Nebraska Children's Commission
Thirty-Fifth Meeting
November 17, 2015

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Agenda Item IV

Nebraska Children's Commission
Thirty-Fourth Meeting
September 15, 2015
9:00 AM – 3:00 PM
Country Inn & Suites, Lighthouse Room
5353 N. 27th Street
Lincoln, NE 68512

I. Call to Order

The Nebraska Children's Commission Chair, Beth Baxter, called the meeting to order at 9:01 a.m.

II. Roll Call

Commission Members present (14):

Karen Authier	Candy Kennedy-Goergen	Mary Jo Pankoke
Beth Baxter	Gene Klein	Dale Shotkoski
Holly Brandt	Andrea Miller	Susan Staab
Jennifer Chrystal-Clark	David Newell	Paula Wells
Kim Hawekotte	Deb O'Brien	

Commission Members absent (3):

Teresa Anderson	Norman Langemach	Diana Tedrow

Ex Officio Members present (8):

Senator Kate Bolz (9:12)	Katie McLeese Stephenson	Julie Rogers (11:45)
Ellen Brokofsky	Courtney Phillips (9:06)	Doug Weinberg
Senator Kathy Campbell	Hon. Linda Porter	

Ex Officio Members absent (1):
Senator Patty Pansing-Brooks

A quorum was established.

Guests in Attendance (9):

Dr. Lynn Castrianno	Nebraska Families Collaborative
Bethany Connor Allen	Nebraska Children's Commission
Jeanne Brandner	Office of Probation Administration
Anna Eickholdt	Nebraska State Legislature
Amanda Felton	Nebraska Children's Commission
Peg Harriott	Child Saving Institute
Richard Johnston	Nebraska Total Care
Kari Rumbaugh	Office of Probation Administration
Julia Tse	Voices for Children

a. *Notice of Publication*
Recorder for the meeting, Amanda Felton, indicated that the notice of publication for this meeting was posted on the Nebraska Public Meetings Calendar website on August 24, 2015 in accordance with the Nebraska Open Meetings Act. The publication will be kept as a permanent attachment with the meeting minutes.

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b. *Announcement of the placement of Open Meetings Act information*
A copy of the Open Meetings Act was available for public inspection and was located at the head table of the meeting room.

III. Approval of Agenda

Chair Baxter presented the agenda to the Commission. Ellen Brokofsky noted that she would like to move Agenda item XVI. Probation Report, to an earlier time slot since she would not be in attendance after the lunch hour. A motion was made by Paula Wells to approve the agenda with the Probation Report moved after Agenda Item VI. Nebraska Children's Commission Logo Selection. The motion was seconded by Mary Jo Pankoke. No further discussion ensued. Roll Call vote as follows:

FOR (14):

Karen Authier	Candy Kennedy-Goergen	Mary Jo Pankoke
Beth Baxter	Gene Klein	Dale Shotkoski
Holly Brandt	Andrea Miller	Susan Staab
Jennifer Chrystal-Clark	David Newell	Paula Wells
Kim Hawekotte	Deb O'Brien	

AGAINST (0):

ABSENT (3):

Teresa Anderson	Norman Langemach	Diana Tedrow

ABSTAINED (0)

MOTION CARRIED

For the purpose of the minutes, all items will be written in the order of the original agenda.

IV. Consent Agenda

a. *Minutes of the July 21, 2015 Nebraska Children's Commission Meeting*
Chair Baxter brought the minutes from the previous July 21, 2015 meeting to the Commission's attention. She inquired as to if there were any corrections. No corrections were provided.

b. *Foster Care Reimbursement Rate Committee Nomination Report*
The Nominating Committee recommended the following individuals for appointment to membership on the Foster Care Rate Committee (FCRRC):

- **A foster parent who contracts directly with the Department of Health and Human Services**:
  - Vanessa Humaran – Lincoln, NE
- **A foster parent who contracts with a child welfare agency**:
  - Jude Dean – Lincoln, NE
  - Dr. Anne Hobbs – Denton, NE

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c. *Bridge to Independence Advisory Committee Nomination Report*
The Nominating Committee recommended the following individuals for appointment to membership of the Bridge to Independence Advisory (B2I) Committee:

- **A representative of the Legislative Branch of government**:
  - Timoree Klingler – Legislative Aide to Senator Sara Howard

Kim Hawekotte moved to approve the items of the Consent Agenda as presented. Candy Kennedy-Goergen seconded the motion. There was no discussion. Roll Call vote as follows:

FOR (13):

Karen Authier	Candy Kennedy-Goergen	Dale Shotkoski
Beth Baxter	Gene Klein	Susan Staab
Holly Brandt	Andrea Miller	Paula Wells
Jennifer Chrystal-Clark	Deb O'Brien	
Kim Hawekotte	Mary Jo Pankoke	

AGAINST (0):

ABSENT (3):

Teresa Anderson	Norman Langemach	Diana Tedrow

ABSTAINED (1)
David Newell

MOTION CARRIED

V. Chairperson's Report

Beth Baxter gave her report to the Commission members. She discussed her opportunity to meet with new Director of Children and Family Services (CFS), Doug Weinberg, and her excitement in working together. She also commented on the importance of training the workforce across the whole spectrum of child welfare needs including trauma and behavioral health. Chair Baxter emphasized the need for agencies to partner together in order to address behavioral health issues, family engagement, and prioritizing where efforts need to be focused to best utilize our resources.

VI. Nebraska Children's Commission Logo Selection

Chair Baxter drew attention to the issue of the Commission Logo. Bethany Connor Allen indicated that while logo options have been available, a formal decision has never been made on which logo should be used. Paula Wells moved and Mary Jo Pankoke seconded to approve the second logo with the white background. No further discussion ensued. Roll Call vote as follows:

FOR (14):

Karen Authier	Candy Kennedy-Goergen	Mary Jo Pankoke
Beth Baxter	Gene Klein	Dale Shotkoski
Holly Brandt	Andrea Miller	Susan Staab
Jennifer Chrystal-Clark	David Newell	Paula Wells
Kim Hawekotte	Deb O'Brien	

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AGAINST (0):

ABSENT (3):
Teresa Anderson Norman Langemach Diana Tedrow

ABSTAINED (0)

MOTION CARRIED

VII. Department of Health and Human Services Update

CEO of the Department of Health and Human Services, Courtney Phillips, was invited to give an update on the Department happenings. Some items covered included pediatric emergency trainings, recent funding for drug monitoring, a pilot project for developmentally disabled state wards, and a Request for Proposal for Behavioral Health Managed Care. Ms. Phillips mentioned that the Department is still working to complete their team of key administrators.

Ms. Phillips gave the floor to Doug Weinberg. Mr. Weinberg gave a brief update on the Alternative Response program. The planning has begun for the first expansion that will take the program from 5 to 39 counties, primarily in Western and Central Nebraska. Mr. Weinberg informed the Commission that out of all of the intakes, around seven percent, or 730 families, have been eligible for Alternative Response. Of those families half were randomly assigned to Alternative Response with the other half using traditional response. The data showed a slight decrease in subsequent accepted reports over 12 months and in the number of children being placed out of home. The number of substantiated reports, however, showed no difference between the two response types. Director Weinberg reminded the members that it is still very early in the program, less than a year into it, but that he was encouraged by the preliminary results.

Vice Chair, Gene Klein, mentioned that the Center on Children, Families, and the Law (CCFL) is performing an evaluation on Alternative Response that will be due to CFS in November. Vice Chair Klein asked if Mr. Weinberg would be willing to provide an update on the Division's reaction and plans regarding the CCFL evaluation report. The Vice Chair also inquired into the evidence based practices that were required by the IV-E waiver that was providing funds. Mr. Weinberg let the members know that he could present a more formal presentation covering both AR and evidence based practices at the November Commission meeting.

Senator Campbell commented that she and Director Weinberg had a conversation regarding a national conference that several Senators attended. A portion of the event focused on child welfare financing issues. A system was discussed at the conference that assists with the budgeting process as it deals with best practices. The Senator noted that New Mexico, who had implemented this system, found that Alternative Response was one of the top rated programs in terms of cost and benefit to the client, state, and tax payer.

This discussion prompted Susan Staab to inquire about the Child Welfare Financing Primer completed in April 2015. Ms. Staab expressed that it would be advantageous to revisit the topic of finances and see where progress was on the three key findings from the report. Senator Bolz let the Commission know that there were several partners working to establish a foundation to work with in relation to the recommendations contained in the Primer. Their goal is to find the cause of the issues in order

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to provide the information to a larger audience. Senator Bolz stated that she would alert the Commission members once a hearing date is established.

The Commission took a short recess at 10:25 a.m.

The Commission resumed business at 10:43 a.m.

VIII. Child and Family Services Legislative Report

Chair Baxter Invited Doug Weinberg to provide a summary of the four reports that DHHS had due to the Legislature. The four reports included:

- An annual report outlining child welfare and juvenile services caseloads (Neb. Rev. Stat. 68-1207.01)
- An annual report outlining the Department's monitoring of lead agencies/pilot project (Neb. Rev. Stat. 43-4408)
- An annual report outlining information regarding child welfare services with respect to children served by any lead agency or pilot project and children served by the Department (Neb. Rev. Stat. 43-4406)
- A summary of satisfaction surveys administered to children, foster parents, judges, guardians ad litem, attorneys representing parents, and service providers involved with the child welfare system (Neb. Rev. Stat. 43-4407)

Mr. Weinberg indicated that the reports had not been released for public inspection, but would be available later that week. He advised the members to review the documents once available and to come prepared to the next meeting with any questions. A two page summary of key points within the reports would also be emailed out to the commission.

Courtney Phillips noted that the report discussing caseloads would be especially relevant to the work that the Commission does. Vice Chair Klein inquired about the Child Family Services Review rate criteria. Doug verified that in 2017, there will be a new set of criteria. He indicated that it could be a helpful item for the Commission to review sometime in early 2016.

IX. Nebraska Families Collaborative Legislative Report

Dave Newell with the Nebraska Families Collaborative (NFC) introduced Lynn Castrianno, their Director of Continuous Quality Improvement and Data Management. Ms. Castrianno provided the group with a two page summary of the information collected from their annual survey from youth, parents, foster parents, and community stakeholders.

The satisfaction survey was submitted anonymously and covered various areas of performance in relation to the organization, Family Permanency Specialists, and other staff. The participants were asked to use a rate scale of 1-5 with 5 equaling excellent. In total, the number of responses received nearly doubled from the previous year. This increase was attributed to an extended time frame and the outreach efforts of the NFC Staff. Average ratings were as follows:

- Parent Surveys: 4.1/5
- Youth Surveys (Age 12 and up): 4.3/5
- Stakeholder Surveys: 3.3/5
- Foster Parent Surveys: 4/5

Next steps in the report process included sharing the information with various advisory Boards and External parties, and to strategize on what needs to improve within the organization to increase satisfaction with the various groups surveyed.

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X. Lunch

The Commission suspended business to take lunch at 11:22 a.m.

The meeting resumed at 12:13 p.m.

XI. Legal Parties Taskforce Update

Kim Hawekotte was invited to present an update on the Legal Parties Taskforce. She gave a brief history of the Taskforce, describing its original purpose of examining the role of Guardians ad Litem charged with representing the best interest of children within the child welfare system. In recent months their focus has expanded to encompass the professionalism of Juvenile Court as a whole. The taskforce has arranged to provide training and presentations to various groups that will cover topics such as the ramifications of what is filed in Juvenile Court, the recent changes to the central registry, and educating the legal community on the Structured Decision Making (SDM) tool.

Ms. Hawekotte noted that the Taskforce hoped to work with Judge Linda Porter to offer a similar training to the Judiciary members throughout the state. It was mentioned that the group also hoped to connect with Liz Neeley with the Nebraska Bar Association to work on training with the Guardians ad Litem and defense attorneys.

Susan Staab asked if the training programs that the Taskforce was offering would be helpful for caseworkers. Ms. Hawekotte expressed that she thought it could be beneficial training for caseworkers. She cited the Foster Care Review Office staff as an example of a workplace that benefited from knowing the information covered in the trainings. Kim indicated that she would update the Commission on the progress of the training sessions at the November meeting.

XII. Data, Technology, Accountability, and Reporting (DTAR) Workgroup Update

Dave Newell presented an update on the DTAR Workgroup. He began by expressing the complications that arise when defining what measures to addressed when dealing with the term child welfare. Some of the measurement perspectives that the Workgroup is focusing on are process, quality, capacity, and outcome. The areas of focus will be taken from the primary measures and focuses of the other Nebraska Children's Commission workgroups. Mr. Newell indicated that he will be reaching out to the various workgroups to gather information on key measures for each Workgroup to help determine how the DTAR Workgroup will advance in its recommendations.

XIII. Legislative Overview and Legislative Resolution Discussion

The Chair invited Senator Bolz and Senator Campbell to present on any Legislative information that may be pertinent to the Commission. Senator Bolz began by referring back to her previous mention of a workgroup focusing on issues relating to child welfare financing. Senator Bolz indicated that she would present more information on the progress of the group at the November Commission meeting. She also mentioned an interim study related to behavioral health in the criminal justice system. While the current study focuses on Adults, Senator Bolz let the Commission know that she was open to discussion about transitions and appropriate levels of support with the juvenile justice system as well.

Senator Campbell provided a brief summary of various Legislative Resolutions. LR248 examined the implementation of the federal Preventing Sex Trafficking and Strengthening Families Act in Nebraska. This resolution will focus on creating normalcy for foster youth with a hearing scheduled for October 22, 2015. Senator Campbell welcomed any Commission member interested in LR304, regarding the

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mental health for children in schools, to contact her to become involved. Several roundtables will continue in order to discuss ideas relating to this issue.

The Senator continued by mentioning LR185, which deals with the behavioral health workforce, and LR181 that is examining barriers to full time employment in high need areas. Both of these resolutions be heard on November 12, 2015. The last Legislative Resolution Senator Campbell discussed was LR186. This resolution looks to examine the victims of sex trafficking and the services available to them. Several groups are involved in this resolution including the State Taskforce, the Judiciary branch, the Department of Health and Human Services, and the Attorney General's office. Interested parties can attend the hearing for this resolution on October 23, 2015.

Senator Campbell informed the Commission of the Intergenerational Poverty Taskforce in which she will Chair. This group will be a profile of poverty in Nebraska with a series of briefings modeled after Senator Bolz's briefings for the Aging Nebraskans Taskforce. Each month a different topic will be discussed at an open meeting beginning in October and lasting to the end of the year. There is potential for meetings to continue into 2016, and Senator Campbell will keep the Commission updated. Examples of topics to be covered are education, transportation, housing, public assistance, and workforce issues.

The last item addressed by Senator Campbell was the upcoming sunset date for the Nebraska Children's Commission on June 30, 2015. She distributed a letter and questionnaire for the members of the Commission to complete. The questionnaire provided a venue for the members to express their thoughts on and evaluate the Commissions past accomplishments and future goals. She asked that all questionnaires be returned to her attention no later than September 30, 2015.

XIV. Probation Report

Ellen Brokofsky introduced Jeanne Brandner, Deputy Probation Administrator of the Division of Juvenile Services, who gave the report for the Office of Probation. Ms. Brandner reviewed the July Report of Probation Juvenile Justice Reform Efforts that provided a snapshot of several areas that the Department handles. Topics discussed included Intake and Detention Alternatives, Pre-adjudication and Investigations, Case Management and Services, and Reentry.

Ms. Brokofsky informed the members that future reports planned to separate the data for law violating youth from the status offense youth. She stated that while the youth with status offenses have low risk, they often have high needs. Senator Campbell inquired as to if future reports could also include information on probation workforce, such as the number of probation officers and the retention rates for them. Ms. Brandner indicated that she could provide this information at the next Commission meeting.

Mary Jo Pankoke commented that another addition to the report that would be helpful was information on how the Department is handling the issue of sex-trafficking and screening for potential victims. Ms. Brandner stated that she was involved in a statewide taskforce, along with Katie McLeese Stephenson of the Court Improvement Project, which will look specifically at how to address the issue of sex-trafficking victims within the Juvenile Justice system.

Senator Bolz stated that she had recently come across a few cases of youth in the juvenile justice system aging out of services. The Senator asked if Probation had a way of preparing these youth before they age out. Kari Rumbaugh, Assistant Deputy Administrator with the Administrative Office

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of Probation, Juvenile Division, discussed how there is a strong push to assist families in preparing to take in the youth and help them become self-sufficient prior to aging out of the system. Mary Jo Pankoke also noted that the sub-committee of the Bridge to Independence was looking at the issue of extending supports to youth aging out of the juvenile justice system and would be presenting recommendations at the next Commission meeting.

XV. Nebraska Children's Commission Legislative Report Update

The Chair directed the members to the draft of the annual Legislative Report that the Commission provides to the Health and Human Services Committee. She indicated that the report was an opportunity to educate the new legislative members on the work of the Nebraska Children's Commission and its history. The Chairpersons of each Committee, Workgroup, and Taskforce will be called upon to provide priority recommendations and goals of their respective groups. Chair Baxter issued a date of September 30, 2015 for any general comments to be submitted. November 1, 2015 was given as the date that priority recommendations would need to be submitted in order to be attached to the annual report. All items were to be submitted to Bethany Connor Allen, Policy Analyst with the Nebraska Children's Commission.

XVI. Public Comment

Chair Baxter invited any members of the public forward. No public comment was offered.

XVII. New Business

There was no New Business to present at this time.

XIII. Upcoming Meeting Planning

The Chair discussed several items addressed during the meeting that would be included on the agenda for the November 17, 2015 meeting. Items to be covered at that meeting are as follows:

- Alternative Response reports from the Center on Children, Families, and the Law and the Department of Health and Human Services.
- Review and recommendations regarding the above mentioned reports by the Commission members.
- Discussion regarding evidence based practices from the Department of Health and Human Services.
- A presentation on child welfare financial information from Senator Bolz addressing the Financial Primer recommendations.
- A presentation on the four Legislative reports from Children & Family Services division.
- A report from the Bridge to Independence Advisory Committee.
- An update from Probation.
- An update from the Legal Parties Taskforce
- A report from the Data, Technology, Accountability, and Reporting Workgroup.
- A presentation on the annual report from the Inspector General's Office.

The floor was opened to discussion for planning for future meetings. The Chair addressed that a new member orientation should be offered. A doodle poll will be sent to the new members to schedule a time in late October to meet. Karen Authier referred back to the Child Family Services Review rate criteria and indicated that it should be discussed sometime in spring of 2016. Senator Campbell alerted the Commission that a date for the briefing to discuss the future of the Nebraska Children's

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Commission would be scheduled sometime during the first week of the Legislative Session that begins January 5, 2016.

Chair Baxter brought to the attention of the members the annual retreat of the Nebraska Children's Commission. The previous format was to hold the retreat on the first day with the Commission meeting following on the second day. Discussion occurred as to when would be the best time of year to hold the retreat. General agreement indicated that July may be a more convenient month than January for members. If the Commission is extended, the annual retreat could be an opportunity to address the Strategic Plan. It would also be good timing for a new member orientation as member terms will be expiring on June 30, 2016. Chair Baxter indicated that a recommendation would be made regarding the annual retreat at a later date.

XIX. Adjournment

It was moved by Mary Jo Pankoke and seconded by Susan Staab to adjourn the meeting. There was no discussion. Motion carried by unanimous voice vote. The meeting adjourned at 12:50 p.m.

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Nominating Committee Report

Foster Care Reimbursement Rate Committee Nomination
Report to the Nebraska Children's Commission
November 17, 2015

The following individual has submitted a nomination application for a position on the Foster Care Rate Committee. This position has voting authority on the Committee.

- **Representative from a child advocacy organization that supports young adults who were in foster care as children**:
  - Phillip Burrell – Project Everlast, Omaha, NE

The Nominating Committee supports these nominations and recommends their appointment to the Foster Care Reimbursement Rate Committee.

Nominating Committee Report

Juvenile Services Committee Nomination
Report to the Nebraska Children's Commission
November 17, 2015

The following individuals have submitted their names for nomination on the Juvenile Services Committee. These positions are resource positions on the Committee.

- **Representative of the Judiciary Committee of the Legislature**:
  - Senator Patty Pansing Brooks

- **Representative of the Department of Education**
  - Steve Milliken

The Nominating Committee supports these nominations and recommends their appointment to the Juvenile Services Committee.

Caseload Report

Caseload Methodology

- The caseload methodology developed in March 2013 continues to be used by Children and Family Services
- In comparison to last year, each service area decreased in their percentage of compliance with caseload standards for workers assigned initial assessments, ongoing and combined caseloads.

