote. Motion carried.

### **Structure Taskforce Report**

Julie Rogers presented on behalf of David Newell, Thomas Pristow, and Vicky Weisz regarding the work and final recommendations of the Structure Taskforce. Julie provided an overview of the changes to the memo since the Commission's last review of the memo. After further discussion, changes were recommended to the attendance section, the Executive Committee section, to the section on the voting status of committee chairs, and to the section on membership of workgroups and committees. Karen assigned the process of updating the memo with Commission input to Leesa to craft the final agreed upon language. A motion was then made by Susan Staab to accept and adopt the Governance and Organizational Structure Recommendations with the conceptual changes as identified during the discussion. The motion was seconded by Gene Klein. Voting yes: Pam Allen, Teresa Anderson, Karen Authier, Beth Baxter, Holly Brandt, Jennifer Clark, Candy Kennedy Goergen, Kim Hawekotte, Gene Klein, David Newell, Deb O'Brien, Mary Jo Pankoke, Dale Shotkoski, Susan Staab, and Diana Tedrow. Voting no: none. Abstaining: none. Norman Langemach and Andrea Miller were absent for the vote. Motion carried.

A motion was made by Beth Baxter to adjourn the Commission for lunch and workgroup meetings. The motion was seconded by Susan Staab. The Commission adjourned for lunch and workgroup meetings at 12:07p.m.

The Commission reconvened at 1:34 p.m.

Commission Members present: Pam Allen, Teresa Anderson, Karen Authier, Beth Baxter, Holly Brandt, Candy Kennedy Goergen, Gene Klein, David Newell, Deb O'Brien, Mary Jo Pankoke, Dale Shotkoski, Susan Staab, and Diana Tedrow.

Commission Members absent: Jennifer Clark, Kim Hawekotte, Norman Langemach, and Andrea Miller.

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

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

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

### **Strategic Plan Action Agenda Document Review and Discussion**

Karen Authier and Beth Baxter provided the Commission with an action agenda document that included information from the strategic planning session and legislative language for work priorities for 2015. The Commission members reviewed the document in workgroups during lunch and discussed changes that were needed for each section of the document. The document was updated by each workgroup as the Commission members discussed each section of the action agenda. Language updates to the file were agreed upon by Commission members during

the discussion. The Commission members agreed that the action agenda should be used in 2015 to guide the work of the Commission and for the purpose of providing project updates.

At the conclusion of the report review and discussion time, Mary Jo Pankoke made a motion to approve the Action Agenda report with changes as made at the meeting. The motion was seconded by Deb O'Brien. Voting yes: Pam Allen, Teresa Anderson, Karen Authier, Beth Baxter, Holly Brandt, Candy Kennedy Goergen, Gene Klein, David Newell, Deb O'Brien, Mary Jo Pankoke, Dale Shotkoski, Susan Staab, and Diana Tedrow. Voting no: none. Abstaining: none. Jennifer Clark, Kim Hawekotte, Norman Langemach and Andrea Miller were absent for the vote. Motion carried.

### **2015 Meeting Schedule**

Karen noted that a list of tentative meeting dates for 2015 was included in the handouts for the meeting. Karen asked Commission members to reserve these dates until a decision is made on the meeting schedule for 2015.

### **Next Meeting Planning**

Commission members discussed the topics to be reviewed at the January retreat and Commission meeting. It was agreed that possible topics include Data Dashboards with a recommendation to have a presentation from Chapin Hall; Big Picture Juvenile Services work; Evidence-based Practices; Alternative Response Pilot; Hornby Zeller Report; Trauma Informed Care; and the NFC Federal Grant.

### **Next Meeting Date**

The next meeting is Wednesday, January 21, 2015 for the Nebraska Children's Commission Retreat and Thursday, January 22, 2015 from 9:00am-12:00pm for the January meeting.

### **Adjourn**

A motion was made by Beth Baxter to adjourn the meeting, seconded by Candy Kennedy Goergen. The meeting adjourned at 3:05 pm.

## Developing System Metrics in Nebraska

Jennifer Haight

The Center for State Child Welfare Data

Chapin Hall at the University of Chicago

Presented to the Nebraska Children's Commission

January 21, 2015

## Agenda and Discussion Points

- What are the populations?
- What are the system goals?
- What measures will tell Nebraska stakeholders about progress toward the those goals?
- How should information be presented?



### Transform This Table Into Metrics...Ask the Analytic Question ...

- Develop answers to these questions in semi-annual reports
  - Semi-Annually
  - By State and Service Area
  - By age of child
  - By race/ethnicity

### Transform This Table Into Metrics: Ask the Analytic Question Example 1:

- How likely is it that a child in Nebraska will come to the attention of the child welfare system as the alleged victim of a CPS report?
- If they do, what happens next?
  - Is the report substantiated?
  - If the report is substantiated is their recurrence within one year?

**Transform This Table Into Metrics: Ask the Analytic Question  
Example 2:**

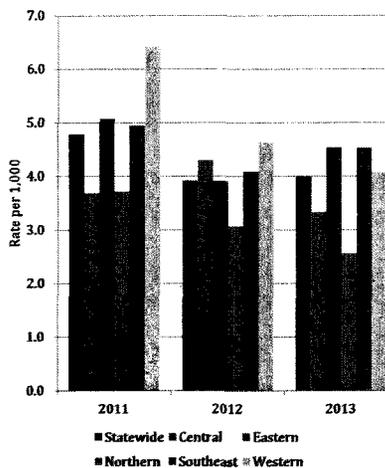
- How likely is it that a child will be placed in out of home care?
  - Remember to account for variation
- If they are, what happens next for children entering care?
  - Where are they placed?
  - Are they maintained safely?
  - How often do they move?
  - How long are in the in state care?
  - Where do they exit?
  - Are they likely to reenter?

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**Examples: Likelihood of Initial Placement**

Service Area	Calendar Year		
	2011	2012	2013
Statewide	4.8	3.9	4.0
Central	3.7	4.3	3.3
Eastern	5.1	3.9	4.5
Northern	3.7	3.1	2.6
Southeast	4.9	4.1	4.5
Western	6.4	4.6	4.1



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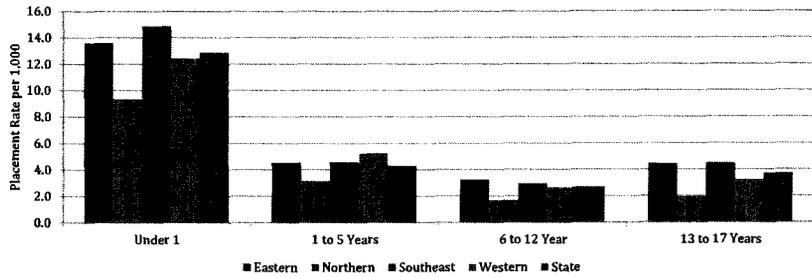
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**Examples: 2013 First Placement & Rates per 1,000 by Age and Service Area**

Age at Placement	Central	Eastern	Northern	Southeast	Western	State
Total	178	818	210	436	192	1834
Under 1	35	145	41	83	32	336
1 to 5 Years	56	241	70	129	69	565
6 to 12 Year	38	225	53	109	48	473
13 to 17 Years	49	207	46	115	43	460

Age at Placement	Placement Rates per 1,000					
Total	3.3	4.5	2.6	4.5	4.1	4.0
Under 1	12.2	13.6	9.4	14.9	12.4	12.9
1 to 5 Years	3.7	4.5	3.1	4.6	5.3	4.3
6 to 12 Year	1.9	3.2	1.7	2.9	2.6	2.7
13 to 17 Years	3.3	4.4	1.9	4.5	3.2	3.7



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**Taking Stock**

- Metrics Available Now
  - Profile Reports & Dynamic Website
  - CFSR 2 and CRSR 3 Measures
  - Kids Count
  - NCANDS Report
- Information Available Now
  - SDM? CANS? Other assessment
- Information to develop
  - Cross system collaboration

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**Invest in development of metrics that indicate well-being and family functioning**

1. Use information collected in SDM,
2. Contemplate use of CANS/FAST to establish baseline

**Develop a plan for expanding use of information recourses across domains – e.g. education, criminal justice, child support, etc.**

## **Communication**

We communicate all day, so we should be good at it...right? We often think that effective communication means getting your point across and being understood. It is more than that, however. Effective communicators have a keen ability to 'read' situations so they can adapt to better engage and coach their staff. We get comfortable in communicating the same way because we get lots of practice. To grow as a supervisor, we have to examine our communication styles, how they affect others, when they are effective and when they are not. Understanding how you affect other people and how other people affect you is the key to growing as a supervisor. Knowing your style helps you play to your strengths and address your challenges.

**To gain a better self awareness of our communication style we are going to examine our own communication style. Do you think you know yourself?**

Communication styles can be divided into four styles. While we can all change our style depending on the person we are communicating to, most of us have a 'go to' style. It is formed by our personalities and experiences. It is effective supervisors who have the ability to change depending on the situation.

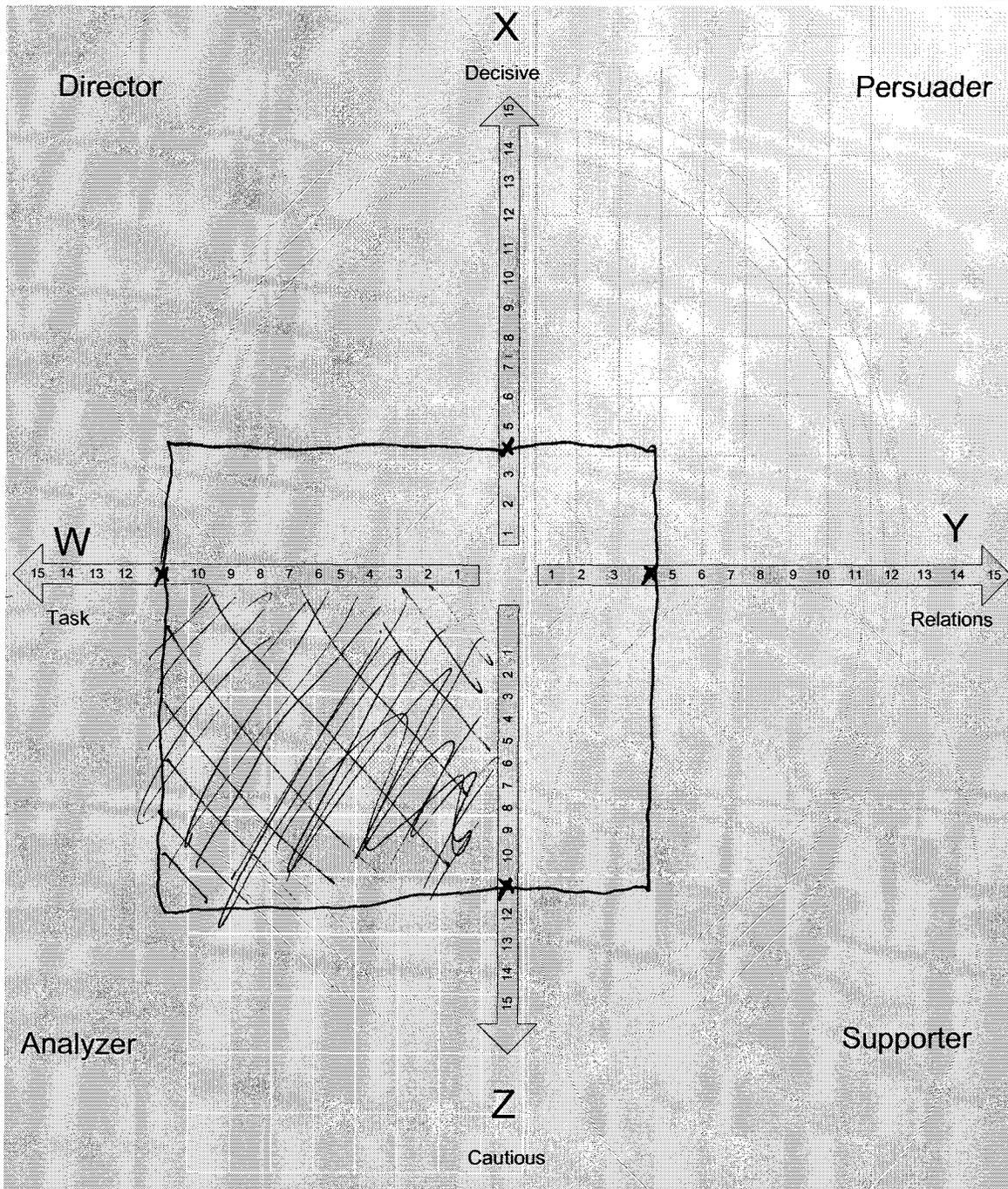
**"What is your 'go to' communication style?"**

Instructions:

Pick the two words or phrases in each line that best describe you. Don't over think your answers, just use your first instinct!

All Business	Bold	Personable	Deliberate
Organized	Telling	Courteous	Listening
Industrious	Independent	Companionable	Cooperative
No nonsense	Decided	Talkative	Reflective
Serious	Resolute	Warm	Careful
To the point	Risk-taker	Amiable	Moderate
Practical	Aggressive	Empathetic	Non-assertive
Self-controlled	Authoritative	Shows emotions	Thorough
Goal oriented	Assertive	Gregarious	Patient
Methodical	Unhesitating	Sincere	Prudent
Businesslike	Definite	Sociable	Precise
Diligent	Firm	Demonstrative	Particular
Systematic	Strong minded	Sense of humor	Thinking
Formal	Confident	Expressive	Hesitative
Persevering	Forceful	Trusting	Restrained
_____	_____	_____	_____

Total the number of circles in each column.



The quadrant with the most area is your dominant or 'go to' style. The four are

1. Director
2. Persuader
3. Supporter
4. Analyzer

\* Each style has its pros and cons and can be more helpful in some situations as opposed to others.

These are general descriptions that are designed to help a supervisor be their best in any situation.

## Directors

### Directors Tend To:

- Get results
- Stimulate action
- Accept challenges
- Make decisions
- Act with authority
- Stir things up
- Solve problems
- Organize well

### Directors May Not:

- Analyze pros and cons
- Use caution
- Weigh risks
- Protect others

When relating to a Director...

DO:

- Be clear and to the point
- Stick to the subject
- Provide options
- Remember that task is most important
- Avoid rambling
- Be logical in presenting facts
- Establish a time frame

When relating to a Director...

DON'T:

- Be overly friendly
- Talk too much
- Make insupportable statements
- Generalize
- Repeat yourself
- Be loud or boisterous

What tasks/situations are good for Directors?

What should Directors be cautious about?

What value can a Director bring to your team?

## Persuader

### Persuaders Tend To:

- Make a good impression
- Talk forcefully
- Show enthusiasm
- Identify with others
- Talk easily
- Entertain
- Motivate others
- Want recognition of their ability

### Persuaders May

- Vacillate occasionally
- Talk too much
- Not listen
- Overlook facts
- Overpower others
- Turn on and off quickly

### When relating to a Persuader...

#### DO:

- Be open, warm, friendly
- Take time, socialize
- Encourage and support enthusiasm
- Be flexible
- Concentrate on people aspects
- Keep on track – diplomatically

### When relating to a Persuader...

#### DON'T

- Be restrictive of their time
- Do all the talking
- Be brusque
- Show "cold" manner
- Jump to facts too quickly
- Restrict suggestions

What tasks/situations are good for Persuaders?

What should Persuaders be cautious about?

What value can a Persuader bring to your team?

## Supporter

### Supporters Tend To:

- Be Loyal
- Be Cooperative
- Be Sensitive
- Be Consistent
- Be Action oriented
- Be Honest
- Be Emotional
- Be Good listeners
- Be Patient
- Be Friendly

### Supporters May:

- Be thin skinned
- Be easily hurt
- Not talk much
- Be overly sensitive
- Try too hard to please
- Not be assertive

### When relating to a Supporter...

#### DO:

- Be sincere
- Give warm, personal comments
- Make the climate comfortable
- Find a common ground
- Ask questions
- Listen attentively
- Give assurance
- Keep communications low key

### When relating to a Supporter...

#### DON'T

- Be overpowering
- Push ideas too aggressively
- Ask closed-ended questions
- Demand or dominate
- State too many facts
- Make communications one-way

What tasks/situations are good for Supporters?

What should Supporters be cautious about?

What value can a supporter bring to your team?

## Analyzer

### Analyzers Tend To:

- Follow directions
- Like organization
- Think clearly
- Act methodically
- Want predictable outcomes
- Like detail
- Want accuracy
- Comply with authority
- Show caution
- Be motivated by complex situations

### Analyzers May:

- Avoid decisions
- Be too conservative
- Not delegate
- Be impersonal
- Be too cautious
- Be buried in detail
- Dislike unpopular decisions
- Over control

### When relating to an Analyzer...

#### DO:

- Have all the facts
- Be organized
- Be thorough
- Concentrate on specifics
- Stick to the facts
- Be formal in presentation
- Avoid gimmicks
- Establish a time frame

### When relating to an Analyzer...

#### DON'T:

- Generalize about details
- Be casual
- Waste time on casual conversation
- Jump to bottom line too quickly
- Be vague
- Criticize their work
- Try to control
- Jump from one point to another

What tasks/situations are good for Analyzers?

What should Analyzers be cautious about?

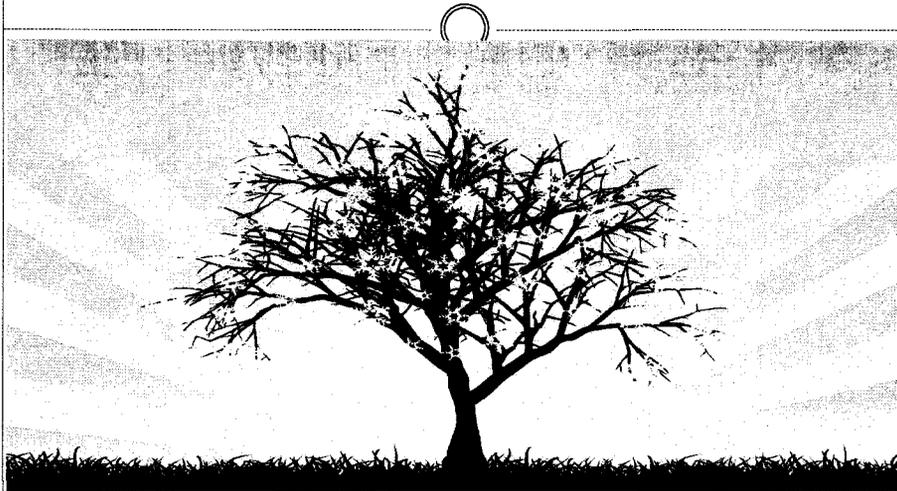
What value does an Analyzer bring to your team?

## Compatibility Comparison

Style	Great Compatability			Poor Compatability
D-D			SW	
D-P		S	W	
D-S		W		S
D-A			W	S
P-P	S			W
P-S	W		S	
P-A		W		S
S-S	S	W		
S-A		SW		
A-A		SW		

Key: S=Social Interaction W=Work Tasks  
 D=Director P=Persuader S=Supporter A=Analyzer

## WELCOME



Communication & Leadership

## Communication Awareness

- Understanding how you communicate is key to growing as a leader.
- How would you describe your communication style?
- How would those you supervise describe your style?
- How would your peers describe your style?
- Are you able to adapt?



## Communication & Leadership

- Effective Leaders have a polished “mirror” on themselves.
- Understand how they affect other people and how other people affect them.
- They “see” themselves and how they would re-act to change.
- Develop the ability to “read” situations and adapt their approach to match.



## Communication Awareness

- Understanding how you affect other people and how other people affect you is valuable.
- Knowing your strengths and weaknesses helps you leverage.
- Understanding how you communicate helps you know situations where you can be most valuable.
- Boosts your intuitive decision making.



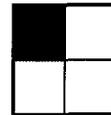
## Communication Analysis

- Will identify a “go to” style.
- Director
- Persuader
- Supporter
- Analyzer



Which one do you think you are?

## Directors



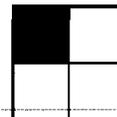
### • Directors Tend To:

- Get results
- Takes Charge
- Decisive
- Stimulate action
- Fearless/Accepts challenge
- Stirs things up
- Solve problems
- Organize well

### • Directors May Not:

- Analyze pros and cons
- Use caution
- Weigh risks
- Protect others

## When Relating To A Director



- **DO:**
  - Be clear and to the point
  - Stick to the subject
  - Provide options
  - Remember that task is most important
  - Be logical in presenting facts
  - Establish a time frame
- **DON'T:**
  - Be overly friendly
  - Talk too much/Ramble
  - Make insupportable statements
  - Generalize
  - Repeat yourself
  - Be loud or boisterous

## Where's the Focus?

### TASK & RESULTS

- What tasks/situations are good for Directors?
- What should a Director be cautious about?
- What value can a Director bring to your team?

## Persuaders

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- **Persuaders Tend To:**
  - Make a good impression
  - Be FULL of Ideas
  - Show Enthusiasm
  - Identify with others
  - Be Flexible
  - Be Optimistic
  - Talk easily
  - Entertain
  - Motivate and Help Others
  - Wants to Celebrate

- **Persuaders May:**
  - Vacillate occasionally
  - Talk too much/not listen
  - Overlook facts
  - Overpower others
  - Turn on and off quickly

## When Relating To A Persuader

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- **DO:**
  - Be open, warm, friendly
  - Keep them on track – diplomatically
  - Take time to socialize
  - Encourage and support enthusiasm
  - Be flexible
  - Concentrate on people aspects
  - Listen carefully

- **DON'T**
  - Be restrictive of their time
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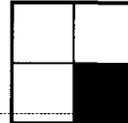
## Where's the Focus?



### IDEAS & FUN

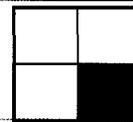
- What tasks/situations are good for Persuaders?
- What should a Persuader be cautious about?
- What value can a Persuader bring to your team?

## Supporters



- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• <b>Supporters Tend To:</b> <ul style="list-style-type: none"> <li>○ Value Harmony</li> <li>○ Value Relationships</li> <li>○ Be Cooperative/Loyal</li> <li>○ Concerned for Others</li> <li>○ Consistent, Easy Going</li> <li>○ Be Good Listeners</li> <li>○ Patient-Slow with BIG decisions</li> <li>○ Be Friendly</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>Supporters May:</b> <ul style="list-style-type: none"> <li>○ Be too sensitive</li> <li>○ Be thin skinned</li> <li>○ Quiet about contrary opinions</li> <li>○ Try too hard to please</li> <li>○ Not be assertive/overly cautious</li> </ul> </li> </ul> |
|---|--|

## When Relating To A Supporter



- **DO:**
- Keep communications low key
- Be sincere
- Make the climate comfortable
- Find a common ground
- Ask questions
- Listen attentively
- Give assurances

- **DON'T:**
- Be overpowering
- Push ideas too aggressively
- Ask closed-ended questions
- Demand or dominate
- Make communications one-way

## Where's the Focus?

### PEOPLE

- What tasks/situations are good for Supporters?
- What should a Supporters be cautious about?
- What value can a Supporter bring to your team?

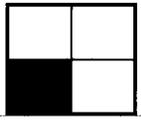
## Analyzers



- **Analyzers Tend To:**
  - Value accuracy/logic
  - Be cautious
  - Like organization
  - Think clearly
  - Act methodically
  - Want predictable outcomes
  - Like detail
  - Comply with authority
  - Be motivated by complex situations

- **Analyzers May:**
  - Avoid decisions/be too cautious
  - Seem impersonal
  - Be buried in detail
  - Dislike unpopular decisions
  - Over control

## When Relating To An Analyzer:



- **DO:**
  - Have all the facts
  - Be organized
  - Be thorough
  - Concentrate on specifics
  - Stick to the facts
  - Be formal in presentation
  - Avoid gimmicks
  - Establish a time frame

- **DON'T**
  - Generalize about details
  - Be casual
  - Waste time on casual conversation
  - Jump to bottom line too quickly
  - Be vague
  - Criticize their work
  - Try to control
  - Jump from one point to another

## Where's the Focus?



### IDEAS & PROCESS

- What tasks/situations are good for Analyzers?
- What should a Analyzers be cautious about?
- What value can a Analyzers bring to your team?

## Communication Compatibility



- Similar styles tend to be compatible socially
- Work task effectiveness is strengthened by mixing different styles (synergy!)
- Mixing different styles may result in interpersonal conflict
- Different styles can work well together provided certain conditions exist:
  - Mutual respect
  - Mutual trust
  - Willingness to adapt

## Communication Compatibility



- What value will knowing your communication style bring to your team?
- Effective supervisors use this knowledge to:
  - Schedule Work.
  - Motivate their staff.
  - Assign tasks.
- When can you do with this knowledge? Write it down.

## Effective Leaders



- Continue to polish their “mirror”
- Work hard to understand themselves and their teams.
- Put their awareness into ACTION!!
- What will YOU DO?

## Closing & Thanks

- Make a plan NOW.
- Encourage each other.
- Email me anytime.
- [colbycoash@gmail.com](mailto:colbycoash@gmail.com)

**Building Capacity for Evidence Use throughout  
the CQI process**

Lily Alpert

Jennifer Haight

The Center for State Child Welfare Data

Chapin Hall at the University of Chicago

Presented to Nebraska Children's Commission

January 21, 2015

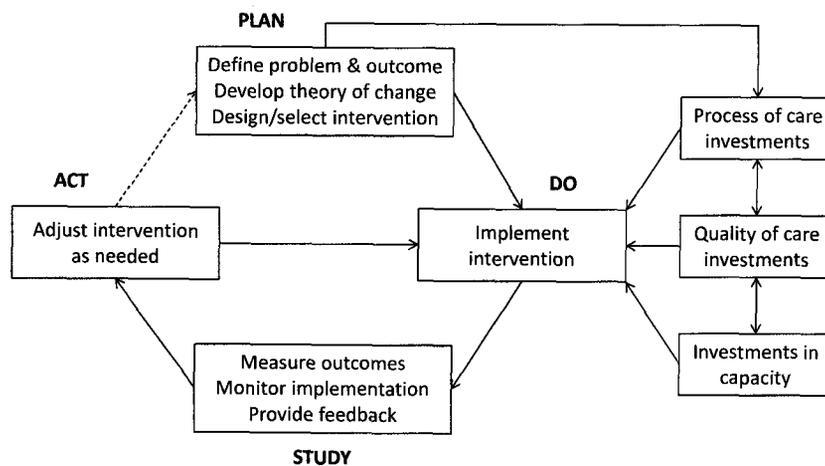
**Agenda - Broadly**

- Developing a common language and attach that language to Action Agenda
- Nebraska Children's Commission Action Agenda
  - Community Ownership of Child Wellbeing
  - System of Care
  - Technology
  - Workforce
  - Service Area Networks
  - Lead Agency
  - Evidence Based Programs and Early Intervention
  - Child Welfare Indicators
  - SACWIS
- Center for State Child Welfare Data at Chapin Hall
  - Profile Reports
  - Web Tool

## Building Common Language

- Review the Continuous Quality Improvement (CQI) cycle: Plan-Do-Study-Act
- Discuss how evidence is called for at each phase; types and sources of evidence.
- Given the call for evidence at each stage, how can states build capacity to use evidence throughout the CQI process?

## The CQI Cycle



## The Role of Evidence

- **Evidence** is information that is used to support an observation, claim, hypothesis, or decision.
- May be qualitative or quantitative.
- Can be found in or derived from a number of sources.
  - **Generated:** analysis of administrative data, case record reviews, or systematic focus groups
  - **Acquired:** peer-reviewed research articles, reviewing program evaluations, accessing information clearinghouses, drawing on statistics compiled by government and other organizations.
- The most reliable evidence is usually that which is generated through the process of **research** — scientific data collection and analytic procedures that are objective, systematic, and open to scrutiny (**research evidence**).<sup>†</sup>

<sup>†</sup>Davies, H. T. O., & Nutley, S. M. (2008). *Learning more about how research-based knowledge gets used: guidance in the development of new empirical research*. William T. Grant Foundation, New York, NY.

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## Converting data to evidence

- Move from data-driven to **evidence-driven** decision making.
  - Data are converted to evidence through the process of analysis
  - **Discipline** to converting data into evidence
    - Match the analysis with the data to produce the evidence needed to support an observation, a claim, a hypothesis, or decision at hand.
- Quantitative:
  - Selecting the correct denominator
  - Selecting the correct statistic
- Qualitative: e.g., case record review
  - Drawing cases from the correct sampling frame
  - Using a case review instrument that collects data needed to answer the research question

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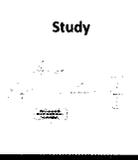
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## When is evidence needed?

- The first type of evidence that often comes to mind is evidence that a certain practice leads to its intended outcomes. (**Evidence-based practice**)
- “Identifying an intervention” is not the first or only point in the CQI process where evidence is necessary.
- Each stage of the Plan-Do-Study-Act cycle has its own requirements for evidence and presents a different type of opportunity for using evidence to drive action.

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Evidence Use throughout the CQI Process		
CQI Phase	Hypothesis Development/Testing	Evidence Use
	Define the problem. ("I observe that...")	What evidence supports this observation?
	Hypothesize as to the cause of the problem. ("I think it's because...")	What evidence supports this theory of change?
	Identify a solution. ("So I plan to...")	What evidence supports the hypothesis that this intervention will have the intended effect on the target population?
	Set a performance target. ("...which I think will result in...")	What evidence supports the hypothesis that the proposed dose of the intervention will lead to this specific degree of improvement?
	Implement the intervention.	Collect data required for an analysis of intervention effectiveness and analysis of implementation fidelity.
	Measure progress toward the target outcome.	What evidence is there that the intervention was effective (or not effective)?
	Monitor implementation.	What evidence is there that the intervention was (or was not) implemented with fidelity?
	Provide feedback to relevant stakeholders and decision makers.	Transmit evidence regarding outcomes and fidelity to those who will interpret the findings and make decisions accordingly.
	Determine the extent to which the problem still exists.	What evidence supports this observation?
	Confirm or refute the theory of change.	What evidence supports this claim?
	Adjust the intervention as needed.	What evidence supports the decision to continue, modify, or discontinue the intervention?

## Building Capacity for Evidence Use

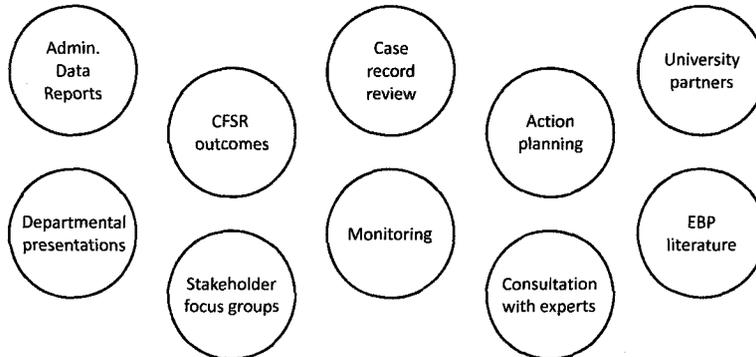
- The basic steps of the **CQI process**—and the demand for evidence—are the same regardless of:
  - the problem at hand
  - the role of the person attempting to solve the problem
  - the place where the problem exists
- How an agency **implements** the CQI process—who does which activities and when—and the **system** an agency builds to support implementation will differ from place to place.
- From a **capacity building** perspective, this means asking:
  - What do we have in place that supports the use of evidence?
  - What should we do/change/build in order to strengthen the use of evidence?

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## Building Capacity for Evidence Use

“We have some of the pieces in place...”



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## Building Capacity for Evidence Use

- Which activities should be invoked when?
  - *How does the activity contribute to the production, acquisition, processing, or application of evidence?*
- Match the activity to the part of the CQI cycle where that type of evidence use is needed.

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## Building Capacity for Evidence Use

<div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">                 Admin. Data Reports             </div>	<ul style="list-style-type: none"> <li>Outcome focused</li> <li>System-wide trends in child/family outcomes</li> <li>A view of how outcomes vary by subpopulations                             <ul style="list-style-type: none"> <li>by geography</li> <li>by service provider</li> <li>by child/family characteristics (e.g., child age)</li> </ul> </li> </ul>	<div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;">I observe that...</div>
<div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">                 Case record review             </div>	<ul style="list-style-type: none"> <li>Process and quality focused</li> <li>Rich description of the process and quality of casework</li> <li>Limited based on need to sample</li> </ul>	<div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;">I think it's because...</div>
<div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">                 Stakeholder focus groups             </div>	<ul style="list-style-type: none"> <li>Process, quality, and capacity focused</li> <li>Various perspectives on strengths of and barriers to service delivery</li> </ul>	<div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;">I think it's because...</div>

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## Building Capacity for Evidence Use

CQI Phase	Hypothesis Development/ Testing	Evidence Use	What do we do?	What evidence do we rely on?
<b>Plan</b>	Define the problem. ("I observe that...")	What evidence supports this observation?	What activities do we undertake to observe performance on the outcomes we care about?	What evidence do we rely on to support those observations?
	Hypothesize as to the cause of the problem. ("I think it's because...")	What evidence supports this theory of change?	What activities do we undertake to develop and hypothesize about what drives the performance we observe?	What evidence do we rely on to support those hypotheses?
	Identify a solution. ("So I plan to...")	What evidence supports the hypothesis that this intervention will have the intended effect on the target population?	Having identified outcomes that need improvement, what activities do we undertake to identify interventions aimed at solving those problems?	What evidence do we rely on when we make decisions about what interventions to implement?
	Set a performance target. ("...which I think will result in...")	What evidence supports the hypothesis that the proposed dose of the intervention will lead to this specific degree of improvement?	What activities do we undertake to set performance targets?	What evidence do we rely on when we set performance targets?

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## For more information

<https://fcda.chapinhall.org>

*Principles, Language, and Shared Meaning: Toward a Common Understanding of CQI in Child Welfare*

Sign up for the Data Center newsletter

Read the *CQIdeas* blog

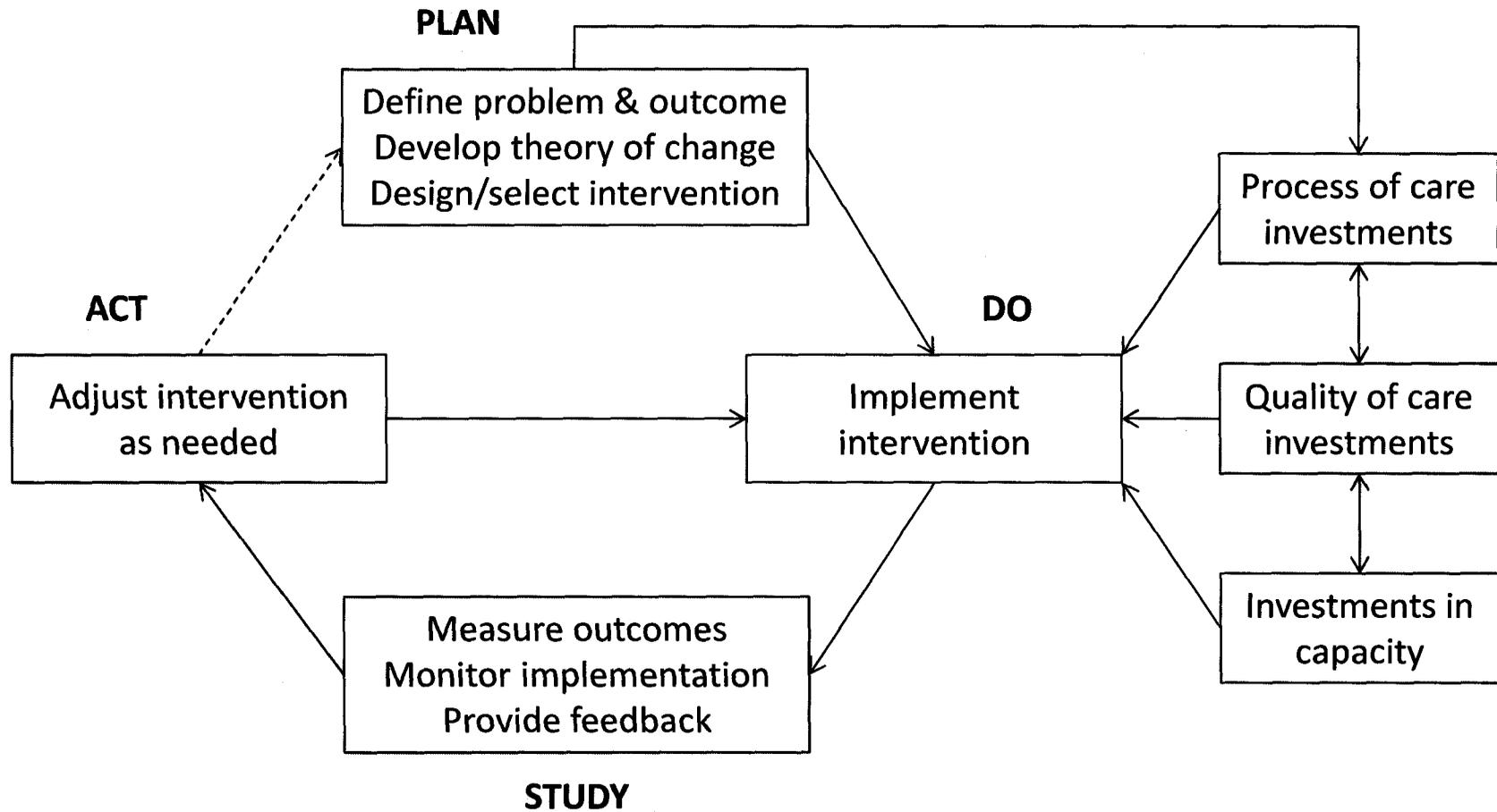
Promoting Transparency  
Because transparency promotes ongoing quality improvement in child welfare, we have launched a new initiative encouraging Data Center members to publish their Foster Care Profiles - a series of Data Center generated reports that provide aggregate data and systemic trends pertaining to key permanency indicators.  
Learn more about the Foster Care Profile Initiative.  
Access the Foster Care Profile reports.