Fiscal Resources

- There has been a reduction of 49 Children and Family Services Specialist due to the transition of 3b and OJS youth to the Probation System
- DCFS has faced many challenges to maintain a stable workforce which has impacted the number of trained staff to assume case full caseloads.
  Contributing factors:
  - Higher wages paid by Probation and Private Agencies for similar work
  - Staff remaining must cover a higher caseload
- DCFS has made significant changes this past year to expedite the hiring process, hire the right staff and evaluate why staff are leaving. Actions taken:
- DCFS has significantly reduced the vacancies from 52 on June 30 2014 (15% of the workforce) to 23 on June 30 2015 (7% of the workforce) Effective August 31 2015 we were at 8 vacancies (3% of the workforce)

Youth Exiting Care

- There was an 8% increase in the number of children adopted (477 in FY2014 compared to 517 in FY2015)
- The percentage of children reunited with their parents, entering into guardianship or other reason for exiting the system, had little change.

Average Cost of Training Child Welfare Case Managers Employed by DHHS

- Cost of training child welfare case managers includes only New Worker Training their first year and does not include additional in-services provided by CCFL, the Child Advocacy Centers, training opportunities and conferences.

Summary of Satisfaction Surveys.

- Youth rated us a 4.4 out of 5 for the Case manager fulfilling their job responsibility.
- Parents rated us 4.3 out of 5 for providing adequate medical services.
- Foster parents rated us 4.0 out of 5 for providing foster parents with adequate information on children in their care
- Youth rated us 3.9 out of 5 for keeping the youth informed
- Parents rated us 3.8 out of 5 for the case manager fulfilling their responsibilities.

Summary of Child Welfare Statistics.

- During 2015, CFS served 6,966 state wards
- During 2015, CFS served 3,738 non-court youth
- During 2015, 63.4% of the youth in multi-youth families were placed together
- During 2015, the gender distribution for youth in Residential Treatment was 52% female, and 48% male
- During 2015, 55% of the youth in Residential Treatment stay 30 days or less
- During 2015, ESA served 41% of the wards and consumed 47% of the expenditures

Pilot Project Monitoring and Functional Capacity

CQI: 4 Federal Compass Measures

- Meeting or exceeding target on ¾ measures: Placement Stability, Timeliness of Adoption and Absence of Maltreatment Recurrence
- Not meeting: Timeliness and Permanency of Reunification (this is a challenging outcome measure for all Service Areas)
  Local CQI Meeting each month with DHHS and NFC; data drill down with outcome measures that ESA is wanting to improve
- Statewide CQI Meetings-identify trends and systemic issues that impact outcomes; brainstorming strategies
- Sarah Forrest from the Office of the Inspector General and Bethany Allen from Children's Commission attend these monthly CQI Meetings.

Contract Monitoring and Accountability

- There are a variety of regularly scheduled meetings that occur between DCFS and NFC; meetings are daily, weekly and monthly.
- Personnel File Reviews conducted each quarter, SFY15 average score: 95% compliance
- CQI Data: Outcome measures and process measures; some measures NFC performs well and in other measures, they are not meeting targets; similar to other service areas.

Fiscal Monitoring

- DHHS claimed Title IV-E maintenance funds as it relates to NFC for both FFY13 and FFY14 and will soon be drawing for FFY15.
- DHHS continues to work with ACF and NFC on Title IV-E claiming for Administrative Funds, which would require DHHS to renegotiate the Title IV-E waiver capped allocation with ACF.

Department of Health & Human Services
DHHS
NEBRASKA
Division of Children and Family Services
State of Nebraska
Pete Ricketts, Governor

September 14, 2015

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

Dear Mr. O'Donnell,

Nebraska Revised Statute 68-1207.01 requires the Department of Health and Human to submit an annual report to the Governor and Legislature outlining child welfare and juvenile services caseloads, factors considered in their establishment, and the fiscal resources needed to maintain them. The report must contain the following:

1. A comparison of caseloads established by the Department of Health and Human Services with the workload standards recommended by national child welfare organizations, and the fiscal resources necessary to maintain such caseloads in Nebraska;
2. The number of child welfare and juvenile service workers employed by the State of Nebraska, the number of child welfare and juvenile service workers that provide direct services to children and families under contract with the State of Nebraska, and the average length of employment in these positions, by health and human services area and statewide;
3. The average caseload of child welfare and juvenile service workers employed by the State of Nebraska and the average caseload of child welfare and juvenile service workers that provide direct services to children and families under contract with the State of Nebraska, and the outcomes of these cases, by health and human services area and statewide; and
4. The average cost of training child welfare workers employed by the State of Nebraska and those providing direct services to children and families under contract with the State of Nebraska, by health and human services area and statewide.

I am submitting this report to fulfill the above requirements for State Fiscal Year 2015.

Respectfully,

Douglas J. Weinberg, Director
Division of Children and Family Services
Department of Health and Human Services

Attachment

Department of Health & Human Services

DHHS

NEBRASKA

Division of Children & Family Services

Caseload Report

SFY 2014/2015

Legislative History

In 1990, LB 720 directed the Department of Health and Human Services (DHHS) to establish standards for child welfare and juvenile service caseloads and to report to the Governor and the Legislature every two years on the resources it needs to implement those standards. In response, DHHS' s Joint Labor/Management Workload Study Committee examined several key factors that workers identified as affecting their workload, including: (1) urban or rural work locations; (2) vacant positions; (3) availability of clerical support; and (4) travel requirements. The Committee summarized their recommendations in a Workload Study Findings and Recommendations Summary Report in July 1992.

In 2005, LB 264 required DHHS to include in its legislative report information on child welfare and juvenile service workers who are employed by private entities with which the State of Nebraska contracts for child welfare and juvenile services. The law requires DHHS to submit the report annually.

In 2012, LB 961 required DHHS and the pilot project Nebraska Families Collaborative (NFC) to utilize the workload criteria of the standards established as of January 1, 2012, by the Child Welfare League of America (CWLA). DHHS is required to submit an annual report that includes changes in the standards of the CWLA or its successor.

Below is a table containing the operational definitions utilized in accordance with CWLA guidance.

Caseload Type	Definition	Caseload Standards	Description	Measurement / Count
Initial Assessment	Active, open child abuse/neglect investigations conducted by Initial Assessment Worker	1:12 families (urban) 1:10 families (rural)	This does not mean that the worker can be assigned 10 or 12 new cases each month unless all 10 or 12 cases from the previous month are closed. This is a rolling number. Cases assigned the previous month are carried over and counted toward the total number of 10 or 12.	Family
	Mixed; Initial Assessment and On-Going Caseload	1:7 Children Out of Home. One child=a case 1:3 Families in home. One family=a case 1:4 Families for Initial Assessment. One family=a case Total of 14 cases assigned	For On-Going Case management: In-Home or out-of-home Voluntary or Court-Involved	Case
On-Going: Includes ICPC and Court Supervision	Children residing In-Home=no children have been removed from the home due to DHHS involvement	1:17 Families	Open and active **voluntary** with children placed in the home. These children have never been removed and are not court involved.	Family
	*Children residing in a planned, permanent home (parent, adoptive parent, legal guardian)	1:17 Families	Open and active **court involved** families with the child(ren) in a planned, permanent home. These are children who are still in DHHS custody and court involved.	Family
	Mixed; one or more wards in home, one or more wards out of home within the same family	1:10 OOH Wards 1:7 In-Home families Total 1:17	Open and active Court Involved children. Count only wards and does not involve non-ward siblings.	Ward =each ward out of the home count as one case each

				Family=any number of wards in the home count as one case
	Children are out of the home	1:16 Children	These are court involved and non-court involved cases where children are placed formally out of the parental/guardian home (This includes voluntary placement agreements).	Child=Each child placed outside the home is counted as one case

*A planned permanent placement will be defined as a home which will provide permanency for a child, this includes:

1. Child returns from out of home care and resides with a parent
2. Child resides in a pre-adoptive placement with a signed adoptive placement agreement
3. Child's permanency plan is guardianship and child lives with identified guardian

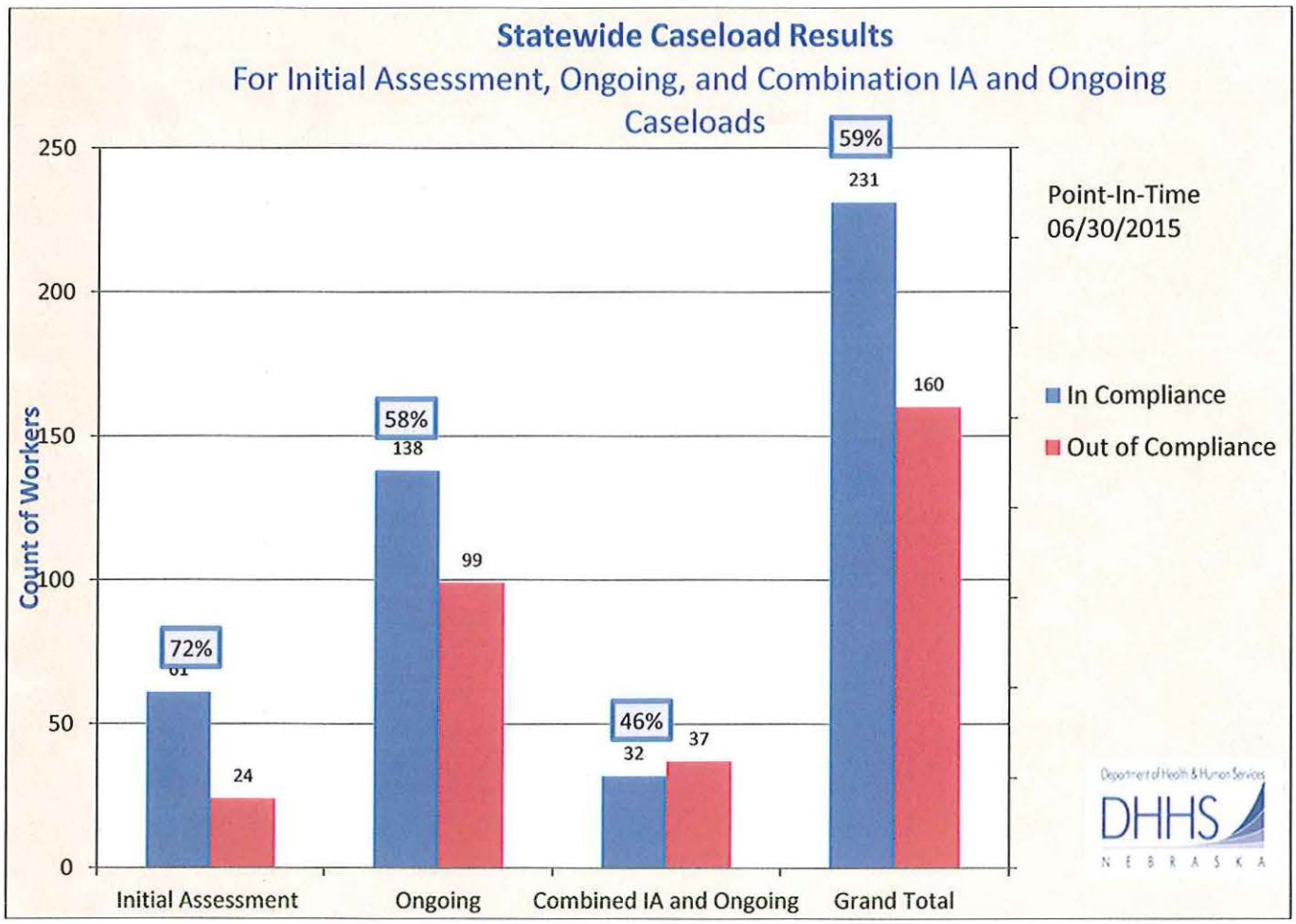
During this reporting period, DHHS continued to contract with the Nebraska Families Collaborative (NFC) for case management services in the Eastern Service Area (ESA). DHHS remains responsible for case management in the Southeast Service Area (SESA), Northern Service Area (NSA), Central Service Area (CSA) and the Western Service Area (WSA). DHHS also continues to be responsible for conducting all initial assessments in each of the five Service Areas.

Comparison of caseloads established by DHHS with the workload standards recommended by national child welfare organizations, and the fiscal resources necessary to maintain such caseloads in Nebraska and average caseload of child welfare workers employed by the State of Nebraska and under contract with the State of Nebraska

Youth who were previously made state wards in the DCFS system for status offenses and delinquency acts (LB561), are now placed with the Judicial Branch under the supervision of a Probation Officer. While the intent was to move all status offense and delinquency youth from DCFS to Probation, a small number remain with DCFS for various reasons beyond the full implementation date of July 1, 2014. Youth who are committed to the DCFS Office of Juvenile Services for placement at a Youth Rehabilitation and Treatment Center will continue to be state wards during placement and will continue to be counted in data for DCFS. DCFS continues to monitor youth who are adjudicated as 3a-No Faults and 3c, and will continue to monitor how these particular youth impact caseload sizes moving forward.

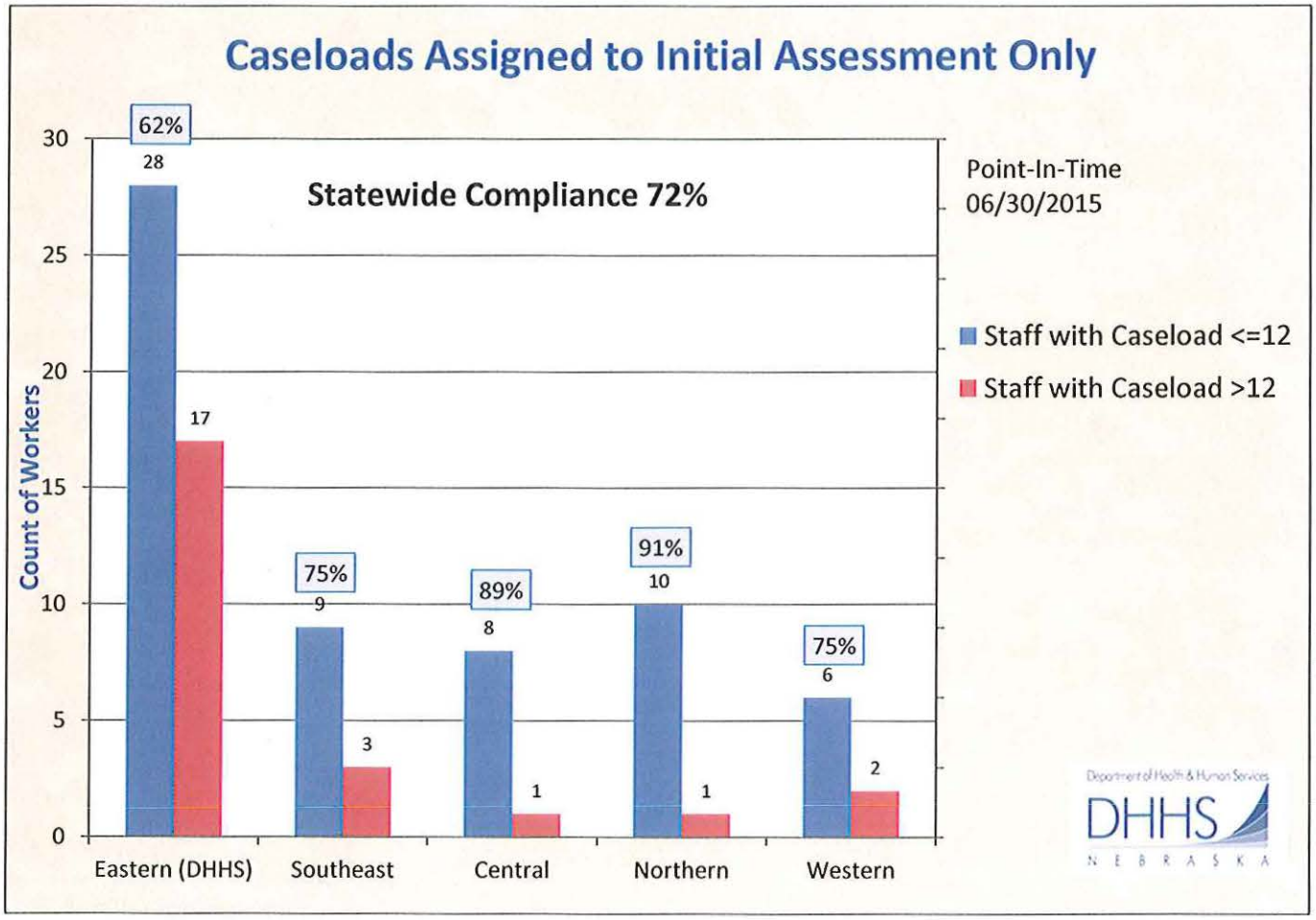
DCFS continues to use the methodology developed in March 2013 of un-duplicating all the cases and creating a weighted average for workers that legitimately have both initial assessment and ongoing work even for a short period to measure caseloads. This methodology only counts a youth once for caseload size reporting purposes.

The data below depicts Caseload Results for Initial Assessment, (Traditional and Alternative Response) Ongoing, and Combined Initial Assessment and Ongoing Caseloads. As of June 30, 2015, Initial Assessment Caseloads were in 72% compliance, Ongoing Caseloads were in 58% compliance and those carrying a combined caseload of Initial Assessment and Ongoing Cases were in 46% compliance.



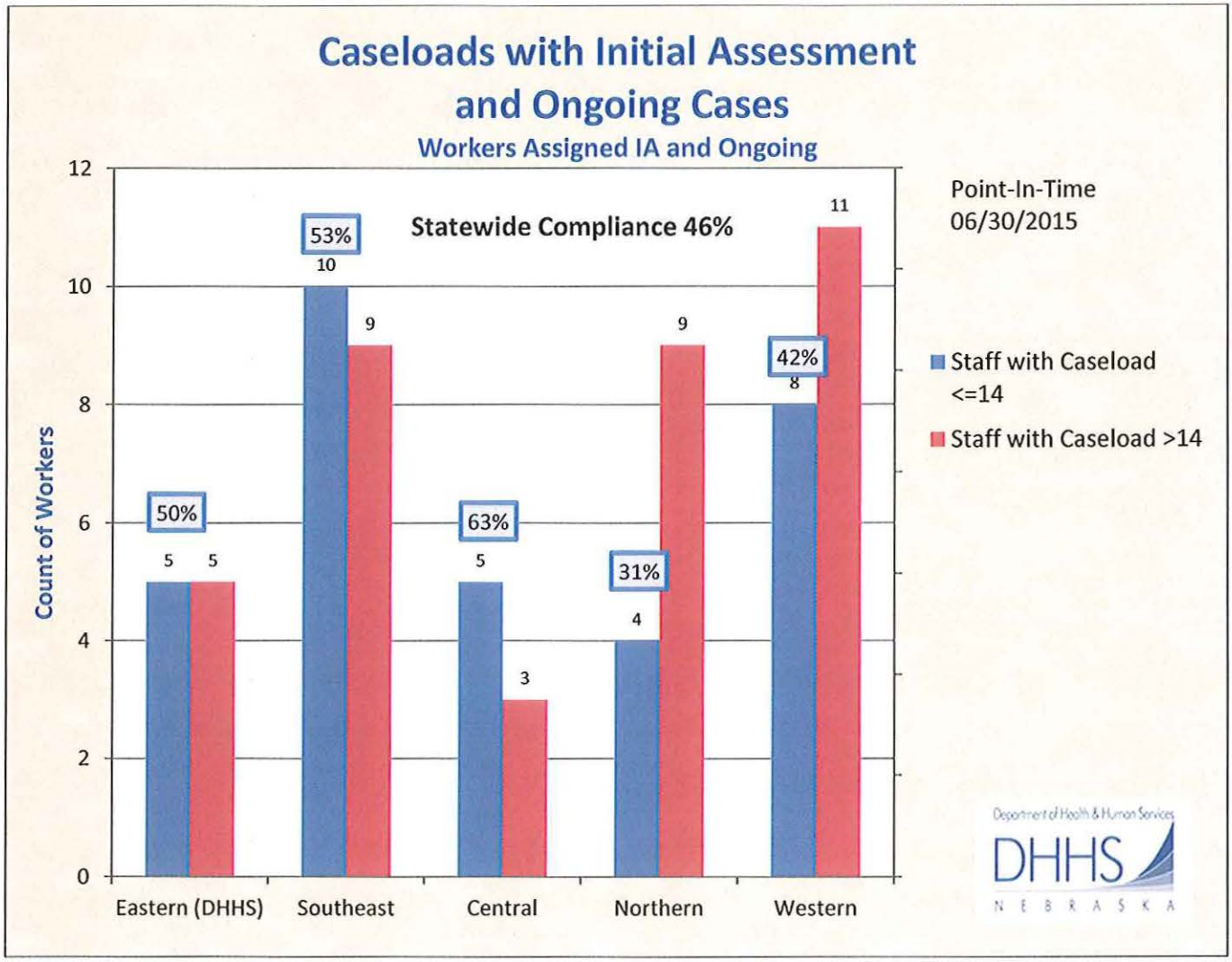
Required caseload per worker out of home youth standard <=16
Required caseload per worker in home families standard <=17
Required caseload per worker initial assessment Standard <=12

The data below depicts the percentage of compliance with caseloads assigned for initial assessment (Traditional and Alternative Response) as of June 30, 2015. Initial assessments assigned to workers in the Eastern Service Area do not provide ongoing case management. Initial assessments workers in the Central, Northern, Southeast and Western Service Areas may have combined caseloads of initial assessment and ongoing case management. The Southeast Service Area will assign initial assessments to on-going workers if there is a case manager assigned to the family for which a new report is accepted during on-going case management.