Take advantage of the Foster Care Profile Initiative

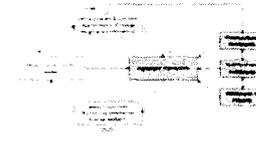
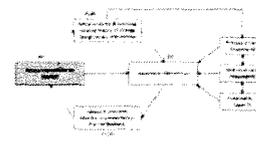
Contact [lalpert@chapinhall.org](mailto:lalpert@chapinhall.org) or [jhaight@chapinhall.org](mailto:jhaight@chapinhall.org)

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# The CQI Cycle



**Evidence Use throughout the CQI Process**

CQI Phase	Hypothesis Development/Testing	Evidence Use
<p align="center"><b>Plan</b></p> 	<p align="center">Define the problem. ("I observe that...")</p>	<p align="center">What evidence supports this observation?</p>
	<p align="center">Hypothesize as to the cause of the problem. ("I think it's because...")</p>	<p align="center">What evidence supports this theory of change?</p>
	<p align="center">Identify a solution. ("So I plan to...")</p>	<p align="center">What evidence supports the hypothesis that this intervention will have the intended effect on the target population?</p>
	<p align="center">Set a performance target. ("....which I think will result in...")</p>	<p align="center">What evidence supports the hypothesis that the proposed dose of the intervention will lead to this specific degree of improvement?</p>
<p align="center"><b>Do</b></p> 	<p align="center">Implement the intervention.</p>	<p align="center">Collect data required for an analysis of intervention effectiveness and analysis of implementation fidelity.</p>
<p align="center"><b>Study</b></p> 	<p align="center">Measure progress toward the target outcome.</p>	<p align="center">What evidence is there that the intervention was effective (or not effective)?</p>
	<p align="center">Monitor implementation.</p>	<p align="center">What evidence is there that the intervention was (or was not) implemented with fidelity?</p>
	<p align="center">Provide feedback to relevant stakeholders and decision makers.</p>	<p align="center">Transmit evidence regarding outcomes and fidelity to those who will interpret the findings and make decisions accordingly.</p>
<p align="center"><b>Act</b></p> 	<p align="center">Determine the extent to which the problem still exists.</p>	<p align="center">What evidence supports this observation?</p>
	<p align="center">Confirm or refute the theory of change.</p>	<p align="center">What evidence supports this claim?</p>
	<p align="center">Adjust the intervention as needed.</p>	<p align="center">What evidence supports the decision to continue, modify, or discontinue the intervention?</p>

## **Legal Parties Taskforce Report to the Nebraska Children's Commission**

### **Recommendations on Potential Guardian ad Litem Legislation**

**January 21, 2015**

The Legal Parties Taskforce was created by the Nebraska Children's Commission to examine the roles of legal parties in Juvenile Court and make recommendations to improve the Juvenile Court system. The Taskforce was directed by the Commission to begin the process by creating recommendations related to Guardians ad litem following interim study LR542 examining issues in the current Guardian ad litem system.

The Taskforce met by telephone on December 1<sup>st</sup> and 11<sup>th</sup>, 2014, and January 15<sup>th</sup>, 2015. Taskforce members include Monika Anderson (Legal Counsel, NFC), Jennifer Clark (County Attorney, Douglas County Juvenile Court), Juliana Jenkins (Guardian ad litem), Kim Hawekotte, (Executive Director, Foster Care Review Office), Wes Nespor (Legal Counsel, DHHS), Judge Linda Porter (Lancaster County Juvenile Court), Julie Rogers (Inspector General of Nebraska Child Welfare), David Slattery (Legislative Aide for Senator Coash), Juliet Summers (Child Welfare Policy Coordinator, Voices for Children), and Janine Uchino (Guardian ad litem).

The Taskforce reviewed previous reports and recommendations regarding the Guardian ad litem system in Nebraska, information on Guardian ad litem provision models in other states, and proposed legislation. LB15, introduced by Senator Krist, and LB265, introduced by Senator Campbell, propose legislation related to Guardians ad litem. The Taskforce has reviewed LB15 and LB265 and developed recommendations regarding the proposed changes to current laws regulating Guardians ad litem.

The Taskforce will continue to examine the roles of legal parties and work towards developing recommendations to professionalize the practice of law in Juvenile Court.

Subject Matter	Proposed Legislation	Taskforce Recommendation
Training	Guardians ad litem shall fulfill training requirements as prescribed by the Supreme Court rule [LB15, Sec. 1(2)(a)]	The Taskforce recommends that this provision be codified in statute.
Visitation	<p>When possible, consult with the juvenile when requested by juvenile, after notification of an emergency or significant event, and prior to any hearing at which substantive issues affecting the juvenile's legal or best interests are anticipated to be addressed by the court [LB15, Sec. 1(2)(k)]</p> <p>The guardian ad litem shall, if possible, when an unreasonable geographical distance is involved between the location of the juvenile and the guardian ad litem: (a) Obtain from the court an advance determination that the court will arrange for the payment or reimbursement of the guardian ad litem's reasonable expenses incurred in connection with the travel to meet with the juvenile; or (b) Utilize electronic means or technology to communicate with the juvenile. [LB15, Sec.1(7)]</p> <p>Consultation with the juvenile means meeting in person with the juvenile unless prohibited or made impracticable by exceptional circumstances. [LB15, Sec. 1(22)(a)]</p> <p>The Guardian ad litem shall make every reasonable effort to become familiar with the needs of the protected juvenile which shall</p>	<p>The taskforce recommends:</p> <ol style="list-style-type: none"> <li>1. The elements of LB15 and LB265 be combined as follows:</li> <li>2. Guardians ad litem should be required to consult with the juvenile within 2 weeks and every three months thereafter within placement.</li> <li>3. The phrase "when possible" should be removed from LB15, Sec. 1 (2)(k).</li> <li>4. Guardians ad litem should be required to consult with the juvenile when requested by the juvenile, after notification of an emergency or significant event, and prior to any hearing affecting the juvenile's legal or best interests.</li> <li>5. That the provisions allowing for other forms of consultation and advance determinations of expense reimbursement in the event of an unreasonable geographical distance be codified in statute.</li> </ol>

	<p>include consultation with the juvenile in his or her respective placements within two weeks after the appointment and once every three months thereafter [...] unless the court approves other forms of consultation. [LB265, Sec. 2 (2)(d)]</p>	
<p>Reporting Requirements</p>	<p>Make written recommendations to the court in the form of a report regarding the temporary and permanent placement of the protected juvenile. The report shall include written recommendations to the court regarding any other matter that affects or would affect the legal and best interests of the juvenile. [lb15, Sec. 2(2)(o)]</p> <p>Submit written report to the court at every dispositional and review hearing, unless waived by the court for good cause. Information in the report will include, but not be limited to, a listing of documents reviewed, the guardian ad litem's concerns regarding any specific matter or problem, and the guardian ad litem's recommendations regarding placement in light of best interests. [LB15, Sec. 2 (2)(p)]</p> <p>Written report at every dispositional, review, or permanency planning hearing, and should include the type and number of contacts with the child, type and number of contacts with stakeholders, and any other relevant information on the Supreme Court form. A copy of the report shall be provided to the</p>	<p>The taskforce recommends:</p> <ol style="list-style-type: none"> <li>1. The items listed in both LB15 and LB265 be included in the report of the Guardian ad litem.</li> <li>2. The report should include the expressed interests of the child or children.</li> <li>3. The report should be an exhibit and be subject to the applicable court rules for exhibits.</li> <li>4. The report should include the Guardian ad litem's opinion on the child's attendance in court, including the child's wishes if the child is of sufficient age and maturity.</li> <li>5. The report should not be required to be on the Supreme Court form.</li> </ol>

	Foster Care Review Office for juveniles in foster care placements. [LB265, Sec. 2 (2)(f)]	
Best Interests of the Child and Expressed Wishes of the Child	<p>Make and independent determination considering all available information and resources and take necessary actions to advocate and protect the best interests of the juvenile. [LB15, Sec. 2 (3)(a)]</p> <p>Guardian ad litem shall assess whether there is a conflict due to the child's expressed wishes and request the appointment of a separate attorney to represent the juvenile's legal interests if the child's wishes are inconsistent with the child's best interests. Assessment should include the juvenile's age, maturity, capacity, and nature of inconsistency between best interests and expressed wishes. [LB15, Sec. 2(3)(b)]</p> <p>If the Guardian ad litem assesses there is a conflict, request that the court make a determination whether special reasons exist for the court to appoint a separate attorney to represent the legal interests of the juvenile. [LB15, Sec. 2 (3)(c)]</p>	<p>The taskforce recommends:</p> <ol style="list-style-type: none"> <li>1. The Guardian ad litem should inform the Court of the juvenile's expressed wishes in the Guardian ad litem report.</li> <li>2. Any party to the case should be allowed to raise the issue of a potential conflict between best interests and express wishes, and request that the court make a determination that separate counsel should be provided.</li> <li>3. If the above recommendations are implemented, is not necessary to mandate that the Guardian ad litem assess the potential of a conflict between best interests and express wishes. All other parties will be able to request a determination for separate counsel from the Court.</li> </ol>
Other Duties	<p>Guardian ad litem shall make inquiry of caseworker, foster parent, legal custodian, any other person directly involved or with knowledge of child's best interests. {LB15 Sec. 2 (2)(n)}</p> <p>If appointed to more than one juvenile in the same case, continually assess whether there</p>	<p>The taskforce recommends:</p> <ol style="list-style-type: none"> <li>1. With the exception of the provision regarding the juvenile's court appearance, all other duties listed be codified in statute.</li> <li>2. The Taskforce was unable to reach a consensus on the issue of juvenile court appearances. Concerns discussed</li> </ol>

	<p>is a conflict. If the Guardian ad litem identifies a conflict, apply to the court for a appointment of separate counsel. [LB15, Sec. 2 (5)]</p> <p>Attend all hearings unless expressly excused. [LB15, Sec. 2 (11)]</p> <p>Advocate for juvenile to present at all court hearings as appropriate and take steps to ensure such attendance on the part of the juvenile. [LB15, Sec. 2 (13)]</p> <p>The Guardian ad litem shall provide quality representation and advocacy for the juveniles throughout the case. [LB15, Sec. 2 (14)]</p> <p>The Guardian ad litem must submit a copy of report to the Foster Care Review Office. [LB265, Sec. 2 (2)(f)]</p>	<p>included:</p> <ul style="list-style-type: none"> <li>a. It can be helpful for children to see that the parties to the case are advocating for them.</li> <li>b. Court appearances can give children an opportunity to have their voices heard.</li> <li>c. Children often express that they do not wish to appear in court.</li> <li>d. Some children may need to travel long distances to reach court.</li> <li>e. Appearing in court may be traumatic for some children.</li> <li>f. Parents may be more motivated to access services if they know that their children will be present when their progress is discussed.</li> </ul>
<p>Other Powers</p>	<p>Guardian ad litem is entitled to receive all pleadings, notices, including timely notices of change of placement, and order of the court, all case plans and court reports prepared by DHHS, Probation, the Foster Care Review Office, CASA, any subcontractor thereof, and reports, evaluations, records, and documents prepared by providers. If these are not provided, the Guardian ad litem may request them [LB15, Sec. 2 (2)(d),(e)]</p> <p>Guardian ad litem has the same right as the juvenile's legal guardian to obtain information from all professionals and service providers</p>	<p>The taskforce recommends:</p> <ul style="list-style-type: none"> <li>1. That a provision be added that these powers may only be used in the commission of duties as Guardian ad litem.</li> <li>2. That a provision be added requiring Guardian ad litem to hold this information confidentially unless necessary to disclose in commission of duties as Guardian ad litem.</li> </ul>

	<p>and receive notice and participate in all relevant conferences, staffings, team meetings, or hearings. [LB15, Sec. 2 (2)(f)]</p> <p>Guardian ad litem can communicate with and respond to inquiries for information regarding the juvenile made by the Foster Care Review Office, the Office of Probation Administration, the Department of Health and Human Services, or any CASA. [LB15, Sec. 2 (2)(g)]</p>	
Caseload	<p>The Guardian ad litem shall not accept caseloads that will interfere with or lead to a breach of professional obligations or standards required to be met by a guardian ad litem by law or court rules. [LB15, Sec. 2 (15)]</p> <p>The duties of a guardian ad litem shall be personal to the appointed individual and shall not be delegated to another person, if feasible. [LB15, Sec. 2 (18)]</p>	<p>The taskforce recommends:</p> <ol style="list-style-type: none"> <li>1. The Guardian ad litem's caseload determination should refer to the Code of Ethics for guidance.</li> <li>2. Guardians ad litem should be allowed to delegate administrative and other duties related to the case.</li> <li>3. Guardians ad litem should not be able to delegate the duty of consultation with juvenile.</li> </ol>
Accountability	<p>The Court may remove a Guardian ad litem for cause if the Guardian ad litem fails to discharge duties or protect the child's best interests, or due to any other circumstance of factor that impairs the discharge of duties as Guardian ad litem. [LB15, Sec. 2 (17)]</p> <p>The Guardian ad litem may be compensated on a per-case appointment system or multi case contracts. Compensation shall be based on an hourly, not a flat fee scale, whether through appointment or contract. Billing hours</p>	<p>The taskforce recommends that these provisions be codified in statute.</p>

	<p>and expenses for court appointed guardian ad litem services shall be submitted to the court for approval and recorded on a written, itemized billing statement. Billing hours and expenses for services rendered under contract will be submitted to the entity with who the guardian ad litem contract in the form and manner prescribed by such entity for approval. [LB15, Sec. 2 (21)]</p>	
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Nebraska Children's Commission  
Background Information on the Lead Agency Model  
January 21, 2015

### Introduction

The Nebraska Children's Commission has been tasked by statute to examine the potential of contracting with private non-profit entities, as a lead agency. Statute states that lead agency utilization must be done in such a way to maximize the strengths, experience, skills, and continuum of care of the lead agencies.

This document will begin by clarifying definitions of terms commonly used when discussing the lead agency model. After establishing definitions, it will turn to a brief examination of the history of privatization in Nebraska. The next section will be a conceptual discussion of factors that must be considered while evaluating the potential of contracting with private non-profit entities. The final section will include a case study and timeline of a state currently engaged in the process of implementing a version of the lead agency model.

### Definitions

"Privatization" refers generally to a public agency delegating services or decision making to a private entity through contract. The general philosophy behind privatization efforts includes improved outcomes and achievement of CFSR goals, system improvement, efficient use of taxpayer resources, improved services through the use of innovative approaches and technology, and slowed growth of government or reduction in size of government. Child welfare has almost always been privatized to some extent. Public agencies frequently rely on private agencies and entities to provide services such as mental health and substance abuse treatment, counseling, foster home recruitment and licensing.

One model of privatization of services is the "lead agency model." In a lead agency model, the state contracts with one agency to provide, rather than multiple contracts with more than one agency. Generally, one contract is more easily managed than multiple contracts. The costs of infrastructure and management for one agency can be more easily spread to a large number of clients. The lead agency, if the appropriate leadership and workforce are in place, can more easily coordinate and integrate services and perform more consistently than multiple agencies. The disadvantage of the model is when a contracted agency underperforms; it leaves the state reliant on an ineffective agency to protect its vulnerable populations.

In the context of child welfare reform, privatization is often used to refer to the transfer of case management responsibility from a state Health and Human Services agency to a private entity. "Case management" has different meanings in various jurisdictions. This term can refer to daily care decisions, such as service coordination, or to case planning decisions regarding placement and visitation that is subject to the oversight of the courts. Some jurisdictions engage in dual case management, in which private and public case workers share responsibilities.

There is no one way to draft a contract for a lead agency. A state may choose variants in a number of different categories, such as: pay for performance, flat case rates, level of risk for contractor, populations served, or in-house service provision. There is no comparative study that shows better outcomes related to one type of contract. All types of contracts have experienced success and failure. The utilization of lead agencies must be closely tied to expected outcomes, and have a clear plan for how lead agency utilization will assist in reaching those outcomes.

### **History of the Lead Agency Model in Nebraska**

A timeline of the child welfare reform effort is included as "Appendix A." The events of the timeline make clear that the implementation was not a smooth process and has had far ranging implications at all points of the child welfare system. LR37 was introduced in 2011 to review, investigate and assess the effects of child welfare reform implemented beginning in 2009. The resulting report of LR37 identified three tenets after conducting a significant amount of investigation, including interviews, surveys, research and public hearings. First, that "Child welfare reform is not synonymous with privatization; neither is privatization synonymous with child welfare reform." Second, that "Privatization is a tool, not an end in itself, to child welfare reform." Finally, "The success of states and communities in addressing child welfare is primarily predicated on ensuring that all three branches of government are involved in the development of a strategic plan and an implementation plan prior to initiating contracting with state wide lead agency."

It is important to note that Nebraska currently utilizes the lead agency model. One lead agency, Nebraska Families Collaborative, has remained as a pilot project, providing case management to the Eastern Service area. NFC has been evaluated by the research firm Hornby Zeller and Associates in 2012, and is in the process of receiving another evaluation that has yet to be released.

### **Beginning Considerations**

In order to inform a thoughtful conversation about the potential of contracting with a lead agency, it is important to look at the current health, stability and performance of several areas of the child welfare system. Many states implement lead agency models as a response to a fiscal crisis, or negative publicity stemming from critical incidents involving state wards. Stakeholders must first evaluate the general health of the child welfare system before evaluating the potential of contracting with a lead agency, and take into account the following factors:

- **Service array in the state or service area.** The Division of Children and Family Services is one part of the child welfare system. The entire system must be healthy for outcomes to be achieved. Plans to privatize will be useless unless there is a strong service array to support the children and families of the state. A change in responsibility for service coordination and provision will not change outcomes without availability of services.
- **Availability of funding streams.** Many Nebraska lead agencies withdrew from contracts due to fiscal concerns. States must consider the funding streams, actual costs of case management, and devise ways to ensure that lead agencies are fully funded and funding streams are maximized.
- **Workforce strength and retention.** Case workers play an integral role in child welfare. There must be buy-in from the workforce so that the lead agencies remain fully staffed. Additionally, there must be strong and competent workers available for the lead agency to hire.
- **Stakeholder support.** Lead agencies cannot succeed without support and buy in from stakeholders. Most jurisdictions plan for lead agencies slowly and with ample input from stakeholders through forums, focus groups, and community gatherings. Stakeholders that are recommended to be involved include: service providers, public agency representatives, Juvenile Court judges and other representatives of the legal branch, including county attorneys, defense attorneys, and Guardians ad Litem, parents and youth receiving services, foster and adoptive parents, representatives of the public employee union, legislators, tribal leaders, child advocates, and providers of mental health and substance abuse services.

- **Time to plan.** In order for the lead agency model to succeed, ample time needs to be devoted to creating a plan that addresses the potential risks and lessons learned. Lead agency models are often implemented on short timelines in response to a crisis or upheaval in the child welfare system. This leaves stakeholders with reduced time to plan and consider the real costs and effects of changing the model of case management provision.
- **Coordination and communication between agencies and stakeholders.** Lead agencies need a mechanism for communication between entities to coordinate services in a timely and efficient manner. Many children have needs that involve multiple systems, such as a state ward with behavioral health needs. This child may need foster care, behavioral health services, and educational support, which requires the navigation of multiple systems.