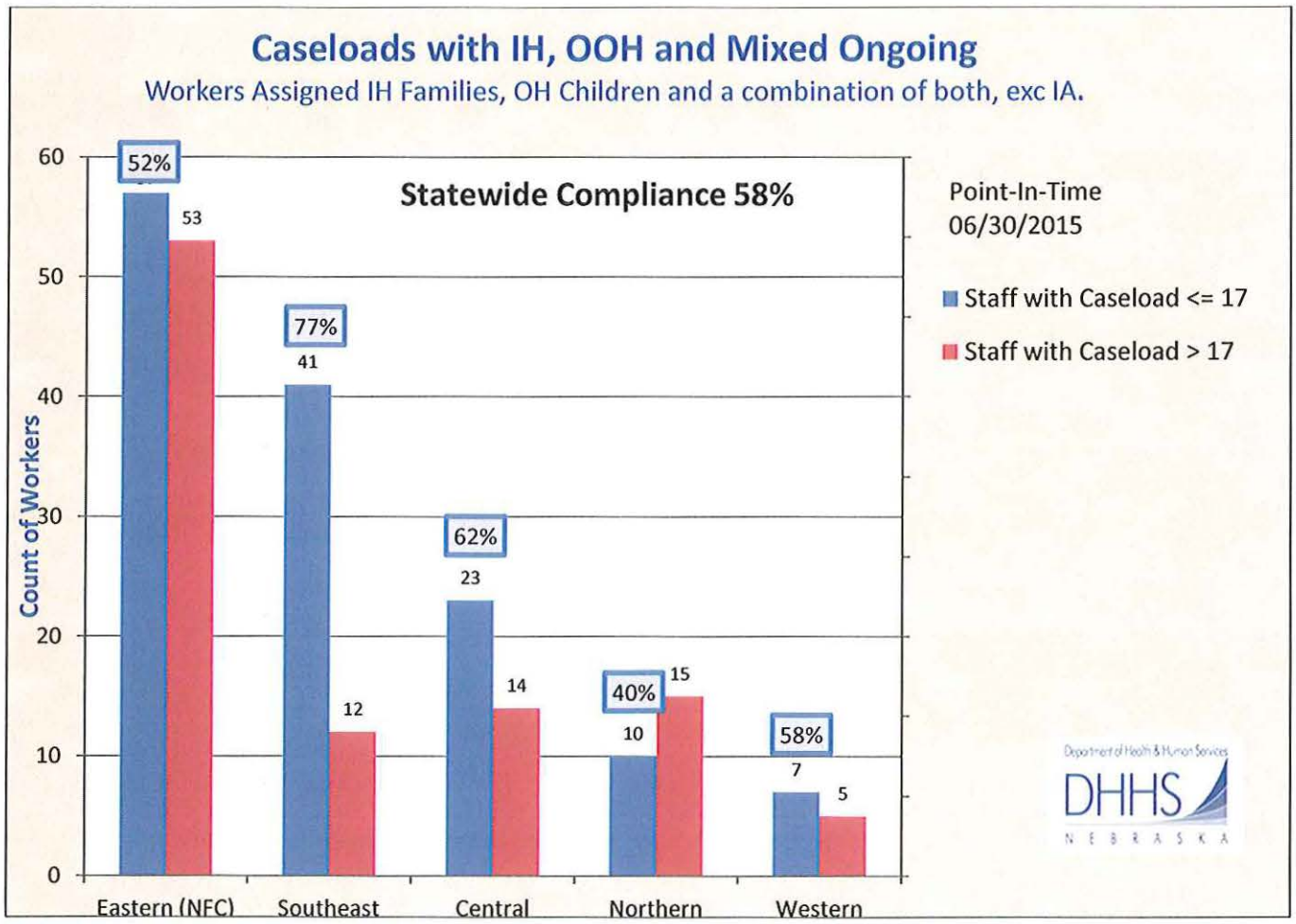
Required Caseload size <= 12 cases per worker for Initial Assessment Cases, cases are defined as a family.

The data depicted below illustrates the percentage of compliance with the caseloads standards for combination caseloads of initial assessment and ongoing case management as of June 30, 2015. The Eastern Service Area is the only Service Area that does not have combined case loads.



Out of Home Children Standard <=16
In Home Families Standard <= 17
Initial Assessment Standard <= 12

The data depicted below demonstrated the percentage of compliance standards with on-going caseloads of both in-home and out of home cases excluding initial assessment. As of June 30, 2015, the statewide compliance with the caseload standards was 58%.



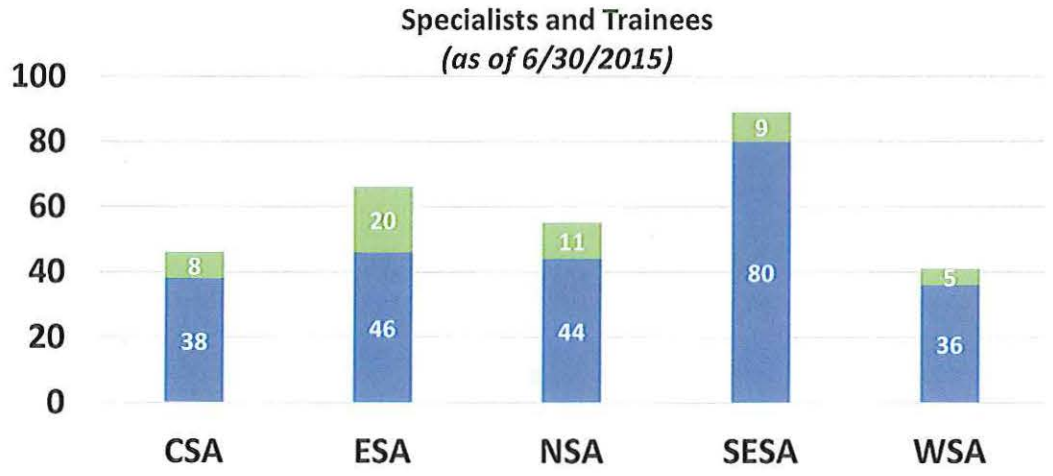
Required Caseload size <= 17 cases per worker for In-Home cases, cases are defined as a family
Required Caseload size <= 16 cases per worker for Out-of-Home youth

Fiscal Resources Necessary to Maintain Caseloads

The following table displays the amount of fiscal resources that DHHS would need to maintain its active staff, staff in training, and filling vacant positions within DHHS. Lead contractor staff and costs for maintaining their staff is not included in these calculations as these costs fall under contract. For that reason, this table displays only the amount of fiscal resources DHHS would need to maintain its own staff as of June 30, 2015.

Number of DHHS, CFSS and CFSS-Trainee positions as of 06/30/2015 with average annual salary and average annual benefits				
	Authorized Positions	Average Salary per Staff	Average Benefits per Staff*	Total Costs
CFSS	244	$36,313.41	$12,644.33	$11,945,688.56
CFSS-TRAINEE**	53	$30,943.81	$10,774.63	$2,211,077.32
VACANCIES***	23	$35,518.08	$12,367.40	$1,101,366.04
TOTAL STAFF	320	$35,366.91	$12,314.76	$15,258,131.92
Number of CFSS and CFSS-Trainee positions (excludes Adult Protective Services and Hot Line Workers) as of 06/30/2015				
*Average benefits are calculated by the rate of 34.82%				
**Average salaries will increase when Trainee is promoted to a Specialist				
***Authorized unfilled positions				

Count of CFSS and CFSS Trainee Workers by Job Title and Service Area as of 6/30/2015							
		CSA	**ESA**	**NSA**	**SESA**	**WSA**	Total
Job Title	CHILD/FAMILY SERVICES SPECIALIST	38	46	44	80	36	244
	CHILD/FAMILY SERVICES SPECIALIST TRAINEE	8	20	11	9	5	53
Total		46	66	55	89	41	297



Percentage of CFSS and CFSS Trainee Workers by Job Title and Service Area as of 6/30/2015							
		CSA	**ESA**	**NSA**	**SESA**	**WSA**	Total
Job Title	CHILD/FAMILY SERVICES SPECIALIST	12.79%	15.49%	14.81%	26.94%	12.12%	82.15%
	CHILD/FAMILY SERVICES SPECIALIST TRAINEE	2.69%	6.73%	3.70%	3.03%	1.68%	17.85%
Total		15.49%	22.22%	18.52%	29.97%	13.80%	100.00%

Length of Service in Position as of 06/30/2015							
Job Title		CSA	ESA	NSA	SESA	WSA	ALL SERVICE AREAS
CHILD/FAMILY SERVICES SPECIALIST	Minimum	3 months	4 months	7 months	6 months	7 months	3 months
	Maximum	5 years	12 Years	27 years	25 years	26 years	27 years
	Average **(in years)****	1.92	3.01	5.36	2.93	5.50	3.61
CHILD/FAMILY SERVICES SPECIALIST TRAINEE	Minimum	3 months	3 months	3 months	2 months	4 months	0 months
	Maximum	10 months	10 months	8 months	4 months	6 months	9 months
	Average **(in years)****	5.20	7.41	4.64	3.31	4.97	4.82
CFSS and CFSS TRAINEE	Minimum	3 months	3 months	3 months	2 months	4 months	2 months
	Maximum	5 years	12 years	27 years	25 years	26 years	27 years
	Average **(in years)****	1.66	2.28	4.36	2.67	4.93	3.05

Length of service in position is calculated by the difference between current date and employee classification seniority date.

Years, months, and days given for minimum and maximum lengths of service are rounded to nearest whole number.

***Average length of service in position is given in years for Child/Family Services Specialists and in months for Child/Family Services Specialist Trainees as their averages tended to be less than 1 year.*

The following table shows the average length of services as of June 30, 2015 by position for Nebraska Families Collaborative (NFC), the contract agency providing ongoing case management in the Eastern Service Area (ESA).

NFC Job Title	Length of Employment
Family Permanency Specialist	1.78 years
Family Permanency Supervisor	3.35 years

Outcomes of cases, by health and human services area and statewide

Youth Exiting Care in State Fiscal Year 2015 Includes In Home and Out of Home, HHS and OJS						
Service Area	Reunification	Adoption	Independent Living	Guardianship	Other Reason	Grand Total
CENTRAL	279	55	12	15	102	463
	60%	12%	3%	3%	22%	100%
EASTERN	719	216	55	67	34	1091
	66%	20%	5%	6%	3%	100%
NORTHERN	294	53	14	29	68	458
	64%	12%	3%	6%	15%	100%
SOUTHEAST	360	157	31	37	54	639
	56%	25%	5%	6%	8%	100%
WESTERN	230	36	16	19	19	320
	72%	11%	5%	6%	6%	100%
STATE	1882	517	128	167	277	2971
	63%	17%	4%	6%	9%	100%

Source: N-FOCUS

A primary goal of CFS' child welfare and juvenile services staff is to protect children and youth from abuse and neglect, to promote permanency and stability in their living situations to safely serve more children in their own homes, to safely reduce the number of children and youth in state custody, and to provide for community safety.

As displayed in the chart above, CFS discharged 2971 children and youth from state care into some form of permanency in fiscal year 2015. CFS saw an increase of 8% in the percentage of children who were adopted from last year. The majority (63%) of children exiting care were reunified with their parents. This is a decrease from 65% last year. Also, there was a slight decrease in the percent of youth exiting to 'Other Reason' from 9.44% last year to 9% this year. The 'Other Reason' category accounts for the transfer of children to Probation from the Service Areas and the Youth Rehabilitation Treatment Centers, (YRTC).

The average cost of training child welfare case managers employed by the State of Nebraska and those providing direct services to children and families under contract with the State of Nebraska, by health and human services area and statewide

Training continues to be conducted in partnership between the DHHS and the Center on Children, Families, and the Law (CCFL) at the University of Nebraska-Lincoln.

	Costs
DHHS Costs for CCFL Services	$2,794,676.48
CCFL Contribution	$ 958,927.08
CFS Staff Costs While in Training	$1,756,098.70
Total Training Costs	$5,509,702.26

Currently, NFC provides ongoing case management in the Eastern Service Area. The cost of training new staff for the initial period of hire from July 1, 2014 – June 30, 2015 was $734,799.03. The cost of ongoing training from July 1, 2014 to June 30, 2015 was $307,062.67. The total cost of training was $1,041,861.70.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	ANNUAL AMOUNT
Initial Training Hours	18,416.50	12,576.25	3,894.75	20,363.75	55,251.25
Cost	$ 130,791.46	$ 269,835.43	$ 186,400.50	$ 147,771.64	$ 734,799.03
Ongoing Training Hours	5,612.75	1,859.49	1,147.49	6,829.00	15,448.73
Cost	$ 30,353.63	$ 107,173.96	$ 102,165.27	$ 67,369.81	$ 307,062.67
Total Hours	24,029.25	14,435.74	5,042.24	27,192.75	**70,699.98**
Total Cost	$ 161,145.09	$ 377,009.40	$ 288,565.80	$ 215,141.41	**$ 1,041,861.70**

This concludes the Department's SFY 2014/2015 annual report regarding child welfare/juvenile services caseloads. The Department appreciates the opportunity to share this information each year and welcomes continued review by the Legislature and the public.

Department of Health & Human Services
DHHS
NEBRASKA
Division of Children and Family Services
State of Nebraska
Pete Ricketts, Governor

September 9, 2015

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

Dear Mr. O'Donnell:

Nebraska Statute 43-4407 requires the Department of Health and Human Services to report to the Health and Human Services Committee of the Legislature by September 15th, a summary of satisfaction surveys administered to children, foster parents, judges, guardians ad litem, attorneys representing parents, and service providers involved with the child welfare system.

Attached, please find a report that provides the summary of this information.

Sincerely,

Douglas J. Weinberg, Director
Division of Children & Family Services
Department of Health and Human Services

Attachments

Department of Health & Human Services
DHHS
NEBRASKA

Division of Children and Family Services

State of Nebraska
Pete Ricketts, Governor

Department of Health and Human Services
Legislative Report
LB 1160
Section 7

REPORT FOR:	LEGISLATURE
REPORT DATE:	AUGUST 10TH, 2015
LEGISLATIVE BILL:	LB 1160
COMMITTEE NAME:	HEALTH AND HUMAN SERVICES COMMITTEE
CONTACT PERSON:	DOUG WEINBERG, DIRECTOR CHILDREN AND FAMILY SERVICES DIVISION

Section 7: (1) Each Service area administrator and any lead agency or the pilot project shall annually survey children, parents, foster parents, judges, guardian's ad litem, attorneys representing parents, and service providers involved with child welfare system to monitor satisfaction with

(a) Adequacy of communication by the case manager,
(b) Response by the department, any lead agency or the pilot project to requests and problems,
(c) Transportation issues,
(d) Medical and psychological services for children and parents,
(e) Visitation schedules,
(f) Payments,
(g) Support services to foster parents,
(h) Adequacy of information about foster children provided to foster parents, and
(i) The case manager's fulfillment of his or her responsibilities.

A summary of the survey shall be reported to the Health and Human Services Committee of the Legislature on September 15, 2012 and each September 15 thereafter or more frequently if requested by the committee.

Introduction

The Nebraska Department of Health and Human Services, Division of Children and Family Services, believes it is important to understand the quality of the service being provided to the stakeholders involved in the child welfare and juvenile justice systems. In accordance with the Legislation and per our desire to hear from those receiving our services, the Division of Children and Family Services (CFS) administered a customer satisfaction survey to the following stakeholders to measure their satisfaction with the support and services provided by CFS;

a) Parents
b) Foster Children
c) Foster parents
d) Judges
e) Guardian ad litem
f) Attorneys representing parents
g) Service providers

Background

The Division of Children and Family Services (DCFS) began conducting surveys with parents in March 2005, with foster parents in April 2007 and with youth in YRTC in July 2007.

Up until June of 2009, the Nebraska Continuous Quality Improvement (CQI) team reviewed the Customer Satisfaction Survey questionnaires that were used throughout the state to solicit stakeholder input, primarily from the youth in the Youth Rehabilitation Center's (YRTC's). In 2010, CFS made a decision to change the survey questions and methodology of the survey process and we enlisted the support of University of Nebraska Medical Center (UNMC) to perform outbound telephone interviews. The survey recipients were expanded to include all youth ages 12 and older who were receiving services from DCFS. The questions used during the second phase and methodology are similar to the steps taken for this survey.

In 2012, The Department was required by LB1160 to annually survey children, parents, foster parents, judges, guardian's ad litem, attorneys representing parents and service providers involved in the child welfare system to monitor satisfaction with:

(a) Adequacy of communication by the case manager,
(b) Response by the department, any lead agency or the pilot project to requests and problems,
(c) Transportation issues,
(d) Medical and psychological services for children and parents,
(e) Visitation schedules,
(f) Payments,
(g) Support services to foster parents,
(h) Adequacy of information about foster children provided to foster parents, and
(i) The case manager's fulfillment of his or her responsibilities.

In 2014, The Department hired the University of Nebraska - Lincoln Bureau Of Sociological Research (UN-L) to perform outbound telephone interviews.

Methodology

The LB1160 surveys consisted of Likert scale questions to measure the respondent's satisfaction with regards to the categories listed above. Every survey, regardless of recipient, contained the same seven questions. The foster parents, judges, attorneys, and service provider survey contained additional questions regarding payment for services to service providers, supportive services to foster families, and whether foster parents are provided with adequate information regarding the children placed in their care.

Survey Questions/Categories

Please note the word case manager is used in the questions to refer to both the CFS Specialist and the Contractor Service Coordinators/Family Preservation Specialists

Common Questions in all Surveys:

1. The case manager keeps me informed.
2. The case manager resolves problems in a timely manner.
3. The case manager effectively resolves transportation issues.
4. Adequate medical services are made available.
5. Adequate behavioral health services are made available.
6. The case manager schedules adequate parenting-time visitation plans for children with their family.
7. The case manager adequately fulfills his/her job responsibilities.

Additional questions for Foster parents, Judges, Attorneys and Service Providers:

1) Payment for services is made in a timely manner to service providers.
2) The case manager provides supportive services to foster families.
3) Foster parents are provided with adequate information regarding the foster children under their care.

Responses Scale:
All questions used the following Likert scale (1=never, 2=rarely, 3=sometimes, 4=often, 5=always).

The surveys for parents, foster parents and foster children were administered by an outbound telephone firm through a contract with the University Of Nebraska-Lincoln (UN-L). The survey recipients were randomly selected from a list of active wards of the State. The department anticipated completing 350 surveys for each of the three groups.

The Department administered the surveys for the Judges, Attorneys, Service Providers and Guardian ad litem through a web-based program. There were 71 survey invitations sent to Judges with 9 responses, 140 invites to Providers with 47 responses and 52 attorneys responded to 411 invites that were sent out.

Summary of Statewide Survey Results

Below is a summary of the Customer Satisfaction Surveys conducted throughout the State in June and July 2015. The "Refuse", "Don't Know" and "N/A" Responses were removed from the analysis because these responses are considered to be non-responsive. The telephone surveys collected responses from 351 youth, 351 parents, and 353 foster parents for a total of 1055 phone surveys. The web-based surveys received responses from 9 judges, 47 providers, and 52 attorneys for a total of 108 web-based surveys. Due to the size of sample returned by those who responded who were judges, providers and attorneys; for reporting and tabulation purposes we grouped them as one group. Overall there were 108 responses to the survey.

The results indicate for all areas across the state, the average score rated a 3 or above on a 5 point likert scale. The scale is 1= never; 2 = rarely; 3 = sometimes; 4 = often; and 5 = always.

Questions answered by survey recipient; n = 1163;

- The case manager keeps me informed;
  - The Foster Parents and the Youth rated CFS the highest of the survey recipients with an average score of 3.9 out of a possible 5.
  - The Judges/Service Providers/Attorneys and Parents rated CFS the lowest with a common score of 3.3 out of a possible 5.

- The case manager resolves problems in a timely manner;
  - The Foster Parents rated CFS the highest of the survey recipients with an average score of 3.9 out of a possible 5.
  - The Youth rated CFS the second highest with an average score of 3.8 out of a possible 5.
  - The Judges/Service Providers, Attorneys and Parents rated CFS the lowest with a score of 3.4 out of a possible 5.

- The case manager effectively resolves transportation issues;
  - The Youth rated CFS the highest of the survey recipients with an average score of 4.0 out of a possible 5.
  - The Foster Parent rated CFS the second highest with an average score of 3.9 out of a possible 5.
  - The Judges/Service Providers and Attorneys rated CFS the lowest with a score of 3.4 out of a possible 5.

- Adequate medical services are made available;
  - The Foster Parents rated CFS the highest of the survey recipients with an average score of 4.6 out of a possible 5.
  - The Youth rated CFS the second highest with an average score of 4.5 out of a possible 5.
  - The Judges/Service Providers and Attorneys rated CFS the lowest with a score of 4.0 out of a possible 5.

- Adequate behavioral health services are made available;
  - The Youth and Foster Parents rated CFS the highest of the survey recipients with an average score of 4.4 out of a possible 5.
  - The Parents rated CFS the second highest with an average score of 4.1 out of a possible 5.
  - The Judges/Service Providers and Attorneys rated CFS the lowest with a score of 3.5 out of a possible 5.

- The Case Manager schedules adequate parenting time visitation for children and their family;
  - The Foster Parents rated CFS the highest of the survey recipients with an average score of 4.4 out of a possible 5.
  - The Youth rated CFS the second highest with an average score of 4.1 out of a possible 5.
  - The Judges/Service Providers and Attorneys rated CFS the lowest with a score of 3.8 out of a possible 5.

- The case manager adequately fulfills his/her job responsibilities;
  - The Youth rated CFS the highest of the survey recipients with an average score of 4.4 out of a possible 5.
  - The Foster Parents rated CFS the second highest with an average score of 4.1 out of a possible 5.
  - The Judges/Service Providers and Attorneys rated CFS the lowest with a score of 3.6 out of a possible 5.

Additional questions answered by Judges, Providers and Attorneys; n = 108

- Payment for services is made in a timely manner to service providers;
  - The Providers and the Judges rated CFS the highest of the survey recipients with an average score of 3.7 out of a possible 5 for both.
  - The Attorneys rated CFS the lowest with an average score of 3.1 out of a possible 5.

- The case manager provides supportive services to foster families.
  - The Judges rated CFS the highest of the survey recipients with an average score of 3.9 out of a possible 5.
  - The Service Providers rated CFS the lowest with an average score of 3.2 out of a possible 5.

- Foster parents are provided with adequate information regarding the foster children under their care.
  - The Judges rated CFS the highest of the survey recipients with an average score of 3.6 out of a possible 5.
  - The Providers rated CFS the lowest with an average score of 3.2 out of a possible 5

Results of LB1160 Section 7(1) Annual Survey

Telephone Survey n = 1055
351 Children (Questions 1-6,10)
351 Parents (Questions 1- 6,10)
353 Foster Parents (Questions 1-10)

Web-based Survey n = 108
9 Judges (71 invites, Questions 1-10)
47 Providers (140 invites, Questions 1-10)
52 Attorneys, (411 invites, Questions 1-10)

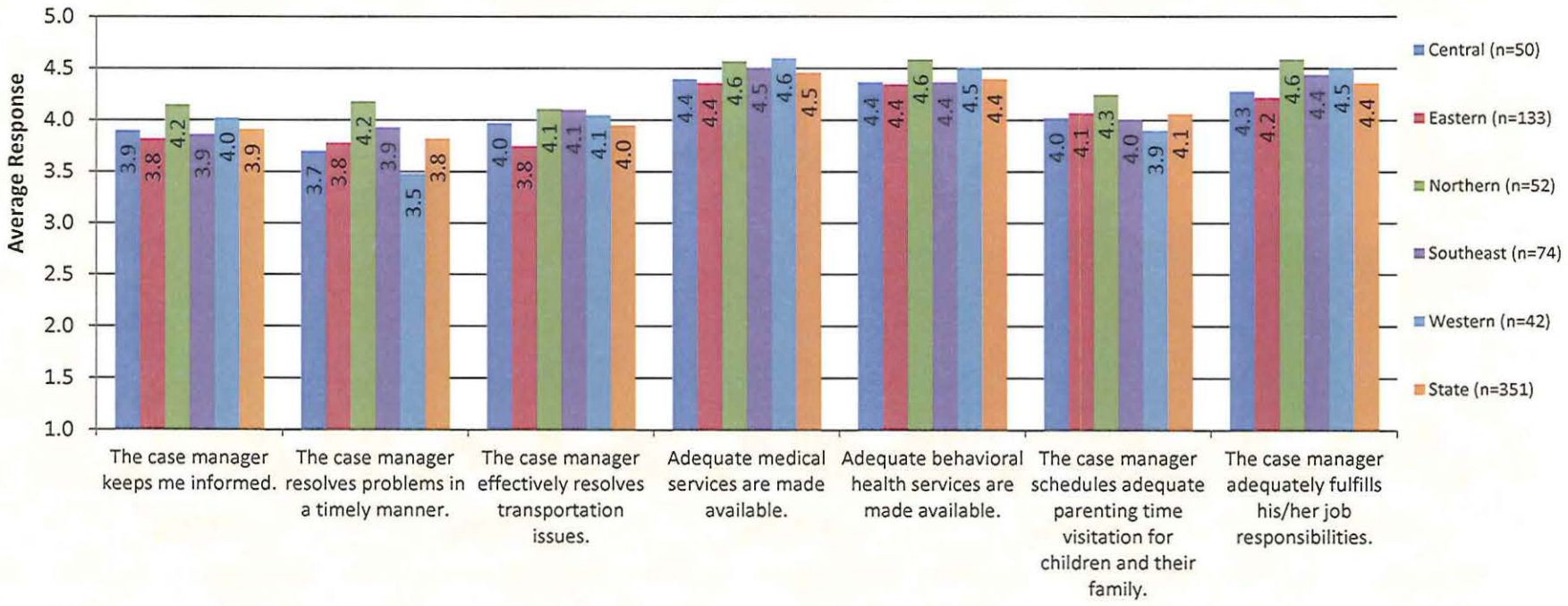
Surveys were conducted in June and July 2015

Survey Questions;

1. The case manager keeps me informed.
2. The case manager resolves problems in a timely manner.
3. The case manager effectively resolves transportation issues.
4. Adequate medical services are made available.
5. Adequate behavioral health services are made available.
6. The case manager schedules adequate parenting-time visitation plans for children with their family.
7. Payment for services is made in a timely manner to service providers.
8. The case manager provides supportive services to foster families.
9. Foster parents are provided with adequate information regarding the foster children under their care.
10. The case manager adequately fulfills his/her job responsibilities.

Responses included: Never, Rarely, Sometimes, Often, Always, Refuse, Don't Know and N/A

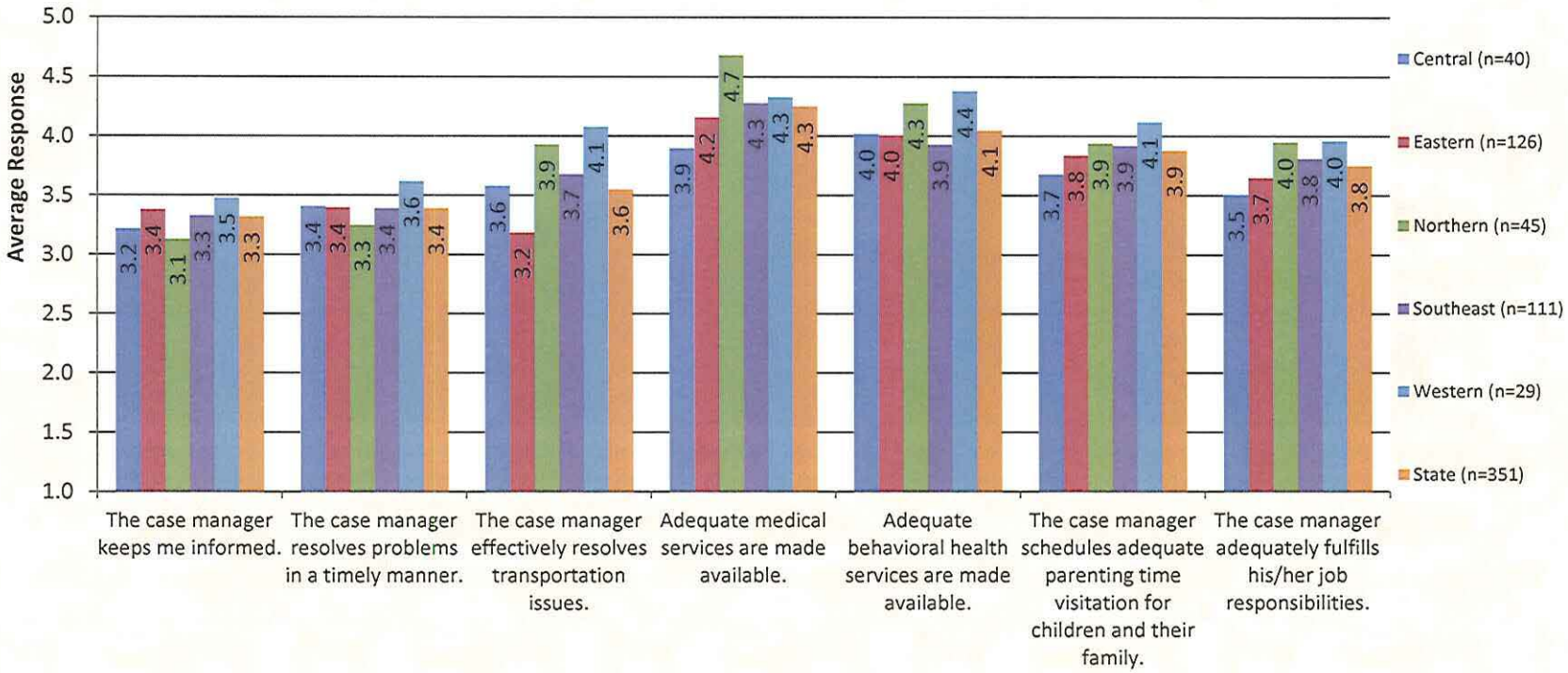
Child Satisfaction Survey Results
Average Response Per Question



Response Scale: 1(Never), 2(Rarely), 3(Sometimes); 4(Often); 5(Always)

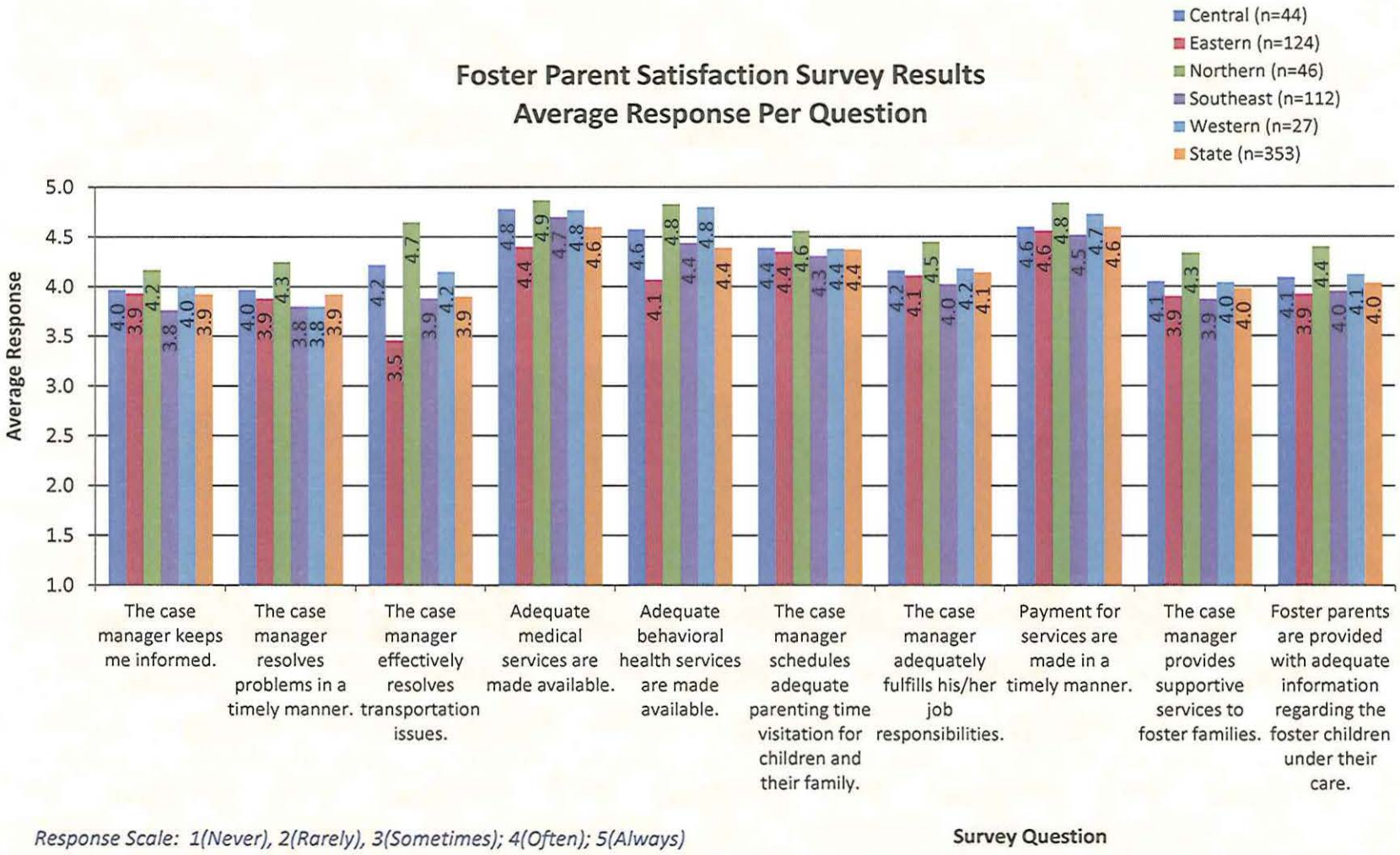
Survey Question

Parent Satisfaction Survey Results
Average Response Per Question

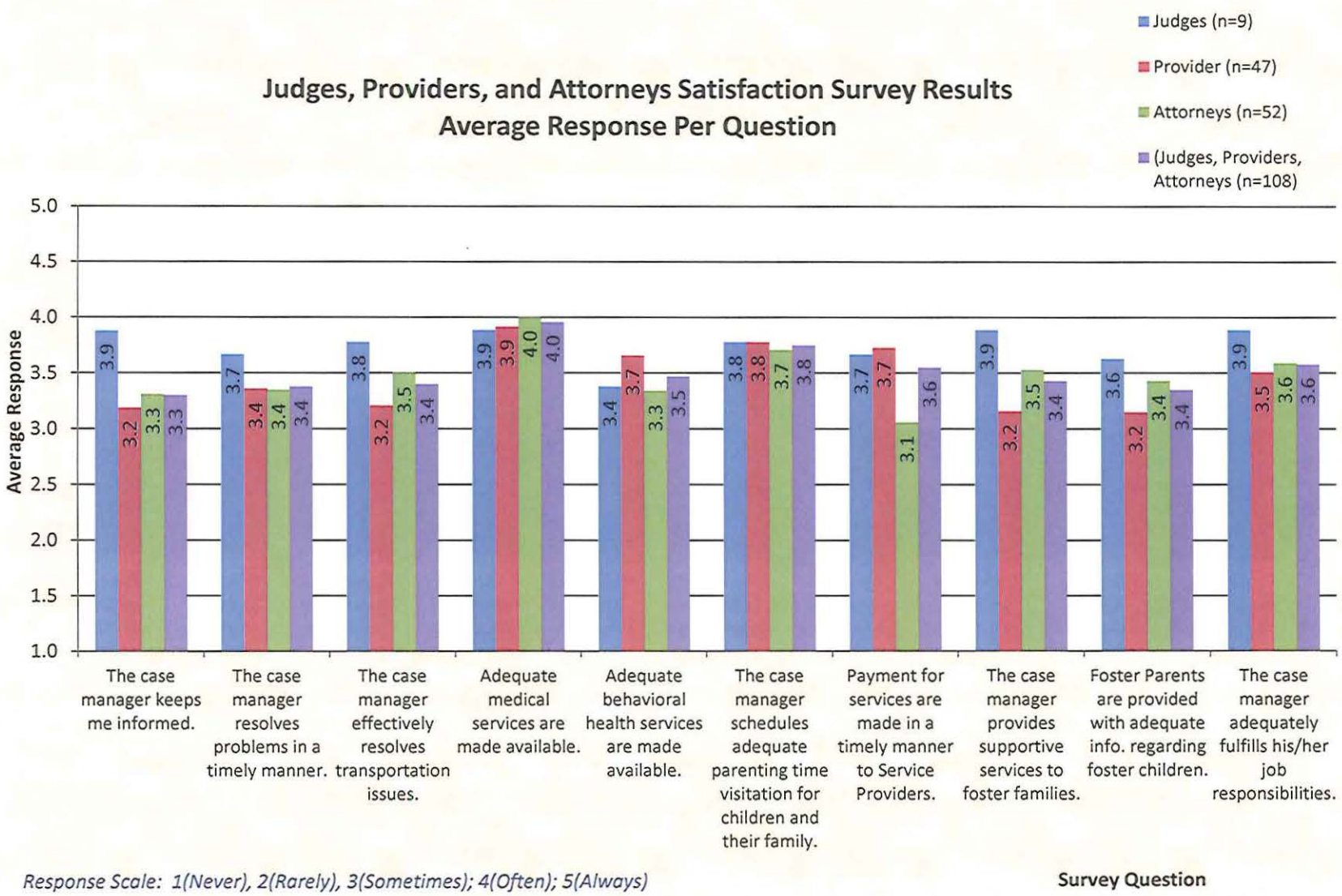


Response Scale: 1(Never), 2(Rarely), 3(Sometimes); 4(Often); 5(Always)