#### **Planning and Transition Case Study: Washington State**

Washington State is an example of a state slowly transitioning to the lead agency model. The process began as a result of 2009 legislation reforming child welfare in two phases, and has yet to be fully implemented. The first phase of Washington's reform initiative was to reduce the number of contracts and transition to performance based contracts. The second phase involves demonstration sites to compare public and private case management in child welfare. The legislation also created the Child Welfare Transformation Design Committee to advise the public agency on the transition. A time line attached as "Appendix B" shows the slow and deliberate planning Washington is engaged in to maximize the use of the lead agency model in child welfare.

#### **Conclusion**

In order to fully evaluate the potential of contracting with a lead agency, the current functioning of the child welfare system must be fully evaluated and explored. Past experience clearly shows that solely privatizing child welfare responsibilities will not create a healthy system. A thorough examination of the potential of contracting with a lead agency in the context of LR37 begins with a thoughtful consideration of the state of the child welfare system as it currently exists, and the intent to improve outcomes.

## Appendix A

### Nebraska Lead Agency Utilization Timeline

This document is meant to serve as a brief timeline of Nebraska's utilization of the lead agency model in child welfare. It is split into three phases, planning, implementation, and post-implementation. This timeline has been adapted and updated from the timeline provided by the Health and Human Services Committee Report to the Legislature dated December 15, 2011 titled: *Legislative Resolution 37 (2011): Review, Investigation and Assessment of Child Welfare Reform*.

#### Pre-Implementation

March 17, 2008 – State announces a Request for Bid (RFB) from private agencies to provide a continuum of safety and in home services.

June 11, 2008 – State signs contracts with five lead agencies for safety and in-home services for CFS clients. These contracts total \$32.7 million.

July 1, 2008 – State begins implementation of the above contracts

Sept. 5, 2008 – Children and Family Services (CFS) releases a framework of recommendations for out of home care, including utilizing private agencies for services and service coordination, while critical case decisions are still made by agency staff. The document suggests that the contracts would take effect July 1, 2009.

Nov. 6, 2008 – After holding a number of forums and receiving input, CFS opts to extend implementation date from July 1, 2009 to January 1, 2010.

Nov. 26, 2008 – CFS releases a plan to reform out of home care, including a detailed description of duties and case management roles between public and private workers.

July 29, 2009 – Six agencies (Alliance for Children and Family Services, Boys and Girls Homes, Cedars Youth Services, Nebraska Families Collaborative, KVC Behavioral Healthcare Nebraska, and Visinet) sign implementation contracts with the state. These contracts contained agreements to develop staffing and infrastructure to provide services. Service provision was to begin October 1, 2009, and be fully implemented on January 1, 2010. Most contracts were later amended to begin November 1, 2009, with full implementation April 1, 2010. A second set of contracts that would require the agencies to provide services were anticipated to be signed in the fall.

October 26, 2009 – One agency (Alliance for Children and Family Services) declines to sign the services contracts, as the funding would be about one million dollars less than expected. CFS states that some contract money was withheld to pay for services provided since July 1, 2009.

Nov. 20, 2009 – The remaining five agencies sign service contracts, totaling \$149,515,887.

### **Implementation**

April 1, 2010 – Lead agencies have fully implemented their services by this date.

April 2, 2010 – Cedars Youth announces its withdrawal as lead agency, citing inadequate reimbursement from the state. A representative from Visinet announces that the agency was reviewing its finances and considering whether to withdraw from the contract.

April 8, 2010 – Visinet files for bankruptcy and the state terminates the contract. CFS workers scramble to find foster care and services for approximately 2,000 children.

April 13, 2008 – HHS Committee introduces LR568, an interim study resolution on privatization.

Sept. 30, 2010 – Boys and Girls Home and DHHS announce a mutual agreement to terminate the contract.

Oct. 2010 – Remaining contractors receive \$6.3 million beyond the original contracts from CFS.

October 15, 2010 – CFS announces the department is working on developing a plan to transfer case management responsibilities to the lead agencies. Target date is Jan. 1, 2011.

Nov. 30, 2010 – CFS announces that the remaining lead agencies, KVC and NFC will receive one time additional funding. In January of 2011, the amount will be revealed to be \$12 million for KVC and \$7 million for NFC.

### **Post – Implementation**

January 6, 2011 – LB95 is introduced in the Nebraska Legislature; this bill would prohibit the Department from entering into lead agency contracts for the central, northern and western service areas until June 2012.

January 14, 2011 – LR37 is introduced to investigate and assess the reform efforts.

Feb. 7, 2011 – LR37 adopted with 43-0 vote.

April 12, 2011 – LB95 is held by the Legislature in response to communication from Governor Heineman indicating that he had directed HHS to refrain from entering into lead agency contracts in the western, northern, and central service areas until at least June 2012.

Aug. 2011 – DHHS CEO states that the agency might not use the lead agency model beyond the two service areas in which it is in place.

Jan. 11, 2012 – LB961 is introduced in the Nebraska Legislature. This Bill authorized a lead agency as a pilot project for limited service areas and stressed the importance of case management remaining with the state. Also on this date, LB1160 is introduced, which would require the State to contract with a third party to evaluate the child welfare system in Nebraska, including the effects of privatization.

February 21, 2012 – KVC announces that it will end case management services for the state by March 1, 2012. NFC is the last remaining lead agency.

April 3, 2012 – LB961 passes in the Nebraska Legislature. This bill allowed for lead agencies as pilot projects in the eastern and South Eastern service areas, but not in the Central, Western, or Northern Service Areas.

April 5, 2012 – LB1160 is passed in the Nebraska Legislature.

November 30, 2012 – Assessment of Child Welfare Services, an evaluation by Hornby Zeller, is filed in accordance with LB1160.

March 28, 2013 – Health and Human Services Committee issues a letter to the Legislature recommending that the Pilot Project in the Eastern Service area continue past April 1, 2013.

Sept. 15, 2013 – Report from the Office of the inspector General of Child Welfare is released. This report notes that stability has not been achieved since the state's failed attempt at privatization.

January 8, 2014 – LB660 is introduced. This bill would authorize Health and Human Services to extend the pilot project, and provides for an evaluation of the pilot project.

March 27, 2014 – LB660 is passed by the Nebraska Legislature.

July 1, 2014 – The contract authorized by LB660 takes effect. This contract will be in effect through June 30, 2015.

## Appendix B

### Washington State Performance Based-Contracting Timeline

This document is meant to serve as a brief overview of the process Washington State is engaging in to implement the lead agency model. The timeline has been adapted from *Transforming Child Welfare in Washington State: Performance based Contracting*, January 2012, Washington Institute of Public Policy, and *Performance-Based Contracting for Family Support and Related Services: Preliminary Report*, December 2014, Washington Institute of Public Policy.

2009 – Washington State Legislature passes Second Substitute House Bill 2106 (2SHB 2016) to initiate a two-phase reform of child welfare services. The first phase converts existing contracts with service providers to performance based contracts and reduces number of contracts. The second phase creates two demonstration sites to compare child welfare case management by private agencies with public agency case management. Part of the legislation was the creation of the Child Welfare Transformation Design Committee (“Committee”) to advise the state in the reform.

December 2009 – The Children’s Administration (“CA”) presents a proposed model of consolidated contracts under a lead agency responsible for providing child welfare services to the Committee. The CA continues to solicit feedback from stakeholders and internal and external advisory groups.

June 30, 2009 – The Child Welfare Transformation Design Committee has its first meeting.

June 2010 – The CA presents a revised version of the lead agency design to the Committee. The presentation includes the following proposed timeline: Oct. – Nov. 2010: Issues Request for Proposals (RFP) for lead agency contractors; March – April 2011: Execute contracts enabling capacity building and 90 day start-up period; and July 1, 2011: Legislative deadline to implement performance based contracts. The CA continues to solicit feedback from stakeholders.

Oct. 2010: The CA presents its plans for Lead Agency services and responsibilities and an initial proposal for Supervising Agencies to provide case management.

Nov. 22, 2010 – The CA releases a draft RFP with a two week period to receive comments and questions.

December 2010 – The Committee meeting is utilized as a time to address questions submitted to the CA regarding the draft RFP.

Jan. 1, 2011 – The CA begins the process of consolidating and converting contracts to performance based. This process continues to June 30, 2011.

Feb. 18, 2011 – The CA releases an RFP. Submission deadline is May 9, 2011. The request was for performance based contracts. The measures of performance were related to outcomes regarding child safety and wellbeing; timeliness of services; and periodic satisfaction surveys of children, families, tribes, community partners, CA social workers, and court stakeholders.

May 5, 2011 – The Washington Federation of State Employees files a motion for a preliminary injunction against the RFP.

May 13, 2011 – Preliminary injunction is granted by Thurston County Superior Court, finding it was in violation of a state law requiring public agencies contracting out to allow employees to offer alternatives or enter bids on the contracts.

May 26, 2011 – The CA withdraws its RFP.

2012 – The Legislature passes ESSB 2264 amending the law, creating a “network administrator” defined as “an entity that contracts with the department to provide defined services to children and families the child welfare system through its provider network. Law provides that the department should not renew contract with individual agencies, but should enter into performance based contracts with network administrators in geographical areas, and the network administrators would, in turn, subcontract with service providers.

2013 – CA releases an RFP for contracts as network administrators. Out of eight potential bidders, five indicate that they will not submit a proposal, and the CA rescinds the RFP in March of that year.

Summer/Fall 2013 – CA holds two public meetings with stakeholders to obtain information needed to implement performance based contracts and understand the lack of interests in bidding.

2014 – Legislature again amends the law, this time postponing to July 1, 2014 the date that CA must implement performance-based contracts with network administrators, and full implementation postponed to July 1, 2015. The law granted CA the ability to release a RFP or Request for Information (RFI), and delayed demonstration sites until Dec. 30, 2016.

Jan. 2014 – CA releases RFI for performance based contracting in seven counties. Empire Health Foundation responded to the RFI with a two tiered model with a statewide network administrator and regional network administrators. After developing a model and bringing together a collaborative of stakeholder to create the model, the

Family Impact Network, a subsidiary of Empire Health Foundation, was created to serve as the network administrator.

January 2015 – Family Impact Network is anticipated to become fully staffed during this month.



## **Privatization of Child Welfare Services: Challenges and Successes Executive Summary**

To an increasing extent, states and counties across the United States are embracing privatization as a strategy for providing child welfare services. In the past, noncompetitive quasi-grant arrangements typified the relationships between public agencies and private, not-for-profit child welfare agencies. Over the past few years, however, new types of arrangements – in which private agencies have assumed full responsibility for what were formerly public functions – have become more common. Privatization – a concept implemented in other business and service sectors and an approach that assumes that the private sector can and will provide higher quality services at a lower cost and with greater efficiency – has emerged as a trend in the field of child welfare.

Evaluations of child welfare privatization efforts, however, generally have been limited to self-studies and often have lacked the necessary objectivity for solid assessment. Significantly, there has been no cross-jurisdictional analysis of different privatization efforts (which frequently, but not always, include managed care features). The organizational and operational effects of the shift from the provision of services by the public sector to the assumption of these responsibilities by the private sector have not been closely examined. Perhaps even more importantly, it has not been clear to what extent the outcomes for children and families have improved or worsened as child welfare services have been privatized. Unlike the privatization of airports, the collection of child support, or trash collection, the privatization of services for highly vulnerable children and families raises critical issues related to safety and well being that need to be closely examined.

### **The Study**

This study was designed to enhance the understanding of efforts to privatize child welfare services, with an emphasis on examining the extent to which benefits have been achieved through these approaches and the extent to which there have been negative consequences for the children and families served and for the child welfare system itself. A case study approach was used in which key participants (who varied from one jurisdiction to another but who typically included public and private agency representatives and consumer representatives) were interviewed and program descriptions, written reports, evaluations and other materials were reviewed. Each case study was reviewed by members of the study's Advisory Board and by individuals who provided information through interviews. Following this process, each case study was finalized. Six privatization initiatives were studied. The selected initiatives reflected different approaches to privatization – in terms of scope, target population, structure and design, services, and financing methodology. The initiatives that were studied were:

- (1) Kansas: Statewide privatization of family preservation, foster care and adoption services.
- (2) Florida: Statewide privatization of child welfare and "related" services (with the exception of protective service investigations), an effort called "Community-Based Care." The case study focused on the privatization of child welfare service in Sarasota County, the site of the longest standing privatization effort in the state, with references to other counties' experiences as appropriate.
- (3) Missouri: A privatization effort entitled, "The Interdepartmental Initiative for Children with Severe Needs and their Families," a collaborative effort between the State Departments of Social Services and Mental Health that has focused on children and youth with extremely high level service needs.
- (4) Hamilton County, Ohio: A county-based privatization effort, entitled "Creative Connections," on the part of five county

agencies (child welfare, mental health, substance abuse, mental retardation/developmental disabilities, and the juvenile court) and a private, not-for-profit lead agency to provide services for children and youth with multi-system needs.

(5) Michigan: A pilot privatization effort, called the "Foster Care Permanency Initiative," based in Wayne County (and including Detroit) that is designed to promote the more timely achievement of permanency by more children in the foster care system.

(6) Maine: A statewide privatization initiative entitled the "Community Intervention Program" which provides assessment and intervention services to families who are at low to moderate risk for child abuse and neglect.

### **Lessons Learned and Recommendations**

An analysis of the six case studies yielded a number of "lessons learned" regarding the planning, development, implementation, financing, and evaluation of privatization initiatives. These "lessons learned" identified those features of these efforts that proved to be effective and those aspects that were associated with outcomes generally viewed as poor or, in some cases, disastrous. Based on these "lessons learned," seventeen recommendations were advanced to assist communities that may be considering a privatization effort.

(1) When considering privatization, a community should take into account the goals of the privatization effort and based on those goals, clearly specify the specific population to be served; the model for privatization to be used, and if a lead agency model is selected, the types of agencies that will be eligible to serve as lead agency; the roles and responsibilities of the public agency and the private agency; and the fiscal methodology.

(2) Public agencies should not expect to save money through privatization, given the real costs of developing, implementing, and overseeing a privatization initiative and the costs associated with providing a full array of services to children and families under expectations of higher quality. Private agencies, however, should expect that public agencies will attempt to control costs through privatization and may design programs that shift the risk of financial loss to the private agency.

(3) Absent significant attention to the factors that undermine efficiency in the public sector, all parties should recognize that greater efficiency will not be achieved simply because a private agency has assumed primary responsibility for service provision.

(4) Outcomes and their associated performance targets should be few in number; should represent the concepts to be measured in straightforward and simple terms; and should be based on pre-privatization program data or on baseline data developed during the initial implementation stage of the privatization initiative. Fiscal incentives should be tied to a limited number of key program outcomes.

(5) Communities should recognize that privatization efforts require the commitment of high-level leadership over the long term and require concerted efforts to develop and sustain strong interpersonal relationships between public and private agencies. Absent these factors, it is unlikely that a privatization initiative can be successfully implemented or sustained.

(6) Attention should be given to carefully delineating the roles and responsibilities of both the public agency and the private agency in a privatization initiative.

(7) A strong infrastructure – characterized by a vision of the initiative shared by the public and private agency, an adequate management and staffing structure, financial support for start up, and strong connections with the community – should be the initial focus as communities move toward the implementation of any privatization initiative.

(8) A "phased in" approach – in which privatization is implemented through broad-based community planning, pilot projects, and/or transitional contracts – should be used to ensure the successful implementation of privatization initiatives.

(9) Service capacity should be a central focus in the planning and implementation of any privatization effort. The current

service system should be realistically evaluated in light of clients' needs; private agencies should receive needed support to develop an adequate service capacity, including linkages with other services systems (such as the mental health and substance abuse treatment systems); and service capacity should be assessed on an ongoing basis by both the public and private agencies to ensure responsiveness to evolving client needs.

(10) Information management systems that produce cost, service, and outcome data at the individual and aggregate levels should be developed and implemented as quickly as possible.

(11) In any privatization initiative involving contracting out, the process of securing competitive bids should be carefully designed and consistently implemented, and should clearly communicate the nature and scope of the program, the fiscal methodology, and the service expectations. The entire contracting out process – from seeking bids to finalizing the contract – should be implemented in a consistent, predictable manner.

(12) Privatization contracts should be written in language that is understandable to the parties that will implement the requirements, particularly private agency administrators. Contracts should state with specificity the services to be provided, to whom they are to be provided, and the results to be obtained.

(13) Because the public agency must remain accountable when services are privatized, it should develop strong monitoring capabilities that ensure effective government oversight and assurance of contract compliance, compliance with standards of quality service provision, and the achievement of program outcomes.

(14) The funding for any privatization initiative must be at an adequate level. Privatization cannot be viewed as a way to provide services more cheaply nor as a way to control costs. Reimbursement rates and schedules must be fair and equitable.

(15) At risk contracting – which places private agencies at financial risk when the cost of services exceeds the predetermined rates or payment levels – should be viewed with considerable caution. Given the current state of knowledge regarding risk shifting in child welfare contracts, it is premature at this point to utilize at risk and/or performance based contracting (whether in the form of case rates, capitated payments or global budgeting). To the extent that such approaches are used, they should be subject to ongoing assessment based on the development of baseline cost and outcome data and should be seen only as "working hypotheses."

(16) When at risk contracting is used, there should be viable protections for private agencies against excessive levels of financial loss precipitated by factors beyond the private agency's control. Mechanisms such as stop-loss provisions and risk pools should be carefully developed and then fully implemented.

(17) Consumer involvement should be a key focus in program design, implementation, and evaluation. Specific mechanisms for involving consumers at all program levels should be developed and implemented.

The experiences of the communities that implemented the initiatives on which this study focused make clear that there is much to be learned from the child welfare privatization efforts that have been implemented thus far. Given the continuing interest in privatization, it is likely that other communities will seek to design and implement their own privatization initiatives. It is hoped that the documentation of the rich experiences of communities that already have planned, developed, and implemented such efforts and learned what "works" and what does not "work" can inform these efforts.

# Privatization of Child Welfare Services: A Guide for State Advocates



This brief provides an overview of child welfare privatization and how advocates can be involved in efforts to privatize child welfare services. Guided by advice from seasoned public and private agency administrators and advocates, it includes practical tips for advocates when privatization is being considered, planned, implemented, evaluated, or re-assessed.



State advocates can actively participate in all stages of privatization. In partnership with policymakers, state administrators, private providers, and advocates can:

- o Weigh the possible benefits and risks of privatization
- o Design contract reforms once the decision to move forward is made
- o Promote smooth implementation
- o Monitor outcomes of privatization
- o Continue to make the case for adequate funding, structures, and oversight

Child advocates are a key voice in privatization efforts. While other stakeholders may have multiple interests affected by privatization, child advocates have the ability to ensure that improved outcomes for children and families remain front and center at every step in the process.