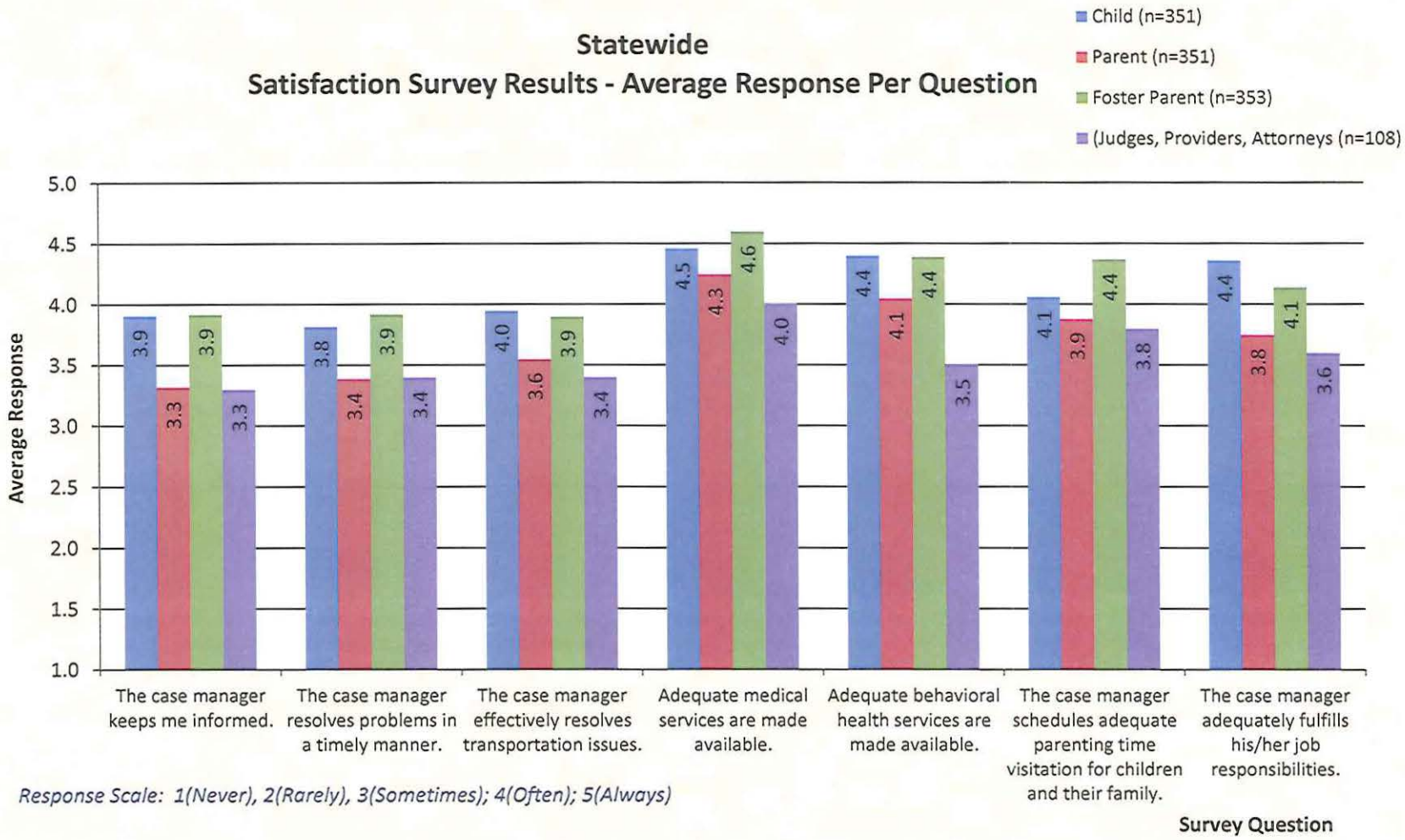
Survey Question



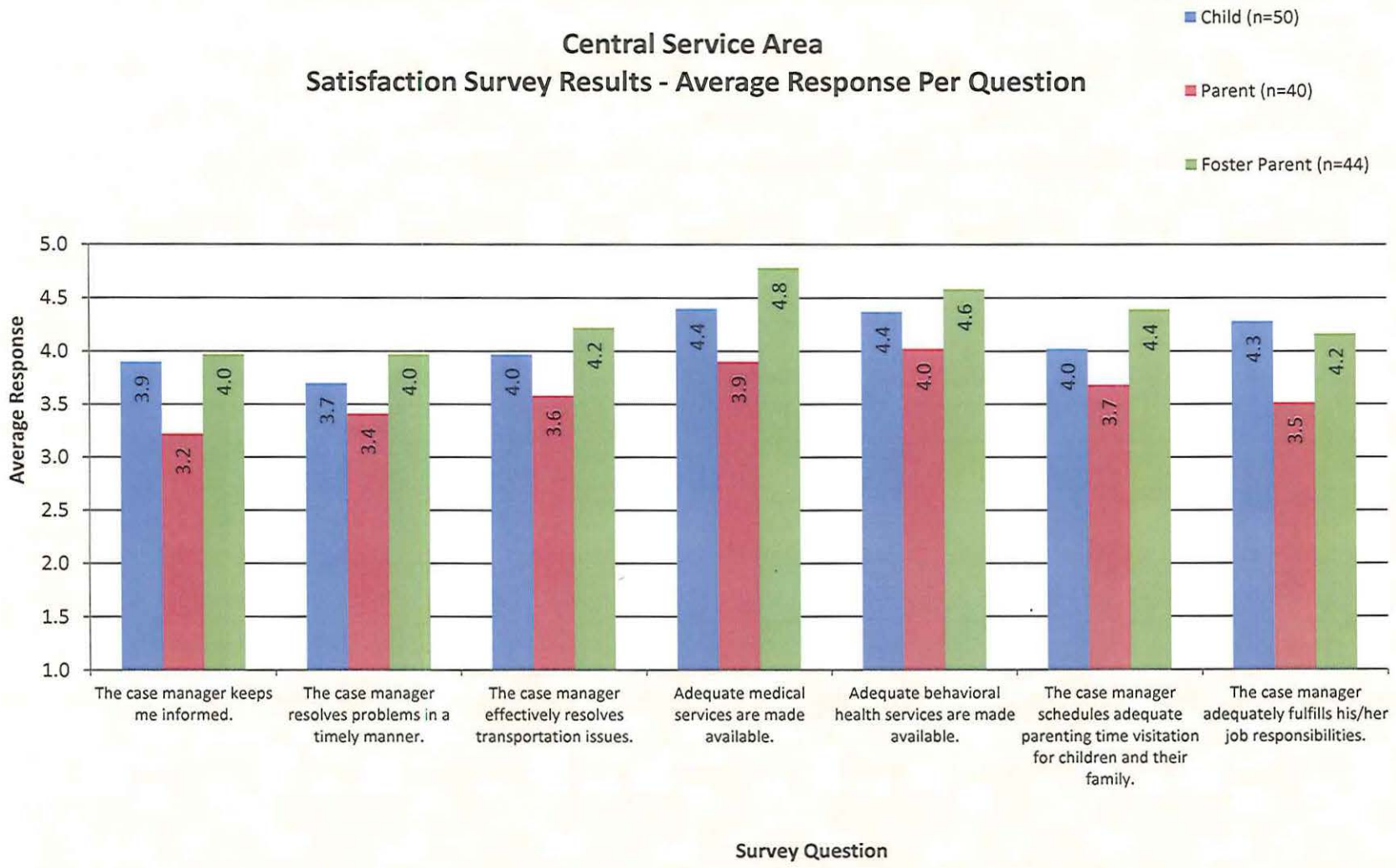
Response Scale: 1(Never), 2(Rarely), 3(Sometimes); 4(Often); 5(Always)


Judges, Providers, and Attorneys Satisfaction Survey Results
Average Response Per Question
Judges (n=9)
Provider (n=47)
Attorneys (n=52)
(Judges, Providers, Attorneys (n=108)
Average Response
5.0
4.5
4.0
3.5
3.0
2.5
2.0
1.5
1.0
3.9 3.2 3.3 3.3
3.7 3.4 3.4 3.4
3.8 3.2 3.5 3.4
3.9 3.9 4.0 4.0
3.4 3.7 3.3 3.5
3.8 3.8 3.7 3.8
3.7 3.7 3.1 3.6
3.9 3.2 3.5 3.4
3.6 3.2 3.4 3.4
3.9 3.5 3.6 3.6
The case manager keeps me informed.
The case manager resolves problems in a timely manner.
The case manager effectively resolves transportation issues.
Adequate medical services are made available.
Adequate behavioral health services are made available.
The case manager schedules adequate parenting time visitation for children and their family.
Payment for services are made in a timely manner to Service Providers.
The case manager provides supportive services to foster families.
Foster Parents are provided with adequate info. regarding foster children.
The case manager adequately fulfills his/her job responsibilities.
Response Scale: 1(Never), 2(Rarely), 3(Sometimes); 4(Often); 5(Always)
Survey Question

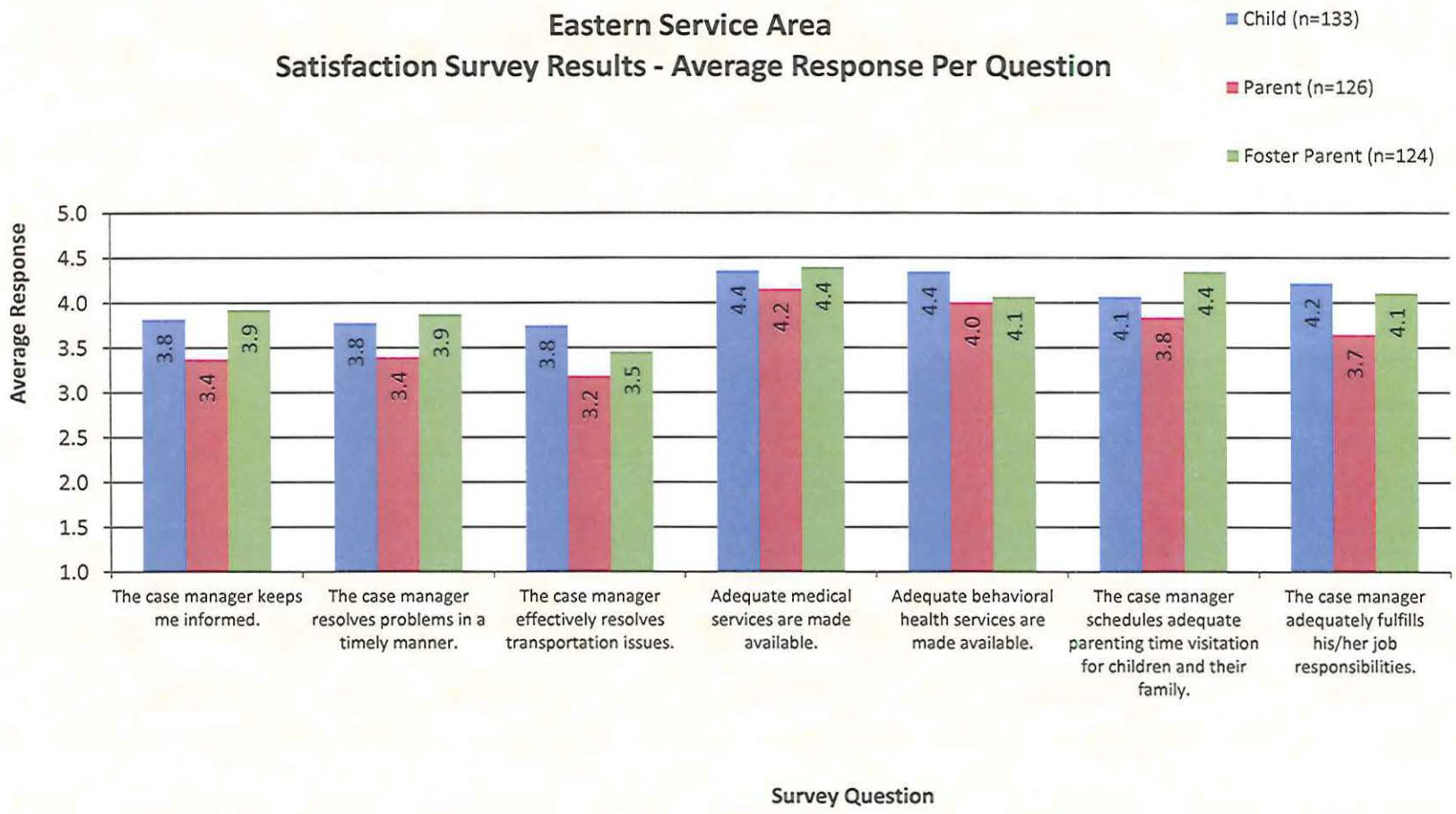
The following charts compares the average response per question per survey recipient for the state. Questions include those common on all survey types: Questions 1-7 and 10.



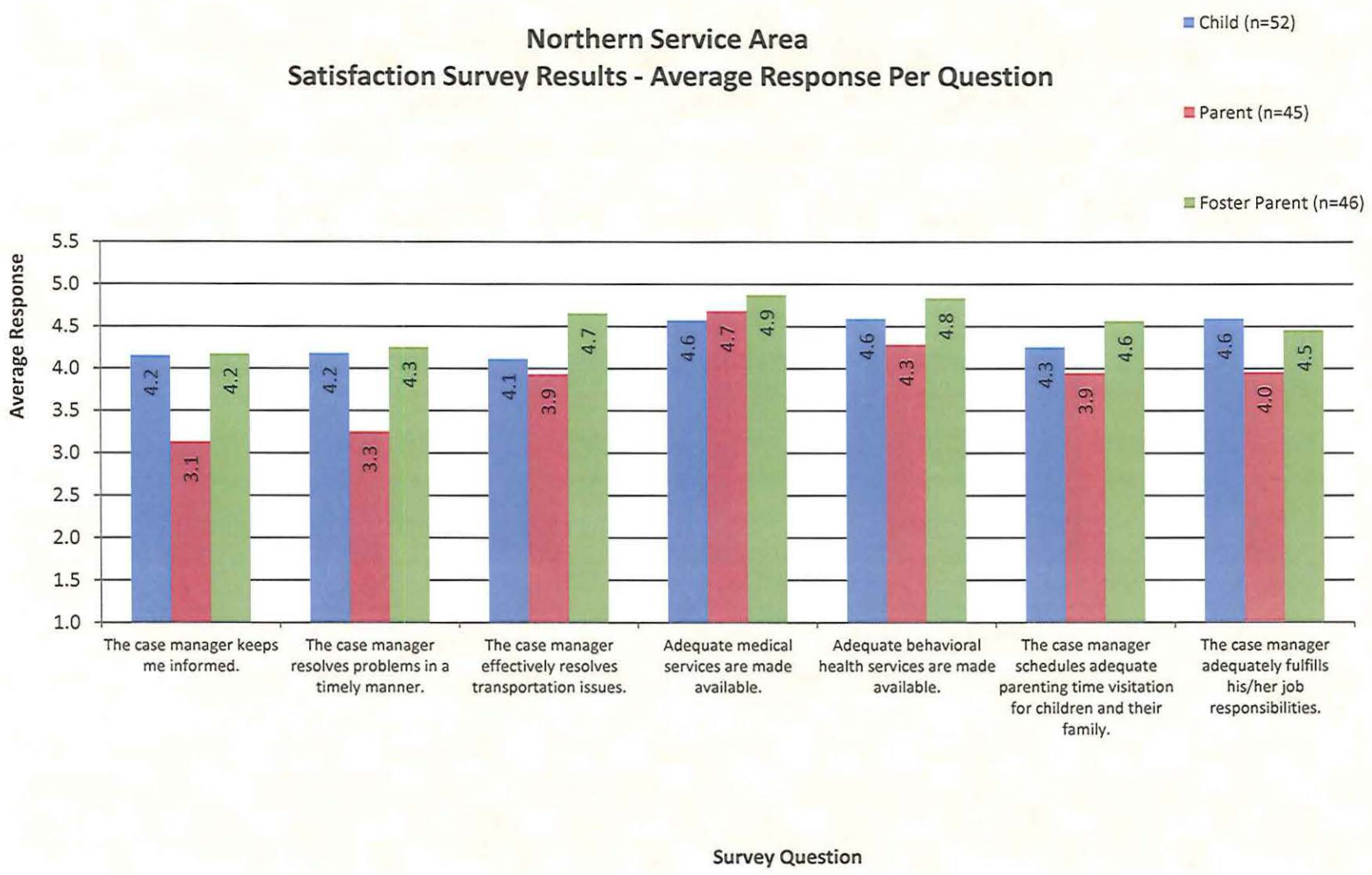
Response Scale: 1(Never), 2(Rarely), 3(Sometimes); 4(Often); 5(Always)



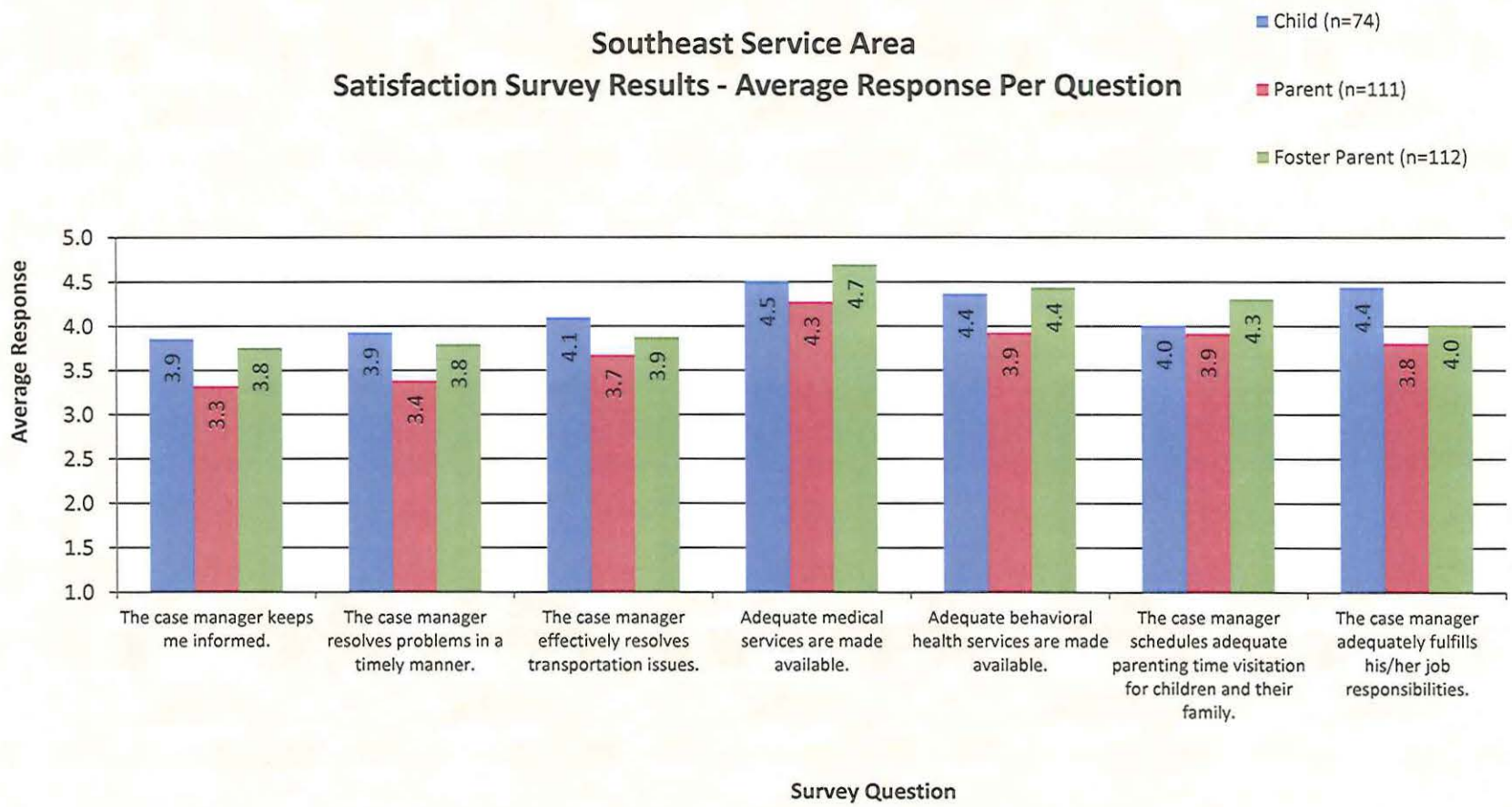
Response Scale: 1(Never), 2(Rarely), 3(Sometimes); 4(Often); 5(Always)



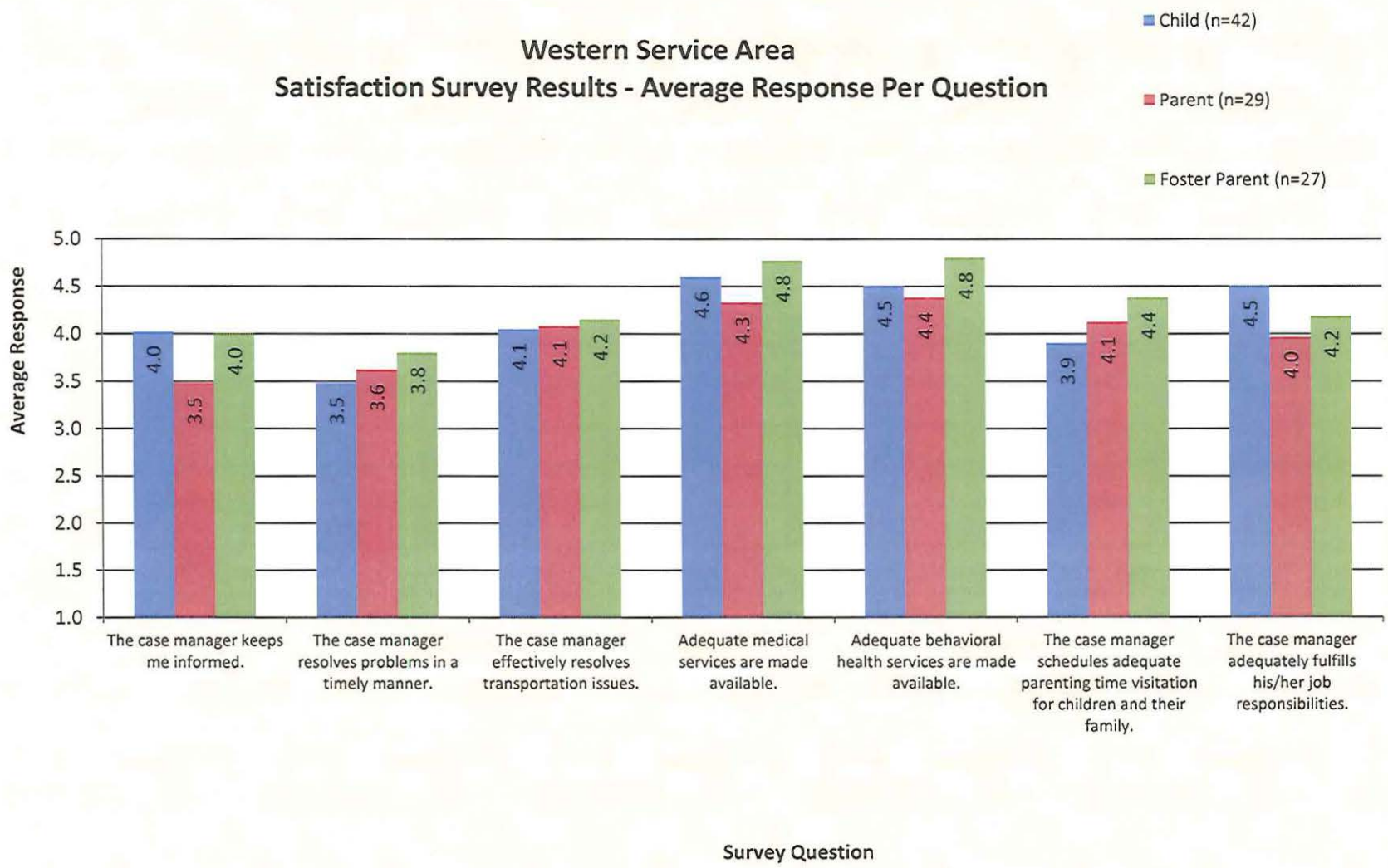
Response Scale: 1(Never), 2(Rarely), 3(Sometimes); 4(Often); 5(Always)



Response Scale: 1(Never), 2(Rarely), 3(Sometimes); 4(Often); 5(Always)



Response Scale: 1(Never), 2(Rarely), 3(Sometimes); 4(Often); 5(Always)



Response Scale: 1(Never), 2(Rarely), 3(Sometimes); 4(Often); 5(Always)

Department of Health & Human Services
DHHS
NEBRASKA
Division of Children and Family Services
State of Nebraska
Pete Ricketts, Governor

September 9, 2015

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

Dear Mr. O'Donnell:

Nebraska Statute 43-4406 requires the Department of Health and Human Services to report to the Health and Human Services Committee of the Legislature by September 15th, information regarding child welfare services with respect to children served by any lead agency or the pilot project and children served by the department.