**October 2012**

## An Overview of Child Welfare Privatization

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Provision of child welfare services by private organizations is not a new concept. In many ways, the private sector served families and children long before governmental agencies took on the responsibility. However, the transfer to the private sector of frontline case management functions such as setting case goals, deciding how and when services are delivered, assessing progress, and managing resources to meet child and family needs, has only been evident since the mid-1990s. These newer efforts have increasingly been labeled “privatization,” but are also called “outsourcing,” “public-private partnership,”

and “community-based care.” For the purpose of this guide, child welfare privatization includes:

- A shift in responsibility and decision-making authority
- Core mandated child welfare functions formerly provided by the public agency shifting to the private sector, while still monitored by the public agency
- The introduction of some level of financial risk-sharing between the public and private agencies

Regardless of the label, the more responsibility the public agency gives to private providers, the more dependent the state is on their performance. Partnership, accountability, and trust become key features of the new contracting environment.

There are many privatization arrangements, ranging from vouchers to public-private partnerships. The most common form of privatization in all fields, however, is “contracting out,” a process in which the government seeks competition among private bidders to perform government activities. With contracting out, the government remains the financier and is responsible for managing and setting policies on the type and quality of services to be provided.

### **Performance-Based Contracting**

In child welfare, a principal form of contracting out is performance-based contracting (PBC). Over the past few decades, child welfare and other health and social services have broadly experimented with PBCs that directly link child and family outcomes to private agency reimbursement, or indirectly link them to contract renewal. There is no single definition of PBC, but there is agreement that PBC has shifted the focus away from system processes (holding agencies accountable for *how* things are done) toward improved outcomes for children and families (holding agencies accountable for *results*).

PCB models are diverse, with differences in some or all of the following:

- The amount and timing of payments to the contractor
- The extent to which financial incentives and disincentives are offered
- The level of risk assumed by the contractor
- The type of information collected from the contractor and frequency of reports on performance
- The extent to which the contractors were involved in developing performance indicators
- The extent to which there is reinvestment of savings

Example: During the mid-1990s, Illinois reported that 17.1 out of every 1,000 children in the state were in foster care, the nation’s highest rate. The state converted its existing foster care contracts to reward performance and simultaneously implemented a number of other reforms, including securing three title IV-E

waivers and becoming a nationally accredited public agency. These reforms were intended to reduce the number of children entering care and to support all permanency options. More recently, the state has expanded its PBCs to include residential/group care agencies.

### **Reasons for Privatization of Child Welfare Services**

There are many forces that drive the size, scope, and focus of privatization in child welfare. Sometimes the goal is to save money or make the system more efficient. Other times, decisions to privatize arise in times of crisis, such as a class action lawsuit or highly publicized child deaths. The pressure to act quickly can lead to insufficient time and attention to planning. Regardless of impetus, privatization discussions are frequently politicized and controversial.

In the majority of states with privatization initiatives, state legislatures have played a role. The nature of the legislative mandates has varied. Some states have enacted laws that promote privatization, while others have enacted laws seeking to regulate and curtail such activity. At times, privatization policies have changed dramatically from one year to the next within a state as a result of political or economic shifts, public response, or actual or perceived experience with privatization.

### **Goals of Privatization**

Although specific outcomes and indicators vary, for the past two decades, privatization initiatives have consistently had four broad goals:

- Improved child and family outcomes consistent with federal and state mandates and the Child and Family Services Review (CFSR)
- System improvement (expansion of services, more equitable distribution, greater local control, greater family involvement, evidence-based practices)
- A more efficient use of taxpayer resources than can be achieved by the public sector
- A greater alignment between programmatic goals and fiscal resources

**Tips for Advocates:** Pay close attention to the state's goals (legislative or executive) in moving toward privatization. Are the goals to reduce costs, improve child and family outcomes, or something else entirely? Be prepared to educate decision-makers that cost savings cannot be expected, especially in early stages of privatization, and to reinforce the importance of a sound framework for how privatization will improve child and family outcomes.

### **Arguments For and Against Privatization**

Privatization has vocal supporters and opponents. Arguments in favor typically include that it:

- Helps governments save money in management and delivery of public services
- Allows for speedy implementation of a reform agenda
- Uses more innovative approaches and technology

- Enhances flexibility and reduces red tape
- Slows the growth of government or downsizes government
- Encourages competition in the marketplace, creating greater value for taxpayers

**Tips for Advocates:** Avoid portraying privatization as good or bad. Instead, objectively evaluate privatization based on some of the factors outlined in this brief. There are merits to arguments on both sides of privatization, and advocates' goals should be to help ensure that public and private agencies partner more effectively to meet child and family needs.

The arguments against privatization may include that it:

- Does not save taxpayers' money
- Does not guarantee market competition and can result in private monopolies
- Creates the potential for conflicts of interest and corruption
- Makes a public responsibility, the protection and care of children, a private business opportunity
- Causes policymakers and managers to lose control over services
- Diminishes accountability of government
- Compromises quality because of the profit motive
- Negatively impacts the morale of state employees and contributes to the staffing crisis in child welfare

When privatization is being considered, advocates can closely examine and understand the proposed design before taking a position for or against the plan.

### **The Role of Financial Incentives and Risk-Sharing in Privatization**

A key feature of recent contracts has been the introduction of financial risk tied to performance. At the core of PBC is the principle that at least some risk for performance failure is transferred from government agencies to contractors. There is variability in how payments are structured and risk is introduced, and no single payment model has been exactly replicated from one state to another. The risks to private agencies are different under different payment models and PBCs.<sup>1</sup>

Before a state decides which, if any, risk-based options to use, planners must assess current provider capacity and carefully explore the pros and cons of different models with that capacity in mind. This assessment is equally important to the public agency's comfort level in relinquishing control over some decisions in return for the introduction of financial risk. It is unrealistic to embrace a full or partial risk contract and assume current roles and responsibilities will remain intact.

### **The Children, Families, and Services Affected by Privatization**

No state has chosen to privatize the child abuse hotline or Child Protective Services' initial investigation functions. Beyond that commonality, there is variation in populations included and excluded from privatization,

depending on the state's goals and mandates. While some states may privatize only foster care as a way manage lengths of stay in out-of-home placement, other states may privatize services for intact families to reduce entries into foster care.

**Tips for Advocates:** Promote a clear rationale as to why some children or families, or some services, are being included or excluded. There may be reasons for including or excluding a particular subset of the child welfare caseload.

There is no one right choice. The key is ensure that the goals related to the target population drive decisions about which services are included in the initiative.

### **Types of Contracts**

From one state to another, contracts vary. Even within a state, contracts may change over time. Two types of contracts are the lead agency and the service-specific PBC models. Under the lead agency model used in Florida, Kansas, Missouri, Nebraska, and Texas, the public agency contracts with one or a limited number of agencies in a designated region to provide all specified services for the target population from referral to case closure, or some other point specified in the contract. Some lead agencies provide most, if not all, services with few or no subcontracts. Others procure most services and a few deliver no services directly. Some lead agencies are single agencies that typically are nonprofit and nationally accredited with long histories of providing services to the public agency prior to the lead agency procurement. Others are newly formed corporations that are created by two or more child welfare service agencies who decide to collaborate rather than compete on a lead agency procurement. Lead agency contracts may or may not tie payments directly to performance, but public agencies typically look at past performance when they re-bid contracts. Some lead agencies have PBCs with their subcontractors as well.

Instead of using lead agencies, some states enter into PBCs with all agencies that offer the specified services. Some states have no competition at the front-end of their PBC, but only the best performing agencies may survive. For example, Illinois has PBCs with all foster care providers and separate PBCs for residential/group care providers.

There is no comparative data to say what contract model or payment option works best. Innovative practices and improved results have been noted in all types of models. Conversely, all types of contracts have also experienced failure. Results at improving outcomes are mixed across all types of contracts. Some contracts have exceeded expectations, some were dismantled, and others still were modified and expanded. As for the cost of the contracts, some initiatives cost far more than expected, others redirected resources to serve more people for the same dollars, and only a few resulted in actual savings.

## **Case Management in Privatization Efforts**

No decision is more important or controversial in privatization than whether the public or private agency makes case-level decisions. In states including Florida, Illinois, Kansas, Missouri, and Nebraska, the public agency has delegated all case management for certain children. In others such as Iowa and Texas, the private agency has control over some day-to-day decisions, but public agency staff retains legal case management. A few states have “overlapping” case management systems, which may increase costs and pose challenges in role clarity. When private agencies assume responsibility for any core case management function, the public agency always retains ultimate responsibility, making oversight a critical function.<sup>2</sup>

## **The Role of Advocates in Privatization Initiatives**

State advocates are uniquely positioned to ensure an effective approach to designing, implementing, and evaluating a privatization effort. Whether advocates choose to remain neutral or take a position for or against child welfare privatization, they should:

- Learn more about privatization or PBCs in other jurisdictions and explore the impact on children and families, the public agency, private agency providers, and the budget. It is helpful to start with states that have conducted independent evaluations over multiple years (Florida and Kansas), and to contact researchers to learn about trends over time. Hiring a consultant who has experience helping states design privatization efforts may also help.<sup>3</sup>
- Ensure that the best interests of children and their families are at the center of planning and designing privatization. States do not move towards privatization if everything is working well. Privatization is often a proposed response to below-standard performance or crisis. Advocates must recognize the challenges that children and their families face in the current system and honestly assess whether the proposed reform might improve their lives.
- Help foster a thoughtful, respectful, data-informed planning process, especially when stakeholders become polarized. Since they do not have a stake in a particular outcome, advocates are uniquely positioned to be impartial referees when public and private agency interests get in the way of sound planning.
- Carefully analyze both public and private agency practices and performance data to determine changes needed to support greater accountability across public and private agencies. Too often, the focus is on what the public agency will do to hold private agencies accountable, and not on the changes that must be made by both public and private agencies.
- Hold child welfare agency administrators and policymakers accountable for, and support the establishment of, a continuous quality improvement approach to managing and evaluating contracts. Accountability involves:
  - Setting goals and action steps

- Measuring, analyzing, and communicating data
- Making adjustments in policies and practices, as needed

If legislative action is needed, advocates can be champions for advancing public-private forums that are open and transparent, and designed to continue problem solving after privatization is launched.

- Help planners understand that child welfare privatization needs to be conducted in a comprehensive and ongoing manner, and expected outcomes may only be realized over time. Too often, legislators and administrators expect instant success, and instead find results are mixed and progress unsteady. It may take years of hard work to see improved results. When support weakens, advocates can step in to steady the ship and get it back on course. One of the most consistent messages echoed by public and private agency administrators is that the first few years of the transition to privatization is extremely challenging. Transition issues must be worked out so the system can stabilize, which in turn can lead to improvement in the quality of services and outcomes for children and families.
- Communicate accurate information to constituents about the initiative and clearly define the role of advocates in planning, monitoring, and reporting findings. Too often, once reform efforts are underway, rumors and misinformation replace fact. Advocates should have an effective, data-based communication strategy to regularly update key stakeholders about the initiative. When problems surface-- and they will-- advocates can lead the way in proposing reasonable solutions.

## **Lessons Learned and Tips for Advocates**

While the evidence base on privatization is limited, a review of the literature finds remarkable consistency in success factors and key issues that should be considered when planning, implementing, revising, and evaluating a privatization initiative.

**Tips for Advocates:** Get a seat at the table and work collaboratively to focus on why the state should or should not privatize, keeping the focus on improving outcomes for children and families. Continuously emphasize that children and families must be kept front and center throughout discussions and planning.

### **I. Commitment to change starts with an inclusive planning process and a shared vision.**

A consistent message echoed by public and private agencies and other stakeholders is that planning for privatization is incredibly hard, and that success is far more likely when all parties are engaged in building a shared vision for a more effective public-private delivery system.

In far too many states, privatization efforts are treated as discrete, isolated efforts and not as an integral part of the state's overall approach to system improvement. Often, inadequate staff resources are committed to the planning phase and too few people are included.

*Who should be encouraged to participate in initial discussions?*

- The service provider community
- Representatives at all levels of the public agency
- Juvenile and family court judges
- Parents and youth who receive services
- Foster and adoptive parents (or associations)
- Monitors of court negotiated agreements
- Public employee unions
- Members of the state legislature and legislative committees
- The broader service community, including mental health and substance abuse providers
- Tribal leaders
- Local advocates whose sole interest is what is best for children and families

*What issues should be explored?*

- Does the proposed solution of privatization fit the problem?
- Why does the child welfare system want to privatize a service or services?
- What do planners want to achieve and why do they expect private agencies to outperform the public agency?
- Will privatization address the challenges in the current system? Will other supports or changes be needed?
- Is privatization being discussed in the context of other state reforms or improvement plans to support child safety, permanency, and well-being? If so, how will reforms be integrated?

Clearly articulating the “why” is the only way for states to know how they will define success once projects are implemented.

It is critical for planners to consider all of the challenges and constraints in the current system in order to address those obstacles in the new contracts. Sustained dialogue to reach consensus on key design elements of privatization will pave the way for a better contract and increase the likelihood of success. Fiscal and program design decisions that planners must make are more thoroughly covered in other publications.<sup>4</sup>

**2. Define success, outcomes, and performance expectations and require evaluation to understand why expectations were or were not met.**

As the adage goes, “What gets measured gets done.” It is important to advocate for agreed-upon outcomes that will be measured over time so that the effectiveness of the privatized approach can be assessed. It is difficult to determine whether

**Tips for Advocates: Be a leader in working collaboratively to develop the outcomes and performance measures.**

privatization is working without standardized outcomes measures used from the beginning and compared against a baseline. States must start with a realistic assessment of current performance. At the beginning of any new initiative, the public agency or its private agency partners have to generate performance reports on all the permanency, safety, and well-being outcomes and performance measures that are selected.

In defining specific outcomes, most states start with federal mandates as the framework although definitions and performance measures are often adapted from one state to another and changed over time. Challenges still abound in some contracts. Outcomes and measures may be poorly defined, there may be too many, too few, or not the “right” outcomes, or there is no alignment between the level of funding and expectations. In addition, the link between performance-based payment and the threshold for success varies across the states.

Planners must also consider how to evaluate the privatization effort beyond the gathering of the agreed-upon data. Too often, relying on administrative data sets alone does not tell *why* an effort succeeded or failed. This is something that a well-designed evaluation, ideally by an independent evaluator, will do.<sup>5</sup>

**Tips for Advocates:** Advocate for a fair and objective evaluation, ideally by a third party, that will help the state and stakeholders fully understand the factors that contribute to success or failure of privatization.

Example: For more than a decade, Florida has contracted with the University of South Florida (USF) to conduct a third party evaluation of its Community Based Care (CBC) initiative. Since the receipt of its Title IV-E waiver, USF began evaluating the demonstration in the context of CBC. Recent reports are available online at <http://cfs.cbcs.usf.edu/projects-research/detail.cfm?id=383>.

### **3. Privatization can only work with adequate service capacity, including services provided and reimbursed from multiple systems.**

One of the goals of many privatization efforts has been the expansion of services. In order for service expansion to occur, private agencies need flexible funds and adequate time to build their core services and strengthen access to external services such as health and behavioral health care. In recent years,

initiatives have included very limited funds and short timeframes for agencies to expand services before the contract starts. When funding and start-up time are not built into implementation, initiatives can encounter serious fiscal and programmatic challenges and service capacity is a lingering concern.<sup>6</sup>

**Tips for Advocates:** Help planners focus on improved quality in service delivery and promote adequate funding to support a full array of services and best practices.

Planners need to identify funding sources and establish links with other child-serving systems (mental health, substance abuse, and Medicaid) for services that will not be reimbursed directly to the provider. If the child

welfare system does not have a pool of Medicaid funds designated for therapeutic placements and services, mechanisms must be put in place to ensure that child and family needs can be met through the state's health and behavioral health care plans.

#### **4. There must be sufficient public and private agency capacity and commitment to succeed.**

Privatization requires an adequate pool of highly qualified private agencies prepared to assume new management roles, take on potential financial risks, and effectively partner with the public agency. It also requires a public agency that is prepared to communicate with, oversee, and work collaboratively in new ways with private agency partners. Contracts will not succeed if either side lacks the capacity or commitment to make them work.

Advocates can ask the following about capacity:

- Do private providers have the skills and administrative capacity to manage large scale contracts, assume financial risks, maintain quality, and monitor service delivery and client outcomes?
- Is the public agency prepared to assume new roles focused on collaboration with private agencies, contract design, procurement, and monitoring?
- Is a feasibility study of private agency and public agency capacity needed before proceeding?

What resources are needed to ensure both private agencies and the public agency are ready? Given these investments, is privatization still financially feasible now?

**Tips for Advocates:** The public agency, its contracted private agencies, advocates, and other stakeholders have to have the capacity and will to partner in new ways for a privatization effort to succeed.

#### **5. Contract reforms can only be planned, implemented, or evaluated with accurate and timely data.**

Both public agencies and providers need data to make operational decisions and successfully manage contracts. The data system must be able to track performance from a variety of different perspectives – client status, service utilization, service/episode costs linked with case plan goals, treatment, and outcomes. Most initiatives have faced tremendous data challenges that negatively affect planning and oversight by the public agency, performance, and ultimately the partnership. Planners need to assess the current information technology capacity of the public agency and private agency partners and identify necessary enhancements. They need to ensure that contract agencies have the technological and staff capacity to meet data collection and reporting requirements, and can gather and share data to monitor privatization and guide future planning.

**Tips for Advocates:** Specify the data that the state needs to guide planning and implementation and continually assess performance. Advocate for the funding that public and private agencies need to build robust data systems and the capacity to analyze and jointly use data to guide decision making.

## **6. Mandates must be adequately funded and cost savings may not happen immediately or at all.**

Simply writing a contract that demands a certain level of performance will not ensure that providers can achieve intended outcomes. Mandating services and activities that far exceed funding may only contribute to a provider becoming insolvent, which in turn may destabilize the system and place children and families at increased risk. Mandates that rely on evidence-based practices, significantly lower caseloads, higher practice standards, and increased administrative/business capacity will not achieve better outcomes if not accompanied by significant infusion of resources.

Recent privatization reforms teach that well-designed and funded privatization efforts can help achieve better outcomes, spur innovation, and align performance with financial incentives. However, these reforms also show that in most cases, enhancing system performance costs more than the current system.

After years of experimentation, states still struggle to accurately estimate the cost of privatization and fail to set rates that cover the cost of services necessary to meet the efforts' higher expectations. Inadequate funding can seriously jeopardize the success of a privatization effort. As one advocate noted:

*Be aware that there may be unintended consequences of privatization. With the implementation of privatization, there has been a primary, if not exclusive, focus on costs and reimbursement issues.*

Advocates should ask:

- What are the budget assumptions: Privatization will save money? Redirect money? Serve more people for same money? Improve quality, but cost more?
- Is there adequate funding available to support planning, transition, and ongoing implementation to ensure that children and families get the services they need?
- Are we confident that we know what the privatization effort will cost?
- Are the rates to the private agency based upon an accurate assessment of costs that are aligned with the higher expectations for performance?
- What will the impact be on federal revenue and overall state budget?

Advocates can also urge the state to bring in an expert to do fiscal modeling to estimate the cost of the overall effort and set a fair rate for the contractors.

## **7. Frontline buy-in and ongoing cross-agency training are essential.**

The nationwide staffing crisis for public and private child welfare agencies is well-documented and difficult to

remedy. For that reason alone, any move toward privatization may negatively affect the ability of the public agency to recruit and retain workers. Yet, too often little attention is given to ensuring that staff at all levels of both public and private agencies embrace the vision and have the knowledge and skills to succeed in new roles.

**Tips for Advocates:** Advocate for frontline voices during the planning phase, and for cross-training to ensure a stable and well-prepared workforce.

It is imperative that public staff and, if applicable, their unions be engaged in planning and that the state has a communications plan to ensure timely and accurate dissemination of information as decisions are made. Early discussion of needed supports and skill-building on at both public and private agencies is critical. Cross-training before implementation and on an ongoing basis can help foster more effective public-private partnerships.

### **8. There is no perfect contract, but there must be a sound approach to procurement and contract negotiation.**

If a decision is made to privatize, the public agency and planning group must determine the best course for translating the vision into a solid procurement and implementation plan. If competitive procurement is the plan, the request for proposal (RFP) should describe in detail:

- The purpose of the contract
- The expected outcomes and deliverables
- Performance standards
- Methods for payment, including provisions for any bonuses or penalties
- The responsibilities of the contractor, the public agency, and any other partnering agencies
- The mechanisms that will be used to monitor contract compliance and attainment of goals

**Tips for Advocates:** Urge the state to release a draft procurement document to allow comments and questions from stakeholders before release of the final RFP. If allowable by procurement laws, advocates can help the public agency design its RFP and evaluation criteria and be part of the team to select the best agency or agencies to carry out the initiative.

The process for evaluating and awarding contracts must be transparent and fair in reality and perception. The ways in which bids are evaluated, scored, and awarded can have important ramifications for the level of controversy surrounding privatization. Processes that appear open to favoritism can lead to legal and political problems.<sup>8</sup>

### **9. Transitions are difficult and take time.**

Virtually all privatization efforts have experienced difficult transitions, even when the planning process was smooth. There should be a clear, well-articulated plan for the transition of services from public to private agencies. A detailed plan addresses the impact on current public agency operations including staff retention, other contracted services, and any additional supports needed to facilitate implementation. There must be adequate time to allow private providers to build staff capacity and resources and for the public agency to

develop the capacity to effectively support and oversee contracts. A 6 to 12-month transition process to full implementation is not unusual for a broad privatization effort.

Example: Florida Community Based Care(CBC) Readiness Assessment. A formal process was developed for assessing and preparing local department units and CBC agencies to safely transition services. Under the Readiness Assessment process, an external team of peer experts assessed the development of the local infrastructure and transition plans and provided technical assistance to both parties before transferring any services. A number of states have followed the Florida example and required a readiness assessment before children and families are transitioned to the private agency.

#### **10. Successful initiatives continuously monitor and nurture the public-private partnership to achieve shared accountability for results.**

Numerous research studies have revealed an inconsistent or inadequate approach to monitoring privatization in a way that is appropriate for a public-private partnership. In some initiatives, private providers have not been held accountable for the results they were expected to achieve, nor were they rewarded for good performance. In other cases, monitoring focused solely on what the private agency was doing with no attention given to how the public agency supported or impeded improved performance. Monitoring that focuses solely on the private agency and not on the partnership will likely miss factors that contribute to success or failure.<sup>9</sup>

**Tips for Advocates:** Encourage the state, from the outset of planning, to have formal and informal structures to build the public-private partnership after contracts are awarded. This will help foster ongoing communication, planning, and joint problem-solving across public and private agencies and stakeholders.

The public-private partnership is also more likely to succeed with a high level of trust and ongoing open communication between the public and private agencies. As one public administrator noted:

*Success is more likely when contracts are seen as works in progress and mid-course corrections are not viewed as a sign of failure, but rather a good indicator that early warning systems are working and that both sides are willing to come together to change practices, payments, or other design elements in order to get better results.*

After privatization, it is important for states to have formal and informal structures in place to support ongoing communication and collaborative work and planning. Some public administrators have formal alliances with private agency directors and other community stakeholders in order to strengthen the public-private partnership. Some of these were legislatively mandated. In other instances they were initiated by the public agency.

**Examples:** The Florida Legislature mandated that counties or groupings of counties form inter-organizational community alliances with representatives from stakeholder groups, courts, and public and private service providers to help prepare for the transition and to ensure that efforts continue to respond to the needs and priorities of local communities. This unified front allowed agencies to more readily collaborate at the frontline level around systems improvement.

The Illinois Department of Children and Family Services established the Child Welfare Advisory Committee (CWAC) in 1995 to provide a formal mechanism for private sector input into all aspects of the state's child welfare system. Later the state used CWAC to craft the plan, policies, and implementation of the new PBC system.

A number of states, including Texas, Iowa, and Missouri, have less formal public-private partnership committees. In Texas, the committee helped plan the state's foster care redesign and defined key elements for the recent lead agency procurement that will test the redesign in two regions.

## **Conclusion**

While reasons for privatization vary, a common theme is improving outcomes for children and families. To achieve positive results, privatization efforts must be based on an upfront assessment of the issues facing the child welfare system, careful thought about where improvement is most desired, and close scrutiny of the capacity of public agencies and private agency partners to deliver expected results. State advocates embarking on this planning and assessment and contract design work must be prepared to operate in a politicized context. Advocates may remain neutral or they may take a stance on one side of the reform. In any case, they can contribute to creating an environment that is stable, well executed, measurable, and accountable, regardless of the ultimate decision reached about privatization.

The role of the advocate does not end with the implementation of privatization. Over time, changes may be made in financing arrangements or in the overall design of an initiative. State advocates can and should help policy makers and administrators monitor and improve initiatives that are not meeting expectations.

## **Where to Learn More**

The Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services' Child Welfare Privatization Initiatives Project has created six papers to help guide privatization available at <http://aspe.hhs.gov/hsp/07/CWPI/>.

The Quality Improvement Center on Privatization of Child Welfare provides many published reports and links to resources available at <http://www.uky.edu/SocialWork/qicpcw/>.

*The authors wish to thank the following advocates who shared their expertise for this paper: Laura W. Boyd, PhD, Public Policy and Government Relations Consultant, Foster Family-based Treatment Association; Shannon Cotsoradis, President and CEO, Kansas Action for Children; and Sarah Helvey, JD, MS, Director, Child Welfare System Accountability Program, Nebraska Appleseed Center for Law in the Public Interest.*

*The State Policy Advocacy and Reform Center (SPARC), an initiative funded by the Annie E. Casey Foundation and Jim Casey Youth Opportunities Initiative, aims to improve outcomes for children and families involved with the child welfare system by building the capacity of and connections between state child welfare advocates. SPARC is managed by First Focus. You can visit us online at [www.childwelfaresparc.org](http://www.childwelfaresparc.org) or on Twitter at @ChildWelfareHub.*

## Notes

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- <sup>1</sup> US Department of Health and Human Services/Office of the Assistant Secretary for Planning and Evaluation. (2007). *Program and Fiscal Design Elements of Child Welfare Privatization Initiatives*. <http://aspe.hhs.gov/hsp/07/CWPI/models/index.shtml>
- <sup>2</sup> To learn more about issues to consider in defining case management roles see: US Department of Health and Human Services/Office of the Assistant Secretary for Planning and Evaluation. (2008). *Evolving Roles of Public and Private Agencies in Privatized Child Welfare Systems*. <http://aspe.hhs.gov/hsp/07/CWPI/roles/index.shtml>
- <sup>3</sup> The website of the Quality Improvement Center on Privatization of Child Welfare (ICPCW) provides many published reports and links to resources (<http://www.uky.edu/SocialWork/qicpcw/>).
- <sup>4</sup> US Department of Health and Human Services/Office of the Assistant Secretary for Planning and Evaluation. (2007). *Program and Fiscal Design Elements of Child Welfare Privatization Initiatives*. <http://aspe.hhs.gov/hsp/07/CWPI/models/index.shtml>
- <sup>5</sup> Learn more about the evaluation of privatized child welfare initiatives at: US Department of Health and Human Services/Office of the Assistant Secretary for Planning and Evaluation. (2008). *Evaluating Privatized Child Welfare Programs: A Guide for Program Managers*. <http://aspe.hhs.gov/hsp/07/CWPI/guide/index.shtml>
- <sup>6</sup> Learn more about readiness and adequacy of service capacity at: US Department of Health and Human Services/Office of the Assistant Secretary for Planning and Evaluation. (2007). *Assessing Site Readiness: Considerations about Transitioning to a Privatized Child Welfare System*. <http://aspe.hhs.gov/hsp/07/CWPI/site/index.shtml>
- <sup>7</sup> Learn more about public and private agency capacity at: US Department of Health and Human Services/Office of the Assistant Secretary for Planning and Evaluation. (2007). *Assessing Site Readiness: Considerations about Transitioning to a Privatized Child Welfare System*. <http://aspe.hhs.gov/hsp/07/CWPI/site/index.shtml>
- <sup>8</sup> Learn more about contracting at: US Department of Health and Human Services/Office of the Assistant Secretary for Planning and Evaluation. (2008). *Preparing Effective Contracts in Privatized Child Welfare Systems*. <http://aspe.hhs.gov/hsp/07/CWPI/contracts/index.shtml>
- <sup>9</sup> Learn more about ensuring quality and the role of monitoring at: US Department of Health and Human Services/Office of the Assistant Secretary for Planning and Evaluation. (200). *Ensuring Quality in Contracted Child Welfare Services*. <http://aspe.hhs.gov/hsp/07/CWPI/quality/index.shtml>

**Transforming Child Welfare in Washington State:  
Performance-Based Contracting**

**Appendix**

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**January 2012**

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**Appendix: Section A**  
**Child Welfare Transformation Design Committee Membership**

The legislation, 2SHB 2106,<sup>1</sup> prescribed the make- up of the committee to include:

- The Governor or the Governor's designee;
- The Attorney General or Attorney General's designee;
- The Assistant Secretary of the Children's Administration in DSHS;
- Two Regional Administrators in Children's Administration in DSHS;
- The Administrator for the Division of Licensed Resources in Children's Administration in DSHS;
- The Office of the Family and Children's Ombudsman;
- Four representatives from the Indian Policy Advisory Committee convened by DSHS;
- The Racial Disproportionality Advisory Committee convened by the DSHS;
- The bargaining representative for the largest number of Children's Administration's employees;
- Two nationally recognized experts in performance-based contracting;
- Four private agencies providing child welfare service in Washington (to be chosen by the legislature);
- A parent with experience in the dependency process (chosen by the legislature);
- Partners for Our Children (POC), a research group associated with the University of Washington;
- Two superior court judges; and
- A foster parent (chosen by the legislature)

SSB 6832 amended the committee membership to include a former foster youth.<sup>2</sup>

Names of current committee members is available at: <http://www.joinhandsforchildren.org/committee>.

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<sup>1</sup> 2SHB 2106, Chapter 520, § 3 (1), Laws of 2009.

<sup>2</sup>SSB 6832, Chapter 291, Laws of 2010

**Appendix: Section B  
List of assignments in legislation**

<b>Assignment prior to Jan 2012</b>	<b>Responsible party</b>	<b>Due date</b>	<b>Status</b>
Committee members identified		June 15, 2009	Complete
First Committee meeting		June 30, 2009	Complete
Quarterly report to legislature	Committee	Sept 30, 2009	Complete
Quarterly report to legislature	Committee	Dec 30, 2009	Complete
Quarterly report to legislature	Committee	Mar 30, 2010	Complete
Section of the transition plan (from Section (3)(6) of SSB 6832): <i>A recommendation as to how to implement this act so that full implementation of this act is achieved no later than December 30, 2012</i>	Committee	June 1, 2010	Not yet complete
Quarterly report to legislature	Committee	June 30, 2010	Complete
Quarterly report to legislature	Committee	Sept 30, 2010	Complete
Reinvestment plan	DSHS, OFM, and the CFC	Nov 20, 2010	Complete (Feb 2011)
Quarterly report to legislature	Committee	Dec 30, 2010	
Quarterly report to legislature	Committee	Mar 30, 2011	No meetings during this period
Quarterly report to legislature	Committee	June 30, 2011	Complete
Convert and consolidate contracts to performance-based contracts	DSHS Children's Administration	July 1, 2011	Work has commenced; final product still in development
Quarterly report to legislature	Committee	Sept 30, 2011	Complete
Initial report on conversion to performance-based contracts	WSIPP	Oct 1, 2011	Complete
Determine two sites for demonstration project	Committee and DSHS Children's Administration	Not defined in legislation	Complete (Nov 2011)
Quarterly report to legislature	Committee	Dec 30, 2011	Complete
Determine key demonstration factors, including: performance outcomes, methods to measure outcomes, and population size	Committee	Not defined in legislation	Completed by Outcomes and Evaluation and Site Selection and Transition Issues advisory committees.

<b>Assignment after Jan 2012</b>	<b>Responsible party</b>	<b>Due date</b>	<b>Status</b>
Quarterly report to legislature	Committee	Mar 30, 2012	
Quarterly report to legislature	Committee	June 30, 2012	
Final report on conversion to performance-based contracts	WSIPP	June 30, 2012	
Establish a transition plan (detailed in Appendix A)	Committee	Not defined in legislation	
Demonstration sites fully implemented	DSHS Children's Administration	Dec 30, 2012	
Report on measurable effects of demonstration sites	WSIPP	April 1, 2015	

**Appendix: Section C**  
**Description of transition plan**  
**(2SHB 2106, Section 8)**

- (2) The committee shall establish a transition plan containing recommendations to the legislature and the governor consistent with this section for the provision of child welfare services by supervising agencies pursuant to section 3 of this act.
- (3) The plan shall include the following:
- (a) A model or framework for performance-based contracts to be used by the department that clearly defines:
    - (i) The target population;
    - (ii) The referral and exit criteria for the services;
    - (iii) The child welfare services including the use of evidence-based services and practices to be provided by contractors;
    - (iv) The roles and responsibilities of public and private agency workers in key case decisions;
    - (v) Contract performance and outcomes, including those related to eliminating racial disparities in child outcomes;
    - (vi) That supervising agencies will provide culturally competent service;
    - (vii) How to measure whether each contractor has met the goals listed in section 3(5) of this act; and
    - (viii) Incentives to meet performance outcomes;
  - (b) A method by which the department will substantially reduce its current number of contracts for child welfare services;
  - (c) A method or methods by which clients will access community-based services, how private supervising agencies will engage other services or form local service networks, develop subcontracts, and share information and supervision of children;
  - (d) Methods to address the effects of racial disproportionality, as identified in the 2008 Racial Disproportionality Advisory Committee Report published by the Washington state institute for public policy in June 2008;
  - (e) Methods for inclusion of the principles and requirements of the centennial accord executed in November 2001, executed between the state of Washington and federally recognized tribes in Washington state;
  - (f) Methods for assuring performance-based contracts adhere to the letter and intent of the federal Indian child welfare act;
  - (g) Contract monitoring and evaluation procedures that will ensure that children and families are receiving timely and quality services and that contract terms are being implemented;
  - (h) A method or methods by which to ensure that the children's administration has sufficiently trained and experienced staff to monitor and manage performance-based contracts;
  - (i) A process by which to expand the capacity of supervising and other private agencies to meet the service needs of children and families in a performance-based contractual arrangement;
  - (j) A method or methods by which supervising and other private agencies can expand services in underserved areas of the state;

- (k) The appropriate amounts and procedures for the reimbursement of supervising agencies given the proposed services restructuring;
- (l) A method by which to access and enhance existing data systems to include contract performance information;
- (m) A financing arrangement for the contracts that examines:
  - (i) The use of case rates or performance-based fee-for-service contracts that include incentive payments or payment schedules that link reimbursement to outcomes; and
  - (ii) Ways to reduce a contractor's financial risk that could jeopardize the solvency of the contractor, including consideration of the use of a risk-reward corridor that limits risk of loss and potential profits or the establishment of a statewide risk pool;
- (n) A description of how the transition will impact the state's ability to obtain federal funding and examine options to further maximize federal funding opportunities and increased flexibility;
- (o) A review of whether current administrative staffing levels in the regions should be continued when the majority of child welfare services are being provided by supervising agencies;
- (p) A description of the costs of the transition, the initial start-up costs and the mechanisms to periodically assess the overall adequacy of funds and the fiscal impact of the changes, and the feasibility of the plan and the impact of the plan on department employees during the transition; and
- (q) Identification of any statutory and regulatory revisions necessary to accomplish the transition.

**Appendix: Section D**  
**Final Report of the Outcomes and Evaluation Advisory Committee, April 9, 2010**

**Join Hands for Children**  
**Outcome Advisory Committee Recommendations for**  
**Domains and Indicators used to Measure Outcomes**

This document provides an initial list of potential measures to be used to gauge the performance of public and private agencies providing services to Washington children and families in the context of the implementation of SSHB 2106. It provides measures in the domains of child safety, permanency and stability, and well-being. Certain principles were used in developing these measures. The measures reflect an appreciation of the fact that children's experience of the child welfare system is dynamic; children enter care, move from placement to placement within care, exit, and there is wide variation in the timing of these events. This dynamism calls for measures that allow us to follow children from the beginning of their encounter with the child welfare system while also acknowledging that some important outcomes often take many months or years to occur. In some cases the measures take into account statutory criteria, for example, the 15-month standard for expediting permanency found in the Adoption and Safe Families Act.

The measures listed here are defined in terms of broad child populations, but all of them should be broken down by child age, race/ethnicity, and tribal affiliation. Tracking outcomes by race, ethnicity, and tribal affiliation is an essential aspect of efforts to address disproportionate involvement in the child welfare system of subpopulations defined by these characteristics. Identifying where disparities occur can help identify targets for policy, program, and practice interventions directed towards reducing disparities. Outcomes can then be monitored to see if those interventions are effective in reducing disparities. Moreover, performance contracts should, to the extent feasible, explicitly address reducing disparities in the outcomes agreed upon for the child welfare system as a whole. Outcome measures should be broken down by distinct age groups because the developmental needs of children differ by age and some outcomes (e.g., percentage of children who run away; employment experience) are only relevant to some age groups.

*All the Safety, Permanency and Stability, and Well-Being measures listed below are to be measured at 3, 6, 12, 24, and 36 month periods to assist in identifying variation at each period throughout the process.*

***Racial Disproportionality - We recommend that each and every measure listed below be broken down by age, gender, race/ethnicity and tribal affiliation to better understand how Washington State is doing in relation to racial disproportionality.***

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**Safety Outcome: Children involved with child welfare services in Washington will be protected from abuse and neglect.**

*Measures/Indicators*

- Of all children who are subjects of an investigation of child maltreatment who do not receive in-home services or enter out-of-home care, what percentage is the subject of another maltreatment investigation within a specified period of time?
- Of all children who are subjects of an investigation of child maltreatment who do receive in-home services or out-of-home care, what percentage is the subject of another maltreatment investigation within a specified period of time?
- Of all children who receive in-home services, what percentage enters out-of-home care within a specified period of time?

- For all children who receive in-home services or out-of-home care during the reporting period, what is the number of founded and unfounded child abuse reports, by type of perpetrator (out-of-home care provider; parent or other relative not providing care; other adults in the home), per care year (i.e., total number of reports/total number of years in care experienced by all children in care during the reporting period)?
- Of all children experiencing an exit from out-of-home care to permanency, what percentage is the subject of a later founded child maltreatment report within a specified period of time, by permanency type? Permanent exits include reunification with parent(s), discharge to a relative, legal guardianship, and adoption.