Attached, please find a report that provides the summary of this information.

Sincerely,

Douglas J. Weinberg, Director
Division of Children & Family Services
Department of Health and Human Services

Attachments

Department of Health & Human Services

DHHS

N E B R A S K A

Division of Children and Family Services

State of Nebraska
Dave Heineman, Governor

Department of Health and Human Services
Legislative Report
LB 1160
Section 6

REPORT FOR: LEGISLATURE

REPORT DATE: SEPTEMBER 15, 2015

LEGISLATIVE BILL: LB 1160

COMMITTEE NAME: HEALTH AND HUMAN SERVICES COMMITTEE

CONTACT PERSON: COURTNEY PHILLIPS, DIRECTOR
CHILDREN AND FAMILY SERVICES DIVISION

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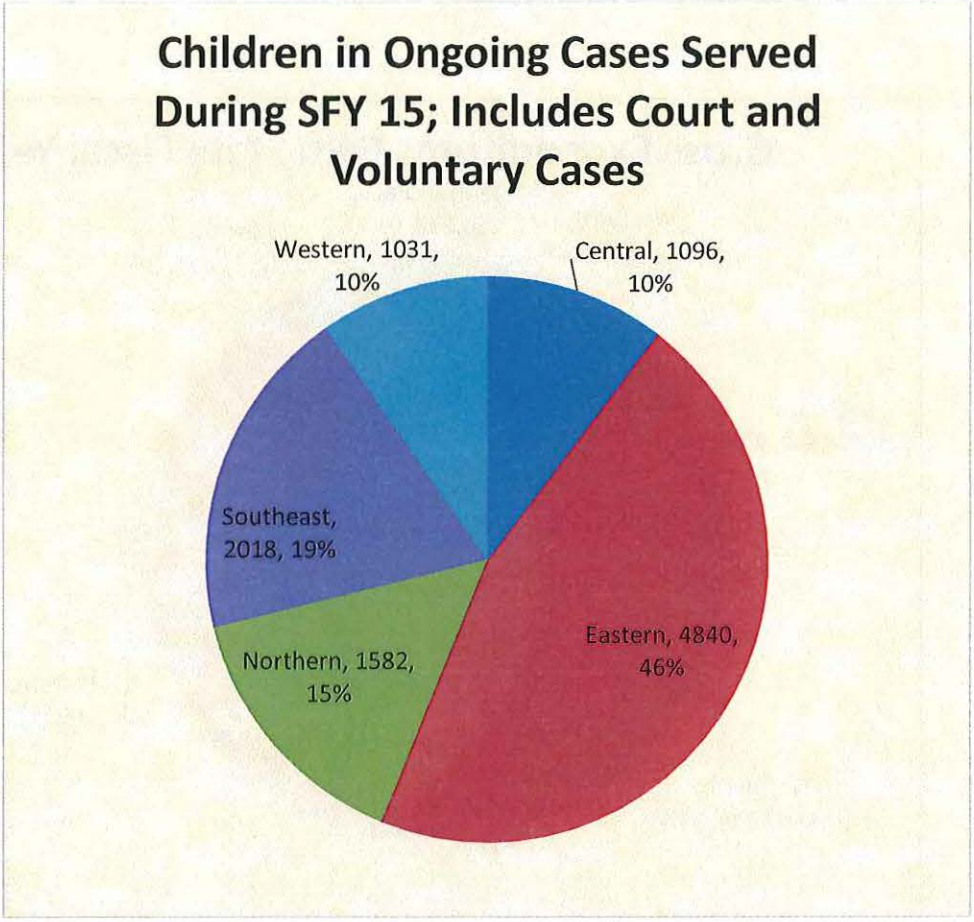
On or before September 15, 2012, and each September 15 thereafter, the department shall report to the Health and Human Services Committee of the Legislature the following information regarding child welfare services, with respect to children served by any lead agency or the pilot project and children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

1. **The percentage of children served and the allocation of the child welfare budget, categorized by service area and by lead agency or the pilot project including:**

   a. **The percentage of children served by service area and the corresponding budget allocation; and**

   Children Served

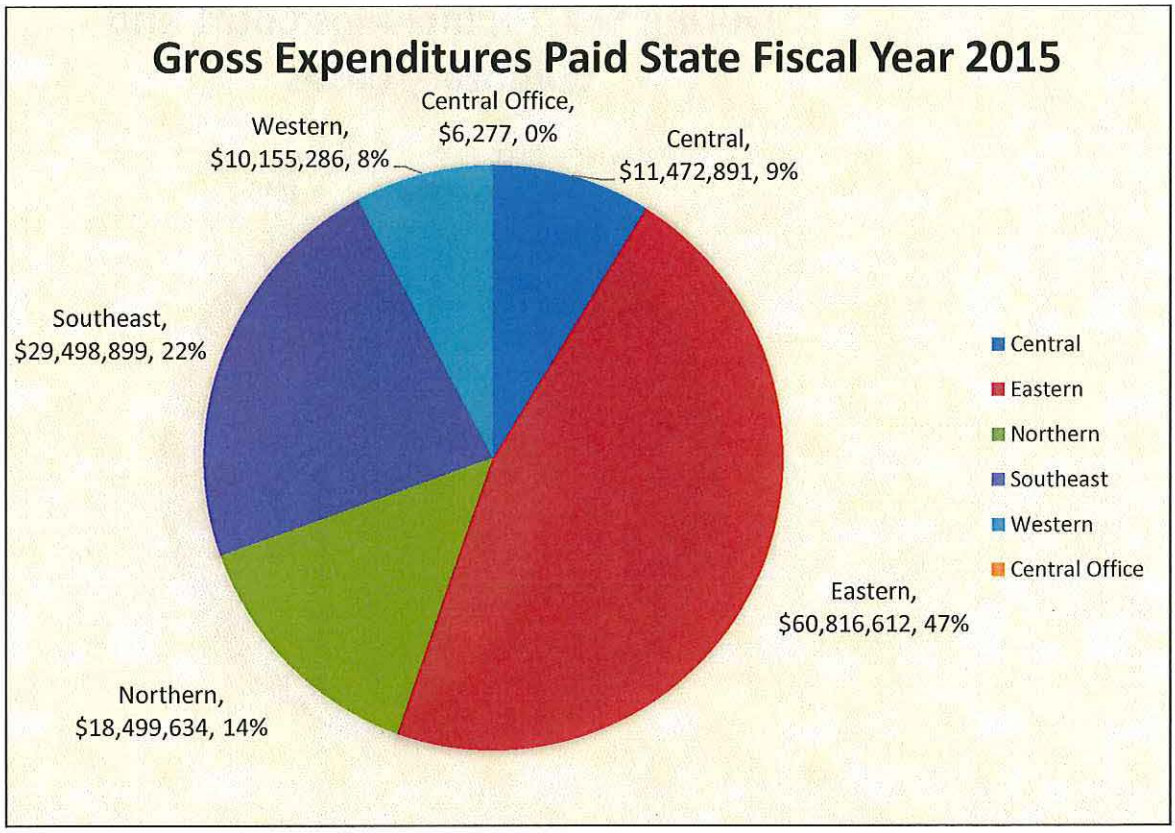
   - This data includes youth with the following legal statuses:
     Office of Juvenile Services and Health and Human Services State Wards; Court Supervision youth; youth who have been directly relinquished to the State as Health and Human Services State Ward or Office of Juvenile Services Ward; non-court involved youth; youth in a police hold; youth in placement with Department as a result of a voluntary placement agreement.
   - Time period is State Fiscal Year 2015 (July - June 2015).
   - Data extract is from the DHHS N-FOCUS system.
   - Number of Children served is an unduplicated count.



Total Number of Children served: 10,567

Expenditures for Children Served

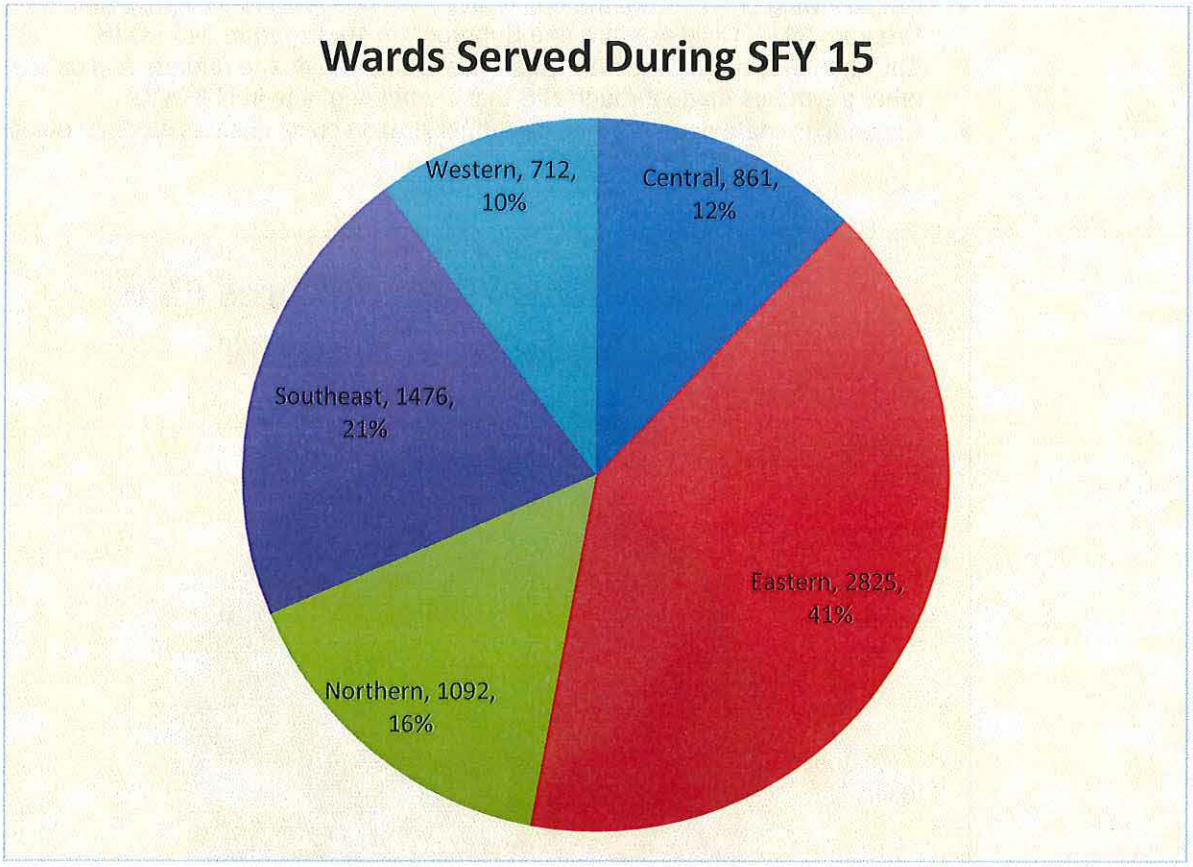
- Includes expenditures for state wards, voluntary cases, subsidized guardianships, former ward services, independent living services.
- The budget is not allocated by service area. In order to show the proportion per service area, we are providing expenditure data.
- Time period is State Fiscal Year 2015 (July – June).
- The data does not include expenditures paid from Medicaid.
- Includes expenditures for services paid from N-FOCUS and the payments listed below to the Lead Agencies that were made outside N-FOCUS.
- The following chart shows the breakout by Service Area for Subprograms 30 and 48, Program 347 – Child Welfare and Subprogram 10, Program 345 - OJS.
- Includes expenditures for state wards, voluntary cases, subsidized guardianships, former ward services, independent living services.
- This data may not match NIS (Enterprise One) data due to refunds and cancellations and/or other payments made through NIS (Enterprise One) that did not originate in N-FOCUS.
- Expenditure data does not contain Administration costs such as staffing, office space, etc.



b. The percentage of children served who are wards of the state and the corresponding budget allocation.

Children served who are State Wards

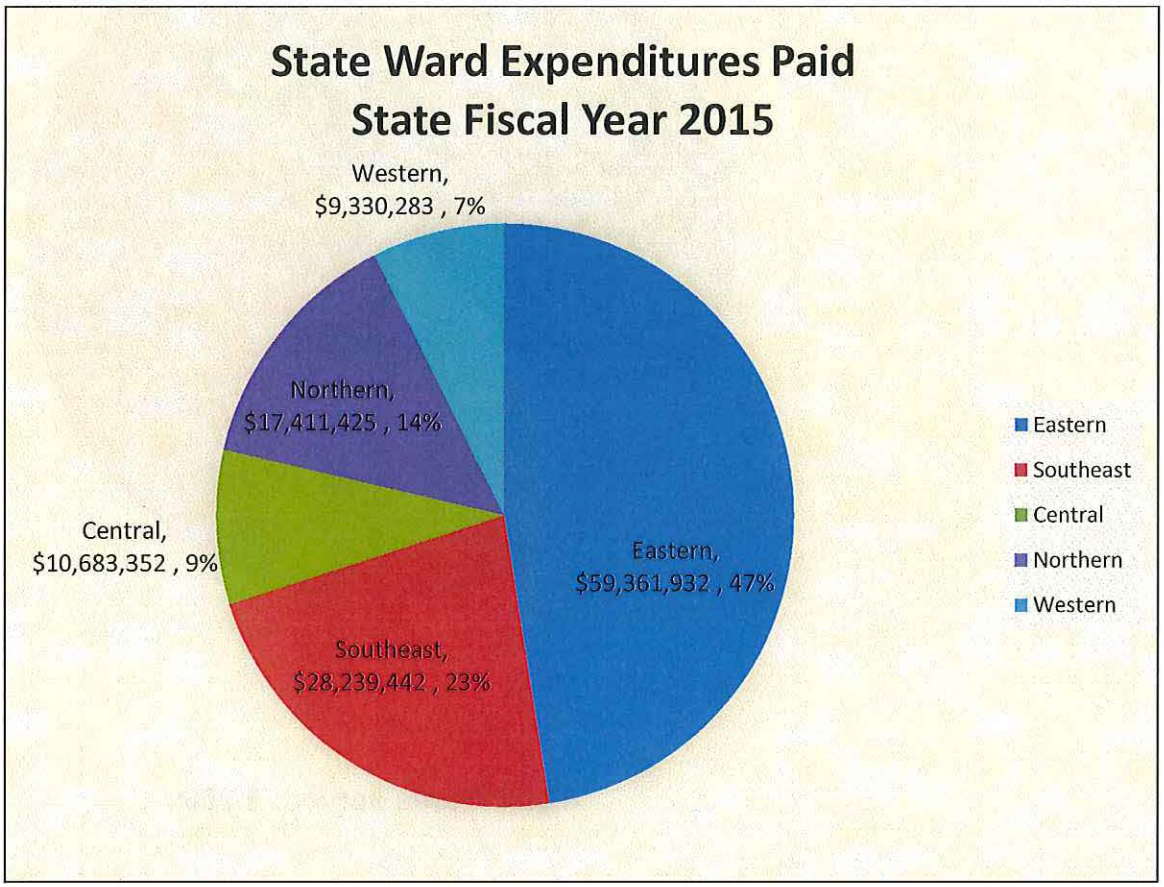
- Includes all state wards who have the legal status of: Health and Human Services Ward; Office of Juvenile Services Ward; and both Health and Human Services/Office of Juvenile Services Ward.
- Time period is State Fiscal Year 2015 (July – June 2015).
- Data extract is from DHHS N-FOCUS system.
- Number of Wards served is an unduplicated count.



Total Wards served: 6,966

Expenditures for Children served who are State Wards

- Includes payment for services to families of state wards and to families in order to prevent state wardship.
- Time period is State Fiscal Year 2015 (July – June).
- Expenditures in payment process are not included.
- The data does not include expenditures paid Medicaid.
- Includes expenditures for services paid from N-FOCUS and the payments listed below to the Lead Agencies that were made outside of N-FOCUS.
- The following chart shows the breakout by Service Area for Subprograms 30 and 48, Program 347 – Child Welfare and Subprogram 10, Program 345 - OJS.
- This data may not match NIS (Enterprise One) data due to refunds and cancellations and/or other payments made through NIS that did not originate in N-FOCUS.
- Expenditure data does not include Administration costs such as staffing, office space, etc.



2. The number of siblings in out-of-home care placed with siblings as of the June 30th immediately preceding the date of the report, categorized by service area and by lead agency or the pilot project.

- Data compiled effective June 30, 2015.
- Children considered are state wards placed with other state ward siblings.
- Chart shows the number of siblings with how many siblings are placed together.
- Grand total is the total of children with the number of siblings.
- Percentage of children placed all at same placement is shown as well as percentage placed with at least one sibling.
- Data listed by State and each Service Area.
- Data extract is from DHHS N-FOCUS system.