**Permanency and Stability Outcome: Children in Washington's child welfare system will experience permanency and stability in their living situations.**

*Measures/Indicators*

- Of all children entering out-of-home care, what percentage experiences an exit to "safe" permanency within a specified period of time, by permanency type? Exits to permanency include reunification with parent(s), discharge to a relative, legal guardianship, and adoption.
- Of all children in out-of-home care for at least 15 months, what percentage experiences an exit to "safe" permanency within a specified period of time by exit type?
- Of all children entering out-of-home care, what percentage experiences an exit that does not lead to "safe" permanency within a specified period of time, by non-permanent exit type? Exits not leading to permanency include running away from care and not returning, emancipation and aging out of care, incarceration leading to exit, hospitalization leading to exit, and death. Of all children in out-of-home care for at least 15 months, what percentage experiences an exit that does not lead to "safe" permanency within a specified period of time, by exit type?
- Of all children experiencing an exit from out-of-home care to "safe" permanency, what percentage reenters out-of-home care within a specified period of time (e.g., 3, 6, 12, 24 months), by permanency type?
- Of all children in out-of-home care for whom parental rights have been terminated, what percentage experience a finalized adoption within a specified period of time after termination of parental rights (e.g., 3, 6, 12, 24 months)?
- What percentage of children entering out-of-home care experiences two or more placements within six months of entering care, by nature of the moves (e.g., moves from nonkin care to kinship care; from family-based care to group care, etc.)?
- For children out-of-home care over six months, what is the average number of placement moves per care year, by nature of the moves?
- For what percentage of children in out-of-home care who are members of federally-recognized tribes are all the requirements of the Indian Child Welfare Act and tribal-state agreements being met?

**Well-Being Outcome: Children in Washington's child welfare system will receive care that meets their physical health, mental health, educational, social/emotional, and cultural needs.**

*Measures/Indicators*

- What percentage of children entering out-of-home care is *initially* placed with a relative, kin, or suitable person as defined by law??
- What percentage of children entering out-of-home care is *initially* placed in family foster care?
- What percentage of children in out-of-home care is currently placed in a family setting (i.e., with a relative, kin/suitable person as defined by law, or in family foster care), by time spent in care?
- Of all children in out-of-home care with at least one sibling in care, what percentage is living with 1) none of their siblings in care, 2) some but not all of their siblings in care; or 3) all of their siblings in care?
- Of children in out-of-home care not living with their siblings, what percent have regular visits?
- For youth 12 years and older in out-of-home care, what is the number of 1) psychiatric hospitalizations; 2) episodes of incarceration, 3) episodes of running away from care, and 4) episodes of self harm?
- For what percentage of children entering out-of-home care are required family, health, developmental, and educational assessments completed on a timely basis?
- For outcomes monitored through the National Youth in Transition Database (financial self-sufficiency, experience with homelessness, educational attainment, positive connections with adults, high-risk behavior, and access to health insurance) for youth in out-of-home care at age 17, what are outcomes achieved at ages 17, 19, and 21?
- Of children in out-of-home care that are not placed with relatives, what percentage are placed in family foster care homes that reflect the ethnic and racial diversity of the communities from which the children were removed?
- What percentage of children in out-of-home care is being identified as tribal members of federally-recognized tribes?
- For what percentage of children in out-of-home care who are identified as tribal members of federally-recognized tribes are all the requirements of the Indian Child Welfare Act and tribal-state agreements being met?

In the area of child well-being in particular, the subcommittee considers the outcome measures/indicators we have proposed to be a work in progress. We believe strongly that well-being should be measured more comprehensively than we have proposed, but we also recognize the obstacles to doing so in the near future. For example, it will be very hard to build these measures into performance-based contracts. Moreover, obtaining data on many potential outcomes of interest will be most efficiently accomplished, and in some cases will only be possible, with much better information sharing between the Children's Administration and other government and private entities (e.g., schools, health care providers, guardians of vital statistics data). We recommend that part of the 2SHB 2106 implementation process involve bringing together leaders of the institutions that should be involved in this data sharing process to identify and address obstacles to efficient data sharing and whether any legislation is necessary to facilitate data sharing.

## **Appendix: Section E Committee Meetings and Decisions**

### June 2009:

- Committee voted to elect Judge Leonard Costello to the second co-chair seat of the committee (the first was legislatively mandated to be occupied by the Assistant Secretary for Children's Administration).

### August 2009:

- Committee voted to adopt four Advisory Committees with associated duties (see next section for details).

### September 2009:

- No formal votes, committee discussed timelines for Phase 1 and Phase 2 of the project, and their initial report to the Children's Legislative Oversight Committee.

### December 2009:

- Committee voted down a motion to recommend adding positions on the Committee for a representative from the Office of Public Defense, a state social worker, a youth, a private social worker, and a Court-Appointed Special Advocate.
- Committee then voted to recommend to the legislature adding a position on the Committee to be filled by a foster youth representative.
- Committee voted down a motion to recommend suspending the implementation dates for the demonstration sites indefinitely.
- Committee voted to recommend to the legislature extending the deadline for converting to performance-based contracts to July 1, 2011, allowing a six-month phase-in period.

### March 2010:

- Committee voted to accept the *Domains and Indicators used to Measure Outcomes* document from the Advisory Committee on Outcomes and Evaluation Issues as a draft, and agreed that the Advisory Committee would return to work further on tribal notification and educational outcomes.
- Committee voted to accept the *Principles and Values Used to Determine Core Services*, the *Preliminary Service Array* and associated *Definitions* documents from the Advisory Committee on Legal and Practice Issues, pending some modifications to the language.
- Committee voted to accept the preliminary criteria for site selection from the Advisory Committee on Site Selection and Transition Issues as a draft, and agreed that the Advisory Committee would meet to consider adding two more criteria proposed by the full Committee.

### June 2010:

- Children's Administration informed the Committee that Partners for our Children would conduct an assessment of gaps, needs, and strengths within the state's child welfare service system over the next several months. In addition, CA notified the Committee that a national financial consultant had been hired to aid in finalizing the payment model.
- Committee adopted the *Domains and Indicators Used to Determine Outcomes* document produced by the Advisory Committee on Outcomes and Evaluation Issues. The co-chairs of that advisory committee announced their work was complete.
- Committee voted to adopt changes to the *Principles and Values Used to Determine Core Services*, the *Preliminary Service Array* and associated *Definitions* documents from the Advisory Committee on Legal and Practice Issues.

- Committee voted to adopt definitions for Evidence-Based and Promising Practices from the California Child Welfare Clearinghouse.

September 2010:

- No formal votes, committee discussed the progress of Advisory Committees and the Children's Administration provided updates on their work toward solidifying a plan for Lead Agency contracts, along with progress toward identifying a payment model for the performance-based contracts.

October 2010:

- No formal votes, but the Committee was asked for their thoughts on the transition to Phase 2 (e.g., phasing in Supervising Agencies who would have case management responsibilities). Children's Administration presented three options for who would perform these Supervising Agency duties:
  1. Open up the bidding to all interested parties
  2. Restrict the bidding to Lead Agency contractors from Phase 1

The issue was discussed, along with the potential implications for the Phase 1 RFP: if the second option was selected, there would need to be language in the RFP describing that anyone interested in becoming a Supervising Agency in Phase 2 would also have to bid to be a Lead Agency contractor in Phase 1. The Committee also discussed the potential for delaying the implementation of Phase 2, but a vote of the committee on all these issues was delayed until the next meeting (November, 2010)<sup>3</sup>.

December 2010:

- No formal votes; the focus of this meeting was a question-and-answer session with Children's Administration regarding the draft RFP released in November.

April 2011:

- No formal votes; the Committee was provided with timeline, budget, and tribal updates, as well as an update on legislation in process that could affect Children's Administration.

June 2011:

A meeting was scheduled for June 15, 2011, but this was cancelled due to the temporary injunction that prevented Children's Administration from moving ahead with reviewing Requests for Proposals.

October 2011:

No formal votes. The Children's Administration and WFSE gave a joint presentation on progress made in developing a plan for performance-based contracting. The two groups are meeting frequently and planned to have a proposal ready by October 31 for presentation to Secretary Dreyfus. The Committee on Site Selection and Transition Issues presented possible sites for the Phase 2 demonstration. The law indicates one site should be located in Western Washington and another in Eastern Washington. The committee

November 2011:

- The committee voted on locations for the two demonstration sites for Phase 2. The Western Washington site will include the DCFS offices in Everett, Lynnwood, Sky Valley, Smokey Point and two offices in Seattle, King West and Martin Luther King Jr. The Eastern Washington site will include offices in Clarkston, Colfax, Moses Lake, and Spokane (which also serves Lincoln County).
- The committee voted to have the Advisory Committee on Site Selection and Transition Issues invite three tribes in Eastern Washington (Colville, Spokane, and Kalispel) to take part in the demonstration. It was suggested that including tribal lands in the demonstration site might provide information on the effectiveness of private child welfare case management for American Indian families. All three tribes declined to take part in the demonstration.

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<sup>3</sup> The November 2010 Committee meeting was cancelled; the issues described here never came to a vote.

**Appendix: Section F**  
**Complete List of Transformation Design Committee Meetings**

<b>Date</b>	<b>Meeting</b>
Jun 30, 2009	Full Committee
Aug 4, 2009	Full Committee
Sep 16-17, 2009	Full Committee
Oct 5, 2009	Advisory Committee on Selection of Demonstration Sites and Transition Issues
Oct 6, 2009	Advisory Committee on Outcomes and Evaluation Issues
Oct 14, 2009	Advisory Committee on Selection of Demonstration Sites and Transition Issues
Oct 27, 2009	Advisory Committee on Outcomes and Evaluation Issues
Oct 29, 2009	Advisory Committee on Selection of Demonstration Sites and Transition Issues
Nov 12, 2009	Advisory Committee on Selection of Demonstration Sites and Transition Issues
Nov 17, 2009	Advisory Committee on Outcomes and Evaluation Issues
Nov 18, 2009	Advisory Committee on Financial Issues
Nov 18, 2009	Advisory Committee on Legal and Practice Issues
Dec 10, 2009	Advisory Committee on Outcomes and Evaluation Issues
Dec 10, 2009	Advisory Committee on Selection of Demonstration Sites and Transition Issues
Dec 14-15, 2009	Full Committee
Dec 17, 2009	Advisory Committee on Financial Issues
Jan 4, 2010	Advisory Committee on Legal and Practice Issues
Jan 5, 2010	Advisory Committee on Outcomes and Evaluation Issues
Jan 7, 2010	Advisory Committee on Selection of Demonstration Sites and Transition Issues
Jan 21, 2010	Advisory Committee on Financial Issues
Feb 2, 2010	Advisory Committee on Legal and Practice Issues
Feb 2, 2010	Advisory Committee on Outcomes and Evaluation Issues
Feb 11, 2010	Advisory Committee on Selection of Demonstration Sites and Transition Issues
Feb 26, 2010	Advisory Committee on Financial Issues
Mar 1, 2010	Advisory Committee on Legal and Practice Issues
Mar 2, 2010	Advisory Committee on Outcomes and Evaluation Issues
Mar 18, 2010	Advisory Committee on Selection of Demonstration Sites and Transition Issues
Mar 22-23, 2010	Full Committee
Mar 26, 2010	Advisory Committee on Financial Issues
Apr 12, 2010	Advisory Committee on Legal and Practice Issues
Apr 13, 2010	Advisory Committee on Outcomes and Evaluation Issues
Apr 15, 2010	Advisory Committee on Selection of Demonstration Sites and Transition Issues
May 3, 2010	Advisory Committee on Legal and Practice Issues
May 13, 2010	Advisory Committee on Selection of Demonstration Sites and Transition Issues
May 26, 2010	Advisory Committee on Financial Issues
Jun 7, 2010	Advisory Committee on Legal and Practice Issues
Jun 14-15, 2010	Full Committee
Jul 15, 2010	Advisory Committee on Financial Issues
Aug 9, 2010	Advisory Committee on Legal and Practice Issues
Aug 19, 2010	Advisory Committee on Selection of Demonstration Sites and Transition Issues
Aug 23, 2010	Advisory Committee on Financial Issues
Sep 8, 2010	Advisory Committee on Legal and Practice Issues
Sep 20, 2010	Full Committee
Sep 28, 2010	Advisory Committee on Financial Issues
Oct 22, 2010	Full Committee
Dec 14, 2010	Full Committee
Apr 20, 2011	Full Committee
Jun 15, 2011	Full Committee -- Cancelled
Aug 2, 2011	Advisory Committee on Selection of Demonstration Sites and Transition Issues
Sep 27, 2011	Advisory Committee on Selection of Demonstration Sites and Transition Issues
Oct 7, 2011	Full Committee
Oct 18, 2011	Advisory Committee on Selection of Demonstration Sites and Transition Issues
Oct 28, 2011	Advisory Committee on Financial Issues
Oct 31, 2011	Advisory Committee on Selection of Demonstration Sites and Transition Issues
Nov 8, 2011	Full Committee
Dec 8, 2011	Advisory Committee on Selection of Demonstration Sites and Transition Issues

Appendix: Section G  
Court Injunction

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<input type="checkbox"/> EXPEDITE
<input type="checkbox"/> No Hearing is set
<input checked="" type="checkbox"/> Hearing is set
Date: 5/20/2011
Time: 9:00 A.M.
Judge/Clerk: Judge Thomas McPhee/Clerk

FILED  
SUPERIOR COURT  
THURSTON COUNTY, WA  
2011 MAY 20 AM 11:53  
BETTY J. GOULD, CLERK

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SUPERIOR COURT OF WASHINGTON FOR THURSTON COUNTY
WASHINGTON FEDERATION OF STATE EMPLOYEES,  Plaintiff,  v.  DEPARTMENT OF SOCIAL AND HEALTH SERVICES, STATE OF WASHINGTON,  Defendants.

NO. 11-2-01028-4

ORDER GRANTING  
PRELIMINARY INJUNCTION  
AND SETTING SECURITY

[Clerk's Action Required]

15 This matter having come on regularly for hearing upon the motion of the plaintiff's attorney,  
16 Edward Earl Younglove III of YOUNGLOVE & COKER, P.L.L.C., for a preliminary injunction  
17 prohibiting and enjoining the State of Washington from letting any contracts for Children's  
18 Administration case management; the defendant having appeared by and through its attorney, Andrew  
19 Scott, Assistant Attorney General; the court having read the records and files herein, and being of the  
20 opinion that the defendant exceeded its authority is issuing a request for proposal for a contract(s) for  
21 child welfare case management services currently performed by the defendant's employees represented  
22 by the plaintiff; that the defendant's proposal to contract out such work is not exempt from the

ORDER GRANTING  
PRELIMINARY INJUNCTION  
1000-025

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1 provisions of RCW 41.06.142; that the plaintiff has sufficiently established a well ground for these  
2 employees being laid off from their employment without the defendant having complied with the  
3 provisions of RCW 41.06.142 and that such would cause serious and substantial harm to the  
4 warrant injunctive relief; and the court being otherwise fully advised in the premises, now, therefore, it  
5 is hereby

6 ORDERED that the plaintiff's motion for a preliminary injunction be and hereby is  
7 GRANTED; it is further

8 ORDERED that the defendant, Department of Social and Health Services, State of Washington,  
9 be and it hereby is enjoined from further actions in furtherance of a proposal for a contract, the actual  
10 letting of a contract for child welfare case management services pursuant to the Request for Proposal  
11 issued by the Department on February 18, 2011 unless and until the defendant has fully complied with  
12 the provisions of RCW 41.06.142 and further order of the court; it is further

13 ORDERED that this injunction is conditioned on the plaintiff either depositing the amount of  
14 Three Thousand Dollars & 00/100 (\$3,000.00) into the registry of the court and held by the clerk of the  
15 court in an interest bearing account or the furnishing of appropriate security in that amount, for the  
16 payment of costs and damages as may be incurred or suffered by the defendant in the event it is  
17 ultimately determined that the defendant has been wrongfully enjoined; provided the court may review  
18 the amount of the required security upon Motion by the Defendant within Thirty (30) days of entry of

19 this order. *Oral opinion appended by agreement*

20 DATED this 20 day of May, 2010.

21   
22 JUDGE THOMAS MCPHEE

ORDER GRANTING  
PRELIMINARY INJUNCTION  
1000-025

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Presented by:  
YOUNGLOVE & COKER, P.L.L.C.

  
Edward Earl Younglove III, WSBA#5873  
Attorney for Plaintiff

Approved as to form and for entry,  
notice of presentation waived:

ROBERT M. MCKENNA  
Attorney General

  
Andrew Scott, WSBA #23783  
Assistant Attorney General  
Attorney for Defendant

ORDER GRANTING  
PRELIMINARY INJUNCTION  
1000-025

3

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**What follows is a verbatim transcript of the oral opinion of Judge Thomas McPhee.**

THE COURT: All right. Thank you.

Well, ladies and gentlemen, I'm going to take a recess now and review some of these materials, and then I'll come back out and announce my decision. I suspect that this recess will be greater than 15 minutes but less than a half an hour. We'll be in recess.

(A recess was taken.)

THE COURT: Please be seated, ladies and gentlemen. I am happy that I was able to take some additional time to review the arguments made by counsel here, because as I indicated, this went into an area that I had not anticipated and about which I needed more time to review. I have now done so, and I'm thankful for that opportunity.

The uncertainty was essentially the process by which these RFPs would change the way the Department does business in the field of dependency. And I had read both the declarations of Ms. Livingston and the declaration of Ms. Cordova but had not gone through the portions of the actual RFP itself that Mr. Scott referred me to. The information that I learned there is important in this decision-making process.

I come to this process with a fairly significant advantage, and that is having recently spent two years at our Family and Juvenile Court doing dependency work on a regular basis. Every week a significant part of my time was devoted to these cases, so I can understand the system, how it works, what responsibilities social workers, particularly CWS social workers, have in this field. And I think I'm able to make some meaningful comparisons with the duties outlined in the RFP that I found were not particularly well developed in the declarations that were submitted to me.

An agency has the power to act within the grant of authority made to it by the Legislature. That principle stands in nearly every aspect of public agency law that we deal with, whether it's rule making, as in the prior case, whether it's administrative appeals from decisions made by agencies, or in this case, where it is a challenge to an action taken or proposed by an agency brought under the umbrella of a declaratory judgment action. And I presume that's ultimately the basis for bringing this action.

An injunction can issue in anyone of those instances where a court finds that an agency has exceeded its authority. Under the APA, it is statutory. Under common law and the Declaratory Judgment Act, it is of course the *Tyler Pipe* elements. And all of them are essentially identical. They all require, in the first instance, a showing of a clear legal or equitable right. And a state employee or an organization representing a state employee such as the Federation here has a clear legal or equitable right to seek to enjoin a state agency where the state agency is acting in excess of its authority. That is how this matter comes before me today.

The issue is whether this RFP proposes a contract that exceeds the authority of the Department because of the Department's failure to comply with RCW 41.06.142. The Department contends that it is exempt from that process; the Federation contends that it is not.

I conclude that on the basis of the record before me, the Federation has made a clear showing that the Department is not exempt from the provisions of 41.06.142 in the contract that it proposes to enter into based upon the RFP before me.