Statewide
Children Placed with Siblings
June 30, 2015

Number of Siblings in Out of Home Care	Two Siblings Placed Together	Three Siblings Placed Together	Four Siblings Placed Together	Five Siblings Placed Together	Six Siblings Placed Together	Seven Siblings Placed Together	Eight Siblings Placed Together	Nine Siblings Placed Together	Ten Siblings Placed Together	Not Placed With Siblings	Grand Total	Percent with All Siblings Together	Percent with at Least One Sibling
2 Siblings	680	0	0	0	0	0	0	0	0	174	854	63.4%	81.1%
3 Siblings	104	420	0	0	0	0	0	0	0	100	624		
4 Siblings	58	42	128	0	0	0	0	0	0	68	296		
5 Siblings	36	27	20	75	0	0	0	0	0	32	190		
6 Siblings	8	15	16	10	12	0	0	0	0	11	72		
7 Siblings	6	9	4	0	0	14	0	0	0	9	42		
8 Siblings	2	0	0	0	6	0	0	0	0	0	8		
9 Siblings	0	0	0	0	0		0	0	0	0	0		
10 Siblings	4	3	0	0	0	0	0	0	0	3	10		
Grand Total	898	516	168	85	18	14	0	0	0	397	2096		

Eastern Service Area
Children Placed with Siblings
June 30, 2015

Number of Siblings in Out of Home Care	Two Siblings Placed Together	Three Siblings Placed Together	Four Siblings Placed Together	Five Siblings Placed Together	Six Siblings Placed Together	Seven Siblings Placed Together	Eight Siblings Placed Together	Nine Siblings Placed Together	Ten Siblings Placed Together	Not Placed With Siblings	Grand Total	Percent with All Siblings Together	Percent with at Least One Sibling
2 Siblings	318	0	0	0	0	0	0	0	0	88	406	60.9%	79.7%
3 Siblings	50	189	0	0	0	0	0	0	0	52	291		
4 Siblings	22	18	68	0	0	0	0	0	0	40	148		
5 Siblings	26	18	12	15	0	0	0	0	0	14	85		
6 Siblings	2	6	4	0	12	0	0	0	0	0	24		
7 Siblings	2	9	4	0	0	7	0	0	0	6	28		
8 Siblings	2	0	0	0	6	0	0	0	0	0	8		
9 Siblings	0	0	0	0	0	0	0	0	0	0	0		
10 Siblings	4	3	0	0	0	0	0	0	0	3	10		
Grand Total	426	243	88	15	18	7	0	0	0	203	1000		

Northern Service Area
Children Placed with Siblings
June 30, 2015

Number of Siblings in Out of Home Care	Two Siblings Placed Together	Three Siblings Placed Together	Four Siblings Placed Together	Five Siblings Placed Together	Six Siblings Placed Together	Seven Siblings Placed Together	Eight Siblings Placed Together	Nine Siblings Placed Together	Ten Siblings Placed Together	Not Placed With Siblings	Grand Total	Percent with All Siblings Together	Percent with at Least One Sibling
2 Siblings	92	0	0	0	0	0	0	0	0	11	103	71.3%	85.3%
3 Siblings	10	66	0	0	0	0	0	0	0	14	90		
4 Siblings	16	0	16	0	0	0	0	0	0	12	44		
5 Siblings	2	3	0	10	0	0	0	0	0	0	15		
6 Siblings	0	0	0	5	0	0	0	0	0	1	6		
7 Siblings	0	0	0	0	0	0	0	0	0	0	0		
8 Siblings	0	0	0	0	0	0	0	0	0	0	0		
9 Siblings	0	0	0	0	0	0	0	0	0	0	0		
10 Siblings	0	0	0	0	0	0	0	0	0	0	0		
Grand Total	120	69	16	15	0	0	0	0	0	38	258		

Western Service Area
Children Placed with Siblings
June 30, 2015

Number of Siblings in Out of Home Care	Two Siblings Placed Together	Three Siblings Placed Together	Four Siblings Placed Together	Five Siblings Placed Together	Six Siblings Placed Together	Seven Siblings Placed Together	Eight Siblings Placed Together	Nine Siblings Placed Together	Ten Siblings Placed Together	Not Placed With Siblings	Grand Total	Percent with All Siblings Together	Percent with at Least One Sibling
2 Siblings	58	0	0	0	0	0	0	0	0	18	76	74.8%	83.7%
3 Siblings	12	54	0	0	0	0	0	0	0	12	78		
4 Siblings	0	3	12	0	0	0	0	0	0	1	16		
5 Siblings	0	3	0	20	0	0	0	0	0	2	25		
6 Siblings	0	0	0	0	0	0	0	0	0	0	0		
7 Siblings	0	0	0	0	0	7	0	0	0	0	7		
8 Siblings	0	0	0	0	0	0	0	0	0	0	0		
9 Siblings	0	0	0	0	0	0	0	0	0	0	0		
10 Siblings	0	0	0	0	0	0	0	0	0	0	0		
Grand Total	70	60	12	20	0	7	0	0	0	33	202		

Central Service Area
Children Placed with Siblings
June 30, 2015

Number of Siblings in Out of Home Care	Two Siblings Placed Together	Three Siblings Placed Together	Four Siblings Placed Together	Five Siblings Placed Together	Six Siblings Placed Together	Seven Siblings Placed Together	Eight Siblings Placed Together	Nine Siblings Placed Together	Ten Siblings Placed Together	Not Placed With Siblings	Grand Total	Percent with All Siblings Together	Percent with at Least One Sibling
2 Siblings	64	0	0	0	0	0	0	0	0	11	75	61.0%	82.9%
3 Siblings	10	36	0	0	0	0	0	0	0	8	54		
4 Siblings	6	6	24	0	0	0	0	0	0	8	44		
5 Siblings	4	3	4	15	0	0	0	0	0	4	30		
6 Siblings	2	3	8	0	0	0	0	0	0	5	18		
7 Siblings	4	0	0	0	0	0	0	0	0	3	7		
8 Siblings	0	0	0	0	0	0	0	0	0	0	0		
9 Siblings	0	0	0	0	0	0	0	0	0	0	0		
10 Siblings	0	0	0	0	0	0	0	0	0	0	0		
Grand Total	90	48	36	15	0	0	0	0	0	39	228		

Southeast Service Area Children Placed with Siblings June 30, 2015													
Number of Siblings in Out of Home Care	Two Siblings Placed Together	Three Siblings Placed Together	Four Siblings Placed Together	Five Siblings Placed Together	Six Siblings Placed Together	Seven Siblings Placed Together	Eight Siblings Placed Together	Nine Siblings Placed Together	Ten Siblings Placed Together	Not Placed With Siblings	Grand Total	Percent with All Siblings Together	Percent with at Least One Sibling
2 Siblings	148	0	0	0	0	0	0	0	0	46	194	60.3%	79.4%
3 Siblings	22	75	0	0	0	0	0	0	0	14	111		
4 Siblings	14	15	8	0	0	0	0	0	0	7	44		
5 Siblings	4	0	4	15	0	0	0	0	0	12	35		
6 Siblings	4	6	4	5	0	0	0	0	0	5	24		
7 Siblings	0	0	0	0	0	0	0	0	0	0	0		
8 Siblings	0	0	0	0	0	0	0	0	0	0	0		
9 Siblings	0	0	0	0	0	0	0	0	0	0	0		
10 Siblings	0	0	0	0	0	0	0	0	0	0	0		
Grand Total	192	96	16	20	0	0	0	0	0	84	408		

3. **An update of the information in the report of the Children's Behavioral Health Task Force pursuant to sections 43-4001 to 43-4003; including:**

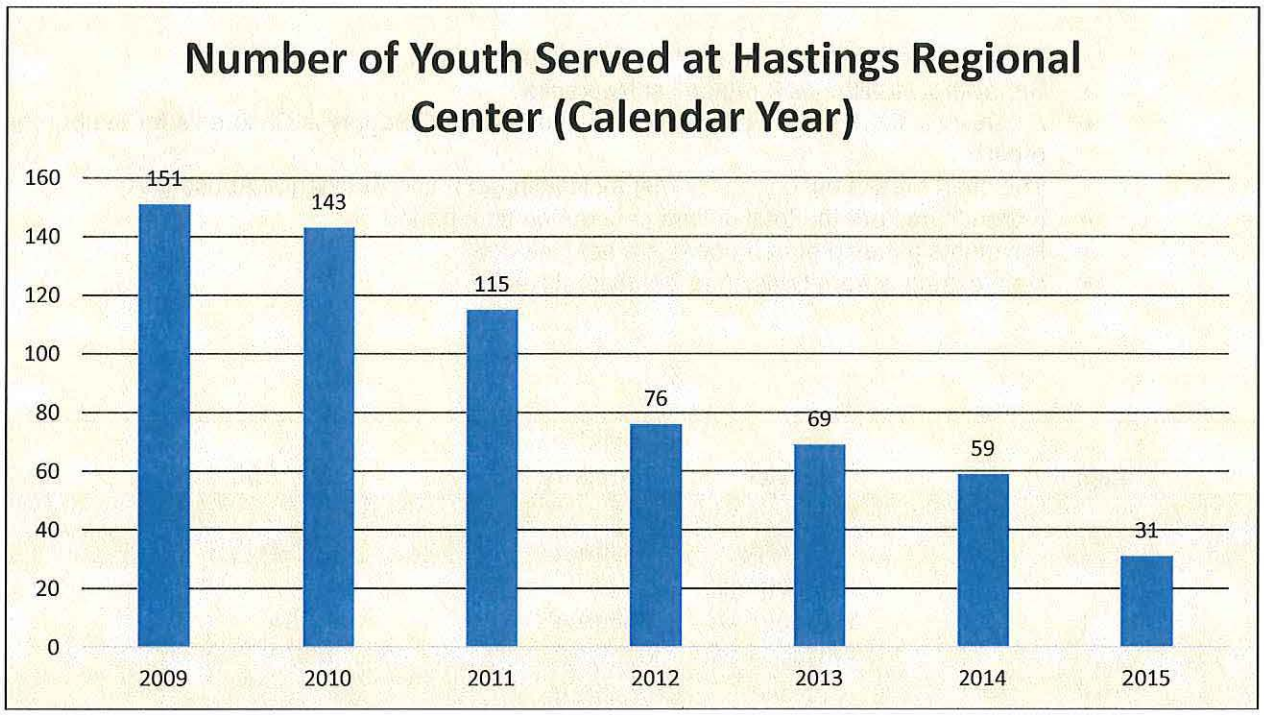
   a. **The number of children receiving mental health and substance abuse services annually by the Division of Behavior Health of the department;**

   - Data source is Magellan August 2015 extract.
   - Youth age is calculated using the first day of Fiscal Year-Date of Birth
   - Data provided for State Fiscal Year (July – June)
   - Chart shows Mental Health (MH), Substance Abuse (SA), both Mental Health and Substance Abuse and Totals by State fiscal year indicated.

Service	FY09	FY10	FY11	FY12	FY13	FY14	FY15
MH ONLY	2664	2829	2599	1989	2214	2447	1936
SA ONLY	1109	960	751	673	538	540	519
BOTH	143	144	76	65	69	69	71
Total	3916	3933	3426	2727	2821	3056	2526

b. The number of children receiving behavioral health services annually at the Hastings Regional Center;

- Youth are under age 19 at time of admission
- Youth are discharged from program at age 19
- Time period is by calendar year (January – December).
- 2015* is through July 1, 2015
- Data was obtained from DHHS Division of Behavioral Health.



c. The number of state wards receiving behavioral health service as of September 1 immediately preceding the date of the report;

The DHHS Behavioral Health Division served **63** youth who were state wards receiving behavioral health services paid for through the Behavioral Health Division. DHHS Children and Family Services N-FOCUS system data shows **401** state wards received behavioral health services paid for by the DHHS Division of Children Family Services. DHHS Medicaid Long Term Care Division served **5231** youth who were state wards receiving behavior health services paid for by Nebraska Medicaid. The youth are duplicated, which means a youth could have received services from more than one Department Division.

These services included the following: Addendum to Pretreatment Assessment; Drug and Alcohol Assessment; Juvenile Offender Community Based Evaluation; Day Reporting Center; Day Treatment Psychiatric Services; Initial Diagnostic Interview; Intensive Outpatient Services; Out of Home Treatment Services; Parenting Assessment; Pharmacological Management Services; Prescription Supplies; Pretreatment Assessment; PRTF Hospital Based; PRTF Non Specialized; PTRF Specialized; Psychiatric Consultation; Psychiatric Inpatient Hospital Care; Psychological Testing; Psychotherapy Family Services; Psychotherapy Group Services; Psychotherapy Individual Services; Sex Offender Risk Assessment; Special Needs Counseling; Substance Abuse Evaluation; THGH Out of Home Treatment; and THGH Out of Home Maintenance.

d. Funding sources for children's behavioral health services for the fiscal year ending on the immediately preceding June 30th;

The funding sources for Children's Behavioral Health services are:
1. State General Funds;
2. Community Mental Health Community Services Block Grant;
3. Substance Abuse Prevention & Treatment Block Grant; and
4. Nebraska Medicaid and CHIP Programs.

e. Expenditures in the immediately preceding fiscal year by the division, categorized by category of behavioral health service and by behavioral health region; and

- Data provided for State Fiscal Year 2015 (July – June).
- Behavioral Health has 6 regions in Nebraska
- A service is the type of work performed and Service Category is Children's for the purpose of this report.
- The chart breaks out counts by Mental Health (MH) and Substance Abuse (SA).
- Expenditures are the total dollars paid during time period.
- Payments pending or in process are not included.
- Data extract is from Division of Behavioral Health.

Region	Service	Service Category	MH / SA	Total Dollars
1	Outpatient Therapy	Children's	MH	$64,840.35
1	Outpatient Therapy - SA	Children's	SA	$10,561.59
1	Professional Partner	Children's	MH	$508,963.81
1	Professional Partner LB603	Children's	MH	$48,801.70
1	Youth System Coordination	Children's	MH	$17,058.91
1	Youth Transitional Program	Children's	MH	$167,106.36
1	Transition Age PPP	Children's	MH	$1,681.40
1	Youth System Coordination	Children's	SA	$17,058.83
			Total:	**$836,072.95**

2	Outpatient Therapy-SA	Children's	SA	$44,868.92
2	Outpatient Therapy - MH	Children's	MH	$126,712.91
2	Professional Partner	Children's	MH	$503,134.70
2	Professional Partner LB603	Children's	MH	$60,050.00
2	Reg. Youth System Coordination	Children's	MH	$46,939.18
			Total:	**$781,705.71**

3	ERCS Transition-Youth (Emergency)	Children's	MH	$139,779.98
3	Home-Based-MH	Children's	MH	$4,301.22
3	LB603 Professional Partner	Children's	MH	$100,699.00
3	Medication Management	Children's	MH	$3,453.58
3	Outpatient Therapy	Children's	MH	$127,008.39
3	Pilot Young Adult Partner	Children's	MH	$60,215.50
3	Professional Partner	Children's	MH	$863,452.30
3	Supported Employment-Transition Age	Children's	MH	$69,339.45
3	Professional Partner-Transition Age	Children's	MH	$131,024.97
3	Youth System Coordination	Children's	MH	$90,919.88
3	Youth System Coordination	Children's	SA	$28,522.75
3	Intensive Outpatient Therapy	Children's	SA	$2,531.97
3	Outpatient Therapy	Children's	SA	$13,810.10

			Total:	**$1,626,456.55**

4	Outpatient Therapy	Children's	SA	$5,121.25
4	Youth System Coordination	Children's	SA	$19,282.76
4	Intensive Outpatient - SA	Children's	SA	$14,010.72
4	Outpatient Therapy	Children's	MH	$22,453.75
4	Outpatient Therapy - SA	Children's	SA	$9,200.00
4	Professional Partner	Children's	MH	$476,648.10
4	Transition Aged PP (LB603)	Children's	MH	$12,573.50
4	Professional Partner School Wrap	Children's	MH	$8,407.00
4	Transition Age PPP	Children's	MH	$68,937.40
4	Professional Partner (LB603)	Children's	MH	$90,592.10
4	Prevention PPP	Children's	MH	$4,933.20
4	Youth System Coordination	Children's	MH	$16,762.89
			Total:	**$739,722.67**

5	SOAR Program	Children's	SA	$52,086.50
5	Youth Assessment	Children's	SA	$43,641.85
5	Therapy Consultation	Children's	MH	$92,058.72
5	Intensive Outpatient-MH	Children's	MH	$64,310.95
5	Outpatient Therapy	Children's	MH	$443,763.07
5	Prevention PPP (LB603)	Children's	MH	$117,693.03
5	Prevention PPP	Children's	MH	$95,690.09
5	Professional Partner Program	Children's	MH	$612,638.00
5	Transition Age PPP	Children's	MH	$330,469.60

5	Youth Assessment	Children's	MH	$284,082.97
5	Youth System Coordination	Children's	MH	$40,438.21
5	Youth System Coordination	Children's	SA	$39,311.15
5	Juvenile Diversion Program	Children's	SA	$232.69
5	Outpatient Therapy-SA	Children's	SA	$117,911.12
			Total:	**$2,334,327.95**
6	Community Support - SA	Children's	SA	$457.18
6	Outpatient Therapy	Children's	MH	$518,691.03
6	Professional Partner	Children's	MH	$1,009,456.60
6	LB603 - Crisis Response Teams	Children's	MH	$173,702.70
6	Professional Partner LB603	Children's	MH	$425,457.90
6	Youth System Coordination	Children's	MH	$104,681.30
6	Outpatient Therapy	Children's	MH	$7,814.96
6	Transition Age PPP	Children's	MH	$349,009.70
6	Youth Coordination	Children's	SA	$48,769.70
			Total:	**$2,638,041.07**
			Subtotal DBH Funded Children Services through Regions:	**$8,956,326.90**

Children's Helpline	$1,366,796.06
Family Navigators (including Family Orgs)	$901,631.69
Subtotal Other Division of Behavioral Health Children Services:	**$2,268,427.75**
Grand total of Division of Behavioral Health Expenditures for Children Services FY13	**$11,224,754.65**

Sources of funding for DBH Children's Behavioral Health Services:

General Funds
Community Mental Health Community Services Block Grant
Substance Abuse Prevention & Treatment Block Grant

f. Expenditures in the immediately preceding fiscal year from the medical assistance program and CHIP as defined in section 68-969 for mental health and substance abuse services for all children and for wards of the state.

- Data provided for State Fiscal Year 2015.
- Data extract is from Division of Medicaid/Long Term Care.
- Data is all expenditures for Children 18 and younger State Ward and Non-Ward followed by the breakout charts of State Ward and Non-Ward populations.

State Fiscal Year 2015		
Mental Health and Substance Abuse Services		
Expenditures	**State Wards**	**Non-Wards**
Services	$12,468,913	$63,752,225
Prescription Drugs	$2,840,710	$33,427,054
State Fiscal Year Total	**$15,309,623**	**$97,179,279**
Eligible Clients	**State Wards**	**Non-Wards**
Monthly Average Clients	4,783	154,062
Monthly Average Cost per Client	$267	$53
(All figures include Fee-For-Service and Managed Care combined for all children under Medicaid and CHIP.)		

4. The following information is obtained for each service area and lead agency or the pilot project:

a. Case manager education, including college degree, major and level of education beyond a baccalaureate degree;

- A Bachelor's degree is required to be hired as a Children and Family Services Specialist.
- DHHS staff education information is effective June, 2015. Nebraska Families Collaborative (NFC) lead agency staff education information is effective June, 2015.
- Children and Family Services Division Employee data is broken out by position. These data include the following position classifications: Administrator I; Administrator II; Supervisor; Specialist (Case Manager); and Specialist in Training (Case Manager). Specialist in Training Case Managers is in training status for first six months of employment.
- Nebraska Families Collaborative (Lead Agency) data are the total number of employees with level of education. These data include the following position classifications: Director; Supervisor; and Family Permanency Specialists (Case Managers).