The issue is whether the Department is simply converting its existing contracts to performance-based contracts or whether it is, in fact, in this process, seeking to implement the plan by which the Legislature and the governor agreed should proceed to in the future assess a significant change in the way in which services are provided to families and children under the jurisdiction of the Department.

The result that I conclude must be drawn here is that the Department is going far beyond the process of simply converting its existing contracts to performance-based contracts. In fact, the transfer of duties from its employees, the social workers, to the private contractor that would occur under this RFP is significant

and pervasive, and in my estimation, it shortcuts the process by which the Legislature developed the plan for assessing whether that transfer should ultimately occur.

Mr. Scott pointed me to pages 29 and 30 of the RFP as an indication of where the division of responsibilities between Children's Administration and the lead agency are outlined. I found that helpful. I also found particularly enlightening the table 2 of roles and responsibilities contained at pages 31 through page 40 of the RFP. An examination of that table shows just how significant the transfer of responsibilities is from the social worker employees to this lead agency. Illustrations abound. If one examines the declaration of Ms. Cordova and her explanation of what responsibilities are retained by Department employees and which ones are transferred to the lead agency here, I believe one comes away with a different impression than you get from reading this table 2.

A lot of what Ms. Cordova addresses is CPA work, Child Protective Agency work. She also addresses a lot of retained responsibilities for post-decree work, such as guardianship and whatnot. When you get to CWS work, she merely says that the social workers retain case management responsibilities. But when you read this table, you see how all of the important work and the detail work is transferred to the lead agency. For instance, the Children's Administration is expected to participate in family team decision making meetings; but when you read what the responsibilities of the lead agency is, it is the responsibility to convene the meeting, to conduct the meeting. The social worker is placed in a position of merely monitoring what is done there.

When you look at the role in parent, child, and sibling visitation, which is an extremely important part of the services provided by the Department, you see that while the Children's Administration retains the responsibility for developing a visitation plan in collaboration with the family team, you also see that the role of the lead agency is to effectively organize, choose, and monitor that process.

In looking at the area where service review meetings is addressed, an important part of any dependency, you see that the Children's Administration is to actively participate in the SRM, among other things. But then the responsibility for convening and facilitating the meeting, to seek input, to identify available services, is left to the lead agency.

Where one is dealing with the ISSPs, which are the regular monthly reports submitted to the courts or the plans for proceeding with the dependency, you see that the primary responsibilities are all shifted over to the lead agency. These are the types of transfers that the Legislature and the governor contemplated as part of the pilot projects to see not only if they can be more efficiently and cost effectively delivered in a method different than the Department is doing now, but also, I suspect, to address the very real and important responsibilities that the Department has to make sure that children and families get appropriate services and the best services reasonably available within existing resources.

One can only read this RFP and conclude that the Department has determined that it would proceed with implementing a great many of the features that will be studied in these pilot projects without going through the process mandated by the Legislature. Accordingly, I conclude that this RFP goes significantly beyond the conversion of existing contracts to performance-based contracts. Accordingly, I conclude that the exception for those contracts provided in the statute does not apply here and that the terms of RCW 41.06.142 apply and have not been complied with by the Department.

The other two prongs of *Tyler Pipe* must also be addressed. And, of course, the second one is sufficiently shown here. Mr. Scott has argued that there can be no real or threatened invasion of the clear legal or equitable right until after you see what the RFP ultimately results in. I conclude otherwise. I conclude that under the standard of a threatened invasion of a clear legal or equitable right has been shown here and is evident in the terms of what the RFP proposes. There must then be an actual or threatened substantial damage.

The changing role of the Children's Administration social workers contemplated by this RFP cannot but result in a substantial decrease in the employment of current social workers by the Department. The fair conclusion of the role of Children's Administration in the contracts proposed here in the RFP is that of oversight administration and not the type of active participation and active responsibility for the day-to-day

work of the Department. That can only result in a significant reduction in force by the Department. In fact, that is the very purpose of the pilot programs and the undertaking for the assessment program that is contained in the act that we've been discussing here.

For all of those reasons, I conclude that the Federation is entitled to a preliminary injunction enjoining the Department from proceeding with the solicitations on this RFP until and unless the provisions of RCW 41.06.142 are complied with. That is my decision.

MR. SCOTT: May I be heard briefly, Your Honor?

THE COURT: Yes.

MR. SCOTT: I heard the court say that the injunction will only be in place unless or until 41.06.012 is complied with, which would entail the notice and the other constraints in that statute; is that correct, Your Honor? 41.06.142 requires the Department to give 90 days notice to the employees. I understood your ruling to be that the preliminary injunction would be in effect until the Department complied with that statute; for 90 days the Department would then be entitled to cure its defect and then go forward under that statute.

THE COURT: Well, counsel, I think you are correct. I haven't heard from Mr. Younglove in that respect, but the claim here, as I understand it, is violation of that statute. And I have concluded that they have shown that there is a violation of the statute in the way that they are proceeding now. And clearly the statute gives the Department some rights to proceed with contracting out work when certain conditions are met. So I think that --

MR. SCOTT: Thank you, Your Honor.

THE COURT: -- you are correct in that regard. Mr. Younglove, do you have any different view?

MR. YOUNGLOVE: No, Your Honor. I heard the court's ruling. I think I understand it. I'm not sure I necessarily agree with the limited description of what's required by .142.

THE COURT: I have made no determination in that regard.

MR. YOUNGLOVE: I understood that, Your Honor.

THE COURT: All right.

MR. SCOTT: Thank you, Your Honor.

THE COURT: Mr. Younglove, you are the prevailing party here. How do you wish to proceed to reduce this to a written order?

MR. YOUNGLOVE: Well, Your Honor, I have an order prepared that I shared with counsel. It would need to be changed a bit to incorporate the language the court just added. We could perhaps -- I think we could probably agree on an order and submit it to the court.

THE COURT: Why don't we -- the --

MR. YOUNGLOVE: I don't have any fear that the Department's going to go ahead tomorrow.

THE COURT: Should we schedule this for one week from today, then?

MR. SCOTT: One week from today, Your Honor. There also -- the Department has quantified what the cost would be associated with ceasing this RFP. It's my understanding under the rule that there needs to be some security posted. I have preliminary figures. I would like to ask for an opportunity to address that a week from now, as well.

THE COURT: All right. This is a preliminary injunction. And I presume there is a bond that would be required. I will check on that and hear from you at some point, Mr. Younglove.

MR. YOUNGLOVE: Yes. I believe the rule requires security, and that is an issue that I believe we would have to address to the court.

THE COURT: All right. We shall meet again next week, then.

MR. SCOTT: Thank you, Your Honor.

MR. YOUNGLOVE: Thank you, Your Honor.

(Conclusion of the May 13, 2011, Proceedings.)

## Nebraska Children's Commission Action Agenda

Work Group Strategic Recommendations	Action Needed	Notes
<p><b>Community Ownership of Child Well-Being:</b> Encourage timely access to effective services through community ownership of child well-being.</p> <ul style="list-style-type: none"> <li>• Identify, promote and achieve broad support for key elements for successful families including youth transitioning to adulthood (with no assumption the State is the sole provider).</li> <li>• Map available data for resources, gaps, needs and services, including public and private resources and services.</li> <li>• Build state level infrastructure for prevention with integration and blended funds.</li> <li>• Strengthen and expand community collaboratives.</li> </ul> <p><b>Status</b></p> <ul style="list-style-type: none"> <li>• Foundation laid for consensus on child-well being outcomes and indicators with Commission endorsement of proposed draft of Whole Population Indicators.</li> <li>• Model for Community Ownership of Child Well-Being developed with consultation from national expert Deborah Daro (Chapin Hall) and approved by the Commission.</li> <li>• Community collaboratives established or in formation stage using that model are in multiple communities across the state with a focus on prevention services, including resources for Alternative Response to prevent entry of children into the child welfare system.</li> <li>• Assessment of Facilitated Conferencing as a resource in juvenile court cases; recommendation for funding for Facilitated Conferencing with an evaluation component included was approved by the Commission. Testimony presented at hearing on LB 1093 to support facilitated conferencing.</li> <li>• Beginning work on potential for blended funding for child welfare initiatives and services, including public private funding sources.</li> </ul>	<p><b>Action Plan</b></p> <ul style="list-style-type: none"> <li>• Work in collaboration with other entities to develop consensus on use of child well-being outcome indicators across systems.</li> <li>• Determine potential role of state level collective impact group.</li> <li>• Increase number of community collaboratives.</li> <li>• Translate data elements useful to communities.</li> <li>• Address barriers to success through the community collaboration process.</li> <li>• Identify potential funding resources for infrastructure.</li> <li>• Assess implementation of the Model for Community Ownership and adapt the model as needed with a focus on school engagement, focus on prevention and addressing needs of special populations (<u>tribal, disproportionate minority contact, family income</u>).</li> </ul>	
<p><b>System of Care:</b> Support a family driven, child focused and flexible</p>	<p><b>Action Plan</b></p>	

Work Group Strategic Recommendations	Action Needed	Notes
<p>system of care through transparent system collaboration with shared partnerships and ownership.</p> <ul style="list-style-type: none"> <li>• Develop a shared commitment to system of care values that includes trauma informed response.</li> <li>• Invest in prevention.</li> <li>• Develop differential response system.</li> <li>• Identify model for collaboration and cooperation.</li> <li>• Develop team-based approach for decision making</li> <li>• Realign operations to support trauma informed system of care.</li> </ul> <p><b>Status</b></p> <ul style="list-style-type: none"> <li>• Design for Nebraska System of Care (SOC) Planning Project developed with active participation by Commission representatives</li> <li>• Alternative Response (differential response) pilots are in place utilizing IV-E Waiver with Commission in role of monitoring and providing input.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued assessment and input regarding Alternative Response implementation.</li> <li>• Advocate to move SOC strategic plan forward.</li> <li>• Advocate for investment of resources in prevention.</li> <li>• Utilize education to action strategy for <ul style="list-style-type: none"> <li>✓ Family centered practice</li> <li>✓ Family driven – youth guided models</li> <li>✓ Trauma informed care at all levels of system of care</li> </ul> </li> <li>• <u>System of Care implementation by DHHS.</u></li> </ul>	
<p><b>Technology:</b> Utilize technological solutions to information exchange and ensure measured results across systems of care.</p> <ul style="list-style-type: none"> <li>• <del>Create appropriations schedule utilizing system design</del></li> <li>• Explore university expertise for data analysis.</li> <li>• Reach agreement on population outcomes and indicators.</li> <li>• Develop common data systems and standards with external data mining.</li> <li>• <del>Design</del> Advise on and insure data system for integration, coordination and accessibility.</li> <li>• <del>Develop action steps in cross-divisional programming.</del></li> </ul> <p><b>Status</b></p> <ul style="list-style-type: none"> <li>• Stakeholders group with key systems people at the table identifying barriers, opportunities and options.</li> <li>• Options for data sharing initiatives analyzed.</li> <li>• Identified data sharing models in use in other states.</li> <li>• Commission endorsement of draft whole population measures document.</li> </ul>	<p><b>Action Plan</b></p> <ul style="list-style-type: none"> <li>• Develop framework for Commission child welfare/juvenile justice data dashboard to provide clear focus on selected indicators utilizing Chapin Hall and UNO School of Social Work expertise.</li> <li>• Identify technology solutions to produce data for the dashboard.</li> </ul>	
<p><b>Workforce:</b> Foster a consistent, stable, skilled workforce serving</p>	<p><b>Action Plan</b></p>	

Work Group Strategic Recommendations	Action Needed	Notes
<p>children and families.</p> <ul style="list-style-type: none"> <li>• <del>Benchmark the state with the lowest caseworker turnover (or states where children have the fewest worker changes.</del></li> <li>• Develop plan for retention of frontline staff.</li> <li>• <del>Develop retention plan for caseworkers.</del></li> <li>• Assess and address morale and culture.</li> <li>• Address education and training for staff, including trauma informed care.</li> <li>• Clearly define point person and roles of persons/entities working with children and families.</li> <li>• Conduct comprehensive review of caseworker training and curriculum.</li> <li>• <del>Develop pilot project (urban and rural) for Guardians ad litem.</del></li> <li>• Hire and adequately compensate well-trained professionals.</li> </ul> <p><b>Status</b></p> <ul style="list-style-type: none"> <li>• Priorities identified as initial steps with consensus in place for recommendations to address salary and compensation issues and provide for career trajectories.</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance and refine recommendations regarding salary/compensation issues and career trajectories.</li> <li>• Assess and clarify roles/requirements for visitation workers and YRTC staff.</li> <li>• Assess and define roles and expectations for attorneys in juvenile court.</li> <li>• <u>Explore compliance with statutory caseload requirements.</u></li> </ul>	

Legislative Assigned Task	Action Needed:	Notes
<p><b>Service Area Networks:</b> Establish networks in each of service areas.</p> <ul style="list-style-type: none"> <li>Involve the following in network formation: administrators from each of the service areas, 1184 teams, local foster care review boards, child advocacy centers, the teams created pursuant to the Supreme Court's Through the Eyes of the Child Initiative, community stakeholders, and advocates for child welfare programs and services.</li> <li>Include unique strategies developed by each service area in the statewide strategic plan with assistance from the Department of Health and Human Services in identifying the needs of each service area. [taken from Neb. Rev. Stat. §43-4203(1)]</li> </ul> <p><b>Status</b></p> <ul style="list-style-type: none"> <li>The Model for Community Ownership of Child Well-Being, developed by the Community Ownership Work Group, approved by the Commission, and implemented in multiple communities, provides structure for network development and serves as a framework for formation of community networks.</li> <li>Community collaborative involving public and private sector stakeholders in place in every service area (map included in the Model document).</li> <li>Multiple stakeholders involved in network formation process, including assessment of local needs, as well as resource mapping.</li> </ul>	<p><b>Action Plan</b></p> <ul style="list-style-type: none"> <li>Assess the role of the community collaborative network in meeting the intent of the language of LB 821 regarding service area networks.</li> <li>Assess the effectiveness of the community collaborative strategy in addressing community needs and improving outcomes.</li> <li>Incorporate strategies adopted in each service area in Commission Strategic Plan.</li> </ul>	
<p><b>DHHS Structure:</b> Review the operations of the department regarding</p>	<p><b>Action Plan</b></p>	

Legislative Assigned Task	Action Needed:	Notes
<p>child welfare programs and services and recommend, as a part of the statewide strategic plan, options for attaining the legislative intent. . . , either by the establishment of a new division within the department or the establishment of a new state agency to provide all child welfare programs and services which are the responsibility of the state. [taken from Neb. Rev. Stat. §43-4201(d) &amp; §43-4204(3)]</p> <p><b>Status</b></p> <ul style="list-style-type: none"> <li>• Ongoing review of department operations through series of reports/presentations by the department at Commission meetings with opportunity for discussion and input.</li> <li>• Presentations reviewing department functions and outcomes at Commission meetings by Director of the Foster Care Review Office and the Inspector General for Child Welfare.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor the work being done under Legislative Resolution 535 (LR 535) which will be reviewing the structure of DHHS.</li> <li>• Review literature/reports/findings on child welfare state agency structure in other states.</li> <li>• Review the Attestation Report – DHHS Child Welfare.</li> <li>• Review findings in Hornby Zeller report (due in December 2014).</li> <li>• Develop a framework for formulating recommendations per responsibilities assigned in LB 821.</li> </ul>	
<p><b>Lead Agency:</b> Consider the potential of contracting with private nonprofit entities as a lead agency in a manner that maximizes the strengths, experience, skills, and continuum of care of the lead agencies in development of a strategic plan for child welfare program and service reform. [taken from Neb. Rev. Stat. §43-4204(1)(a)]</p> <p><b>Status</b></p> <ul style="list-style-type: none"> <li>• Presentations and reports from Nebraska Families Collaborative at Commission meetings.</li> </ul>	<p><b>Action Plan</b></p> <ul style="list-style-type: none"> <li>• Review literature/reports/findings on use of lead agencies in other states.</li> <li>• Review the findings in the Hornby Zeller report (due in December 2014).</li> <li>• Develop a framework for formulating recommendations related to Lead Agency utilization.</li> </ul>	

Legislative Assigned Task	Action Needed:	Notes
<p><b>Evidence-Based Prevention and Early Intervention:</b> Consider strategies to support high-quality evidence-based prevention and early intervention services that reduce risk and enhance protection for children. [taken from Neb. Rev. Stat. §43-4204(1)(b)]</p> <p><b>Status</b></p> <ul style="list-style-type: none"> <li>• Model for Community Ownership of Child Well-Being includes provision for evidence-based early intervention services.</li> <li>• OJS Committee has plan for arriving at a shared understanding of use of “evidence-based” criteria in juvenile services.</li> </ul>	<p><b>Action Plan</b></p> <ul style="list-style-type: none"> <li>• Schedule a panel presentation on high-quality evidence-based prevention and early intervention for Commission meeting.</li> <li>• Coordinate Commission efforts with the work being done on the evaluation of evidence-based practices for juvenile justice programs.</li> <li>• Review the Hornby Zeller report due out in December 2014.</li> <li>• Determine how evidence-based work should be handled by the Commission in conjunction with efforts of the Community Ownership of Child Well-being Workgroup.</li> </ul>	
<p><b>Child Welfare Indicators:</b> Identify the type of information needed for a clear and thorough analysis of progress on child welfare indicators. [Neb. Rev. Stat. §43 4204(1)(d)]</p> <p><b>Status</b></p> <ul style="list-style-type: none"> <li>• Whole Population measures developed by the Community Ownership of Child Well-being Workgroup and Technology Workgroup, in conjunction with the Prevention Partnership and approved by the Commission.</li> </ul>	<p><b>Action Plan</b></p> <ul style="list-style-type: none"> <li>• Continue collaborative effort with the Prevention Partnership to develop plan for utilizing whole populations measures to gauge progress toward improving child well-being outcomes in Nebraska.</li> <li>• Utilize Chapin Hall and <u>UNO School of Social Work</u> as a resource to identify appropriate</li> </ul>	

Legislative Assigned Task	Action Needed:	Notes
	<p>data to use for analysis of progress on child welfare indicators.</p> <ul style="list-style-type: none"> <li>• <u>NCC advocate for and monitor DHHS implementation of the new CFSR measures.</u></li> </ul>	
<p><b>Statewide Automated Child Welfare Information System:</b> Develop plan for a statewide automated child welfare information system to integrate child welfare information into one system in collaboration with the department. [Neb. Rev. Stat. §43-4206]</p> <p><b>Status</b></p> <ul style="list-style-type: none"> <li>• Contract with NDHHS for evaluation of the child welfare system resulted in Child Welfare Information System Strategic Plan report.</li> </ul>	<p><b>Action Plan</b></p> <ul style="list-style-type: none"> <li>• <del>Continue review of options for a statewide automated child welfare information system utilizing the <i>Child Welfare Information System Strategic Plan Report</i> and other resources to determine strategies that should be considered for further recommendations.</del></li> <li>• Utilize Technology Work Group stakeholder group to identify strengths and weaknesses of existing system and proposed solutions.</li> <li>• <u>Meet with DHHS and State OCIO about ACA.</u></li> </ul>	