Department of Health and Human Services
Children and Family Service Division
Employees Education Level
2015 data

TYPES OF DEGREE	CHILD & FAMILY OUTCOME MONITOR	CHILD/FAMILY SERVICES SPECIALIST	CHILD/FAMILY SERVICES SPECIALIST SUPERVISOR	CHILD/FAMILY SERVICES SPECIALIST TRAINEE	CHILD/FAMILY SERVICES SPECIALIST ADMINISTRATOR	TOTAL
Administration of Justice		2				2
Anthropology			2	1	1	4
Applied Psychology			1			1
Bachelor of Behavioral Science		1		1		2
Broadcast Journalism		1				1
Chemical Dependency Counseling		1				1
Child and Family Science/Studies		5				5
Child, Youth and Family Studies		5	1			6
Child, Adult and Family Services/Studies		1	1	1		3
Bachelor of Arts Communication		3				3
Bachelor Criminal Justice	2	36	10	8	6	62
Bachelor of Arts/Science Criminology		2		3		5
Bachelor of Science Computer Business		1				1
Bachelor of Arts/Science Counseling		1			1	2
Criminal Justice Administration		3				3
Bachelor of Science Justice Counseling		1		1		2

Bachelor of Science Justice Corrections		1				1
TYPES OF DEGREE	**CHILD & FAMILY OUTCOME MONITOR**	**CHILD/FAMILY SERVICES SPECIALIST**	**CHILD/FAMILY SERVICES SPECIALIST SUPERVISOR**	**CHILD/FAMILY SERVICES SPECIALIST TRAINEE**	**CHILD/FAMILY SERVICES SPECIALIST ADMINISTRATOR**	**TOTAL**
Bachelor of Education		23	1	1		25
Bachelor of Arts English		6	4			10
Family Science/Studies		4	2	1		7
Bachelor Fine Arts		1				1
Bachelor of Human Services/Counseling		11	2	3		16
Bachelor of Arts/Science General Studies		2				2
Bachelor of Arts Health Education		1				1
Bachelor of Arts/Science History		4		1	1	6
Bachelor of Arts Human Development		2			1	3
Bachelor of Arts Human Relations		10	3		1	14
Bachelor of Human Resources Family Consumer Science					1	1
Bachelor of Arts Human Services/Counseling		7	1			8
Bachelor of Science Health Care Mgmt		1				1
Home Economics		1				1
Hospitality & Restaurant Mgmt		1				1
Human and Social Service Administration		1				1
Bachelor of Science International Business		1				1
Bachelor of Science Juvenile Justice		1				1
Bachelor of Arts Law, Society & Public Policy		1				1
Liberal Arts		1				1
Bachelor of Science National Science & Dietetics		1				1
Bachelor of Science Occupational Therapy		1				1
Organized Communication		2				2
Politics/Political Science		3		1	2	6
Psychobiology		1				1
Bachelor of Arts/Science Psychology	1	53	19	12	4	89
Public Administration		1				1

Physical Education		1				1
Recreation/Parks			1			1
Religion		1				1
TYPES OF DEGREE	**CHILD & FAMILY OUTCOME MONITOR**	**CHILD/FAMILY SERVICES SPECIALIST**	**CHILD/FAMILY SERVICES SPECIALIST SUPERVISOR**	**CHILD/FAMILY SERVICES SPECIALIST TRAINEE**	**CHILD/FAMILY SERVICES SPECIALIST ADMINISTRATOR**	**TOTAL**
Secondary Social Science		1				1
Secondary Education		1				1
Social Science		2				2
Bachelor of Arts/Science Sociology	2	22	6	3	3	36
Bachelors of Arts/Science Social Work	1	46	12	4	5	68
Spanish		1				1
Speech Communications		1				1
Teaching Certification		1				1
Therapeutic Recreation		1				1
Vocal/Piano Performance			1			1
Women & Gender Studies		1				1
Master in Management		3	1			4
Master of Arts		21	2	3		26
Master of Business Administration					1	1
Master of Divinity		1		1		2
Master of Education		5		2		7
Master of Fine Arts		1				1
Master of Public Administration					1	1
Master of Science		18	4	5	2	29
Master of Social Work		5	5			10
Juris Doctorate Law		3			1	4
Doctor of Philosophy		4				4
Grand Total	**6**	**345**	**79**	**52**	**31**	**513**

Nebraska Families Collaborative
Employees Education Level
2015 data

TYPE OF DEGREE	MAJOR AREA OF STUDY	FAMILY PERMANENCY DIRECTOR AND SUPERVISOR	FAMILY PERMANENCY SPECIALIST	TOTAL
Bachelor of Arts/Science/General Studies	Psychology	2	19	21
Bachelor of Arts	Anthropology	0	0	0
Bachelor of Arts/Science	Criminal Justice	0	20	20
Bachelor of Science	Human Services Counseling	0	3	3
Bachelor of Arts/Science/General Studies	Human Services	0	7	7
Bachelor of Arts/Science	Social Work	0	12	12
Bachelor of Arts/General Studies/Science	Sociology	1	6	7
Bachelor of Arts/Science	Biology	0	1	1
Bachelor of Science	Sports Management	0	1	1
Bachelor of Arts/General Studies	General Studies	0	4	4
Bachelor of Arts/Science	Art	0	0	0
Bachelor of Science	Behavioral Science	0	4	4
Bachelor of Arts/Science/General Studies	Business Administration	0	2	2
Bachelor of Arts	Non-Teaching Family Services	0	1	1
Bachelor of Science	Research Psychology	0	1	1
Bachelor of Science	Family Studies	0	2	2
Bachelor of Science	Social Service Administration	0	1	1
Bachelor of Science	Bible	0	0	0
Bachelor of Arts	English	0	1	1
Bachelor of Science	Child Development	0	0	0
Bachelor of Arts	Communications	0	0	0
Bachelor of Science	Community Health	0	1	1
Bachelor of Science	Consumer Sci. & Merchandising	0	0	0
Bachelor of Science	Counseling	0	1	1
Bachelor of Science	Early Childhood Education	0	1	1
Bachelor of Arts/Science	Elementary Education	0	1	1
Bachelor of Arts/Science	Secondary Education	0	1	1
Bachelor of Arts	Education	0	5	5
Bachelor of Science	Family and Youth Services	0	0	0
Bachelor of Arts	History	0	1	1
Bachelor of Arts	Human Relations	0	0	0
Bachelor of Arts	Interdisciplinary Studies	0	1	1

Bachelor of Arts	Humanities	0	1	1
Bachelor of Science	Leadership	0	0	0
Bachelor of Arts	Liberal Arts	0	0	0
Bachelor of Arts	Ministry	0	1	1
Bachelor of General Studies	Public Administration	0	0	0
Bachelor of Science	Speech Pathology	0	1	1
Masters of Business Administration	Business Administration	0	0	0
Master of Arts	Forensic Psychology	0	1	1
Master of Arts/Science	Human Services	2	5	7
Master of Social Work	Social Work	4	4	8
Master of Science/Public Administration	Criminal Justice	2	1	3
Master of Arts/Science	Counseling	5	1	6
Masters of Science	Clinical Counseling	0	1	1
Master of Arts/Science	Psychology	1	3	4
Master of Public Administration	Public Administration	2	5	7
Master of Science/Public Health	Mental Health Counseling	1	1	2
Masters of Arts	Elementary Education	0	1	1
Master of Arts	Family Studies	0	0	0
Master of Science	Family Youth Studies	0	1	1
Master of Arts	History	0	0	0
Master of Arts	Liberal Arts	0	1	1
Master of Science	Managerial Science	0	0	0
Master of Science	Negotiation, Dispute, Resolution	0	1	1
Master of Arts	Special Education	0	0	0
Master of Arts	Teaching	0	0	0
Master of Science	Urban Studies	0	1	1
Master of Arts	Youth & Community Studies	0	0	0
Doctorate	Psychology	0	0	0
Doctorate of Philosophy	Counseling	0	1	1
TOTAL		20	128	148

b. Average caseload per case manager;

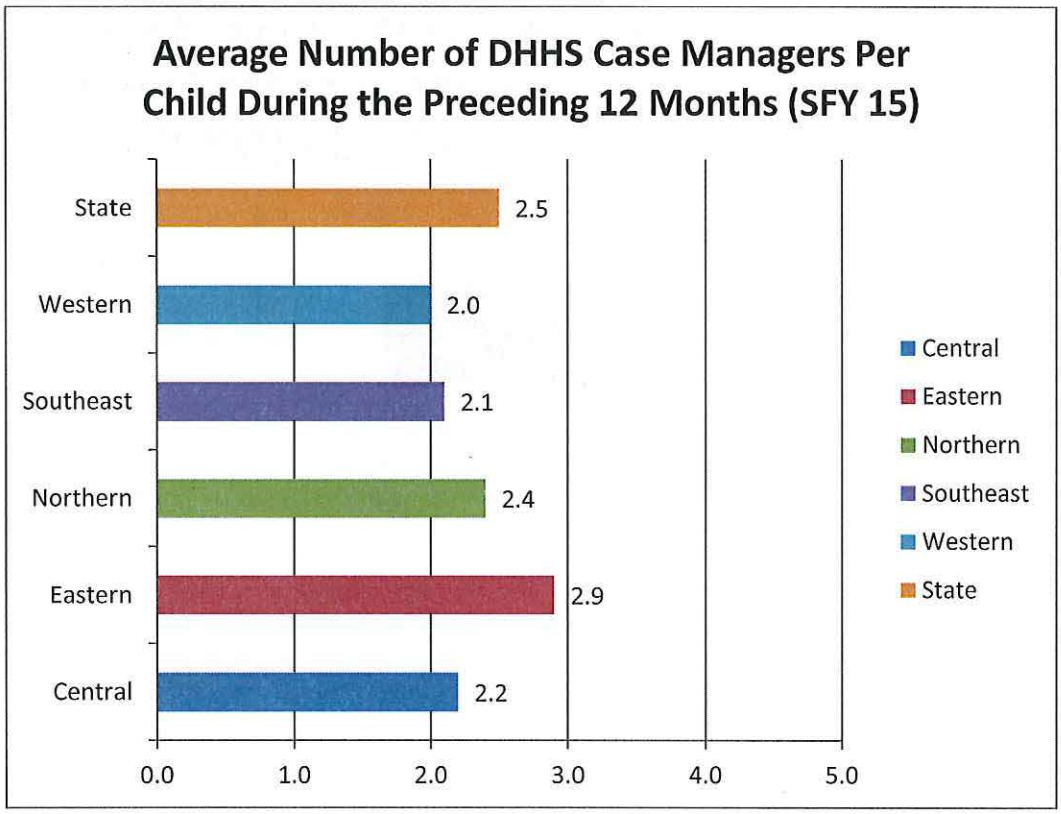
Caseload Report

See DHHS' response to Statute 68-1207.01 in separate submission to the Legislature.

c. Average number of case managers per child during the preceding twelve months;

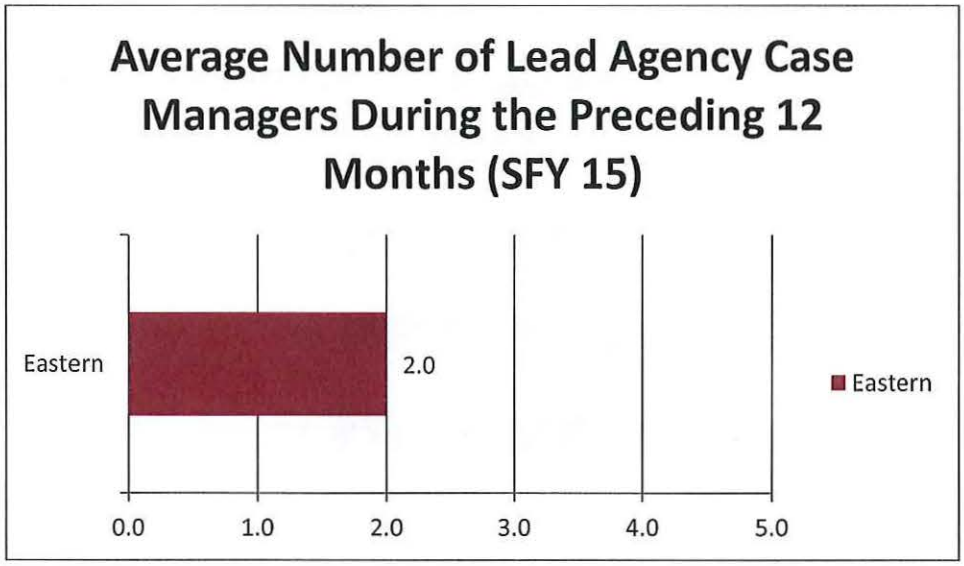
DHHS average number of case managers

- Time period is State Fiscal Year 2015 (July-June).
- This measure includes all youth who were active participants with Children and Family Services cases on June 30, 2015.
- In the Eastern Service Area, if an employee transferred their employment from DHHS to a Lead Agency or from a Lead Agency to DHHS, they would be counted in both the DHHS and Lead Agency case manager counts.
- For the Eastern Service Area, the DHHS Case Manager count includes workers who conduct Initial Assessments, Children and Family Services Outcome Monitors, and CFS Specialists.
- Cases that do not progress beyond the initial assessment phase are not counted in this average.
- HHS Wards, OJS Wards and children receiving voluntary/non-court services are included in these charts and tables.



Lead Agency average number of case managers

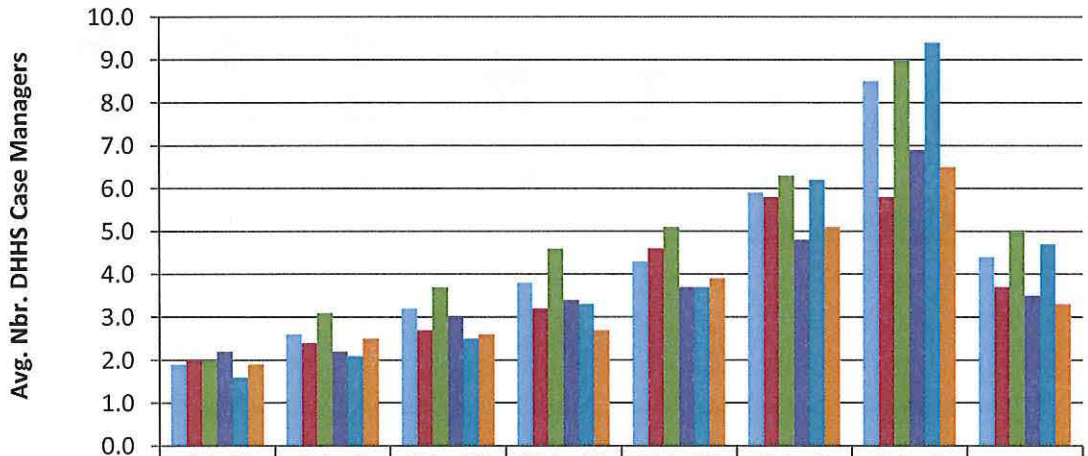
- Time period is State Fiscal Year 2015 (July-June).
- This measure includes all youth who were active participants in Children and Family Services cases on June 30, 2015.
- In the Eastern Service Area, if an employee transferred their employment from DHHS to a Lead Agency or from a Lead Agency to DHHS, they would be counted in both the DHHS and Lead Agency case manager counts.
- Cases that do not progress beyond the initial assessment phase are not counted in this average.
- HHS Wards, OJS Wards and children receiving voluntary/non-court services are included in these charts and tables.



d. Average number of case managers per child for children who have been in the child welfare system for three months, six months, for twelve months and for eighteen months and the consecutive yearly average for children until the age of majority or permanency is attained;

Average number of DHHS Case Managers

- These data utilize June 30, 2015 as the end point to determine each time frame.
- Case Manager case assignment data is the last four years.
- The DHHS Case Manager count includes Case Managers who conduct Initial Assessments and Ongoing Case Managers. In many areas of the state, different workers are assigned for the Initial Assessment and Ongoing phases of the case. In those areas, a transfer from Initial Assessment to Ongoing shows as two case managers early in the life of the case. Other areas of the state have workers who conduct both initial assessments and perform ongoing case management.
- For the Eastern Service Area, the DHHS Case Manager count includes workers who conduct Initial Assessments, Children and Family Services Outcome Monitors, and CFS Specialists.
- Cases that do not progress beyond the initial assessment phase are excluded.
- DHHS Wards, OJS Wards and children receiving voluntary/non-court services are included in these charts and tables.



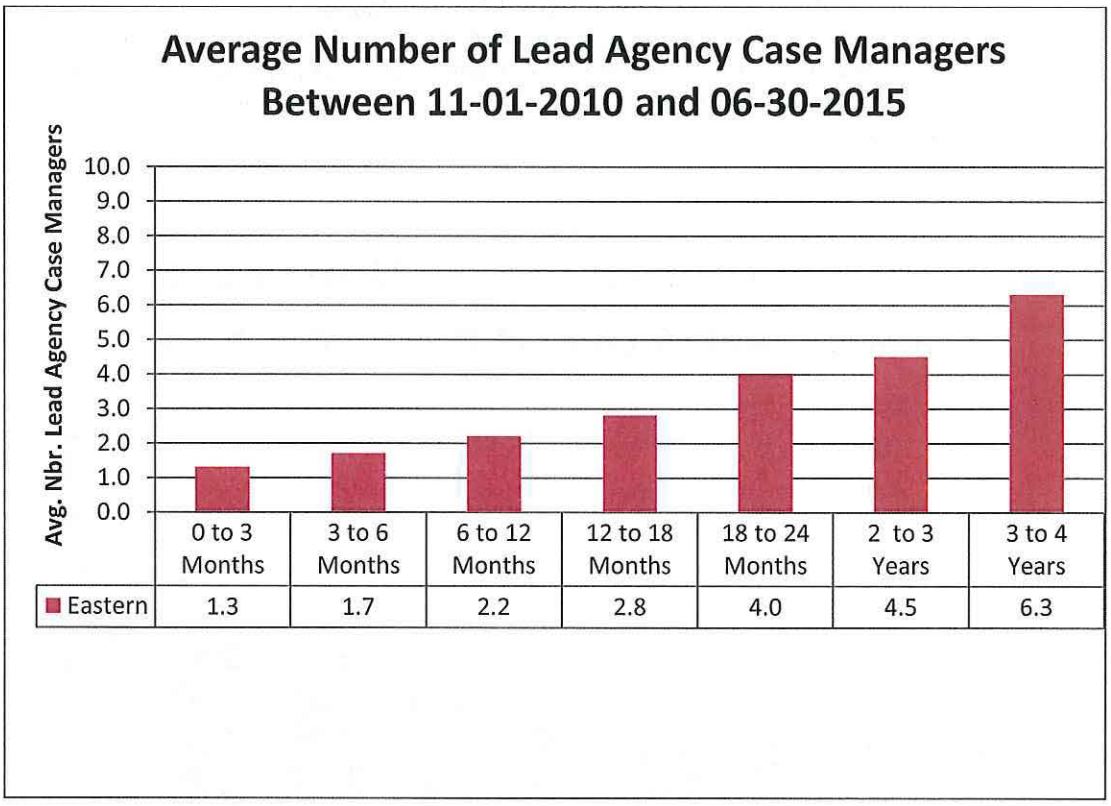
	0 to 3 Months	3 to 6 Months	6 to 12 Months	12 to 18 Months	18 to 24 Months	2 to 3 Years	3 to 4 Years	Total
State	1.9	2.6	3.2	3.8	4.3	5.9	8.5	4.4
Central	2.0	2.4	2.7	3.2	4.6	5.8	5.8	3.7
Eastern	2.0	3.1	3.7	4.6	5.1	6.3	9.0	5.0
Northern	2.2	2.2	3.0	3.4	3.7	4.8	6.9	3.5
Southeast	1.6	2.1	2.5	3.3	3.7	6.2	9.4	4.7
Western	1.9	2.5	2.6	2.7	3.9	5.1	6.5	3.3

Time in Care

Average number of Lead Agency Case Managers

- These data utilizes June 30, 2015 as the end point to determine each time frame.
- Lead Agency Contracts started in November 2010.
- Cases that do not progress beyond the initial assessment phase are excluded.
- DHHS Wards, OJS Wards and children receiving voluntary/non-court services are included.

- In the Eastern Service Area, Visinet functioned as a Lead Agency until April 2010. DHHS provided case management from April through September 30, 2011. NFC functioned as a Lead Agency for two thirds of the service area from October 1, 2011 to February 29, 2012. On March 1, 2012, NFC began providing case management to the entire service area.



e. Monthly case manager turnover;

DHHS Staff

Protection and Safety Turnover Percent

Title	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	June 2015
CFS Spec Trainee	5.48%	6.32%	3.54%	1.98%	5.48%	5.56%	8.57%	2.56%	2.00%	9.43%	2.13%	1.69%	5.66%
CFS Specialist	2.07%	2.41%	2.20%	2.74%	3.29%	1.01%	2.42%	2.49%	1.42%	1.07%	2.66%	3.68%	2.18%
CFS Supervisors	1.47%	1.49%	1.52%	1.47%	3.03%	0.00%	1.64%	0.00%	1.54%	3.17%	0.00%	0.00%	3.13%

Turnover Percent June 2015

Title	CSA PS	ESA PS	NSA PS	SESA PS	WSA PS
CFS Spec Trainee	12.50%	5.00%	0.00%	0.00%	20.00%
CFS Specialist	4.88%	0.00%	2.04%	1.14%	5.00%
CFS Supervisors	0.00%	0.00%	9.09%	5.26%	0.00%

Turnover Counts June 2015

Title	CSA PS	ESA PS	NSA PS	SESA PS	WSA PS
CFS Spec Trainee	1	1	0	0	1
CFS Specialist	2	0	1	1	2
CFS Supervisors	0	0	1	1	0

Aggregate

Counts

Title	Total Employees	Term Employees	Turnover
CFS Spec Trainee	53	3	5.66%
CFS Specialist	275	6	2.18%
CFS Supervisors	64	2	3.13%

*Note: Turnover rates are calculated using filled FTE at the end of the month and includes only those employees who left state government during that month. It does not include employees who transferred from one program or Division to another within DHHS or from DHHS to another state agency. Turnover is as of the last day of posted month.

STATE CQI TURNOVER, AGGREGATE COUNTS & VACANCY RATES
June 2015

NEBRASKA FAMILIES COLLABORATIVE TURNOVER PERCENT*												
Title	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
FPS Trainee	4.54%	0%	10%	0%	0%	25%	9.09%	7.14%	0%	0%	0%	0%
FPS	2.20%	3.44%	2.81%	3.57%	3.73%	6.20%	1.56%	1.58%	4.72%	4.09%	5.83%	7.07%
FP Supervisor	0%	5.26%	0%	4.54%	0%	0%	0%	0%	0%	0%	4.76%	5.00%

*Note: Turnover rates are calculated using filled positions at the end of the month and includes only those employees who left state government during that month. It does not include employees who transferred from one program or Division to another within DHHS or from DHHS to another state agency. Turnover is as of the last day of posted month.

Aggregate Counts – June 2015			
Title	Total Employees	Term Employees	Turnover
FPS Trainee	27	0	0%
FPS	113	8	7.07%
FP Supervisor	20	1	5.00%

VACANCY RATES

	Feb15			Mar15			Apr15			May15			Jun15		
Location	Vacant Positions	Total Positions	Vacancy Rate	Vacant Positions	Total Positions	Vacancy Rate	Vacant Positions	Total Positions	Vacancy Rate	Vacant Positions	Total Positions	Vacancy Rate	Vacant Positions	Total Positions	Vacancy Rate
NFC	20***	168	11.90%	19***	168	11.30%	24***	168	14.28%	27***	168	16.07%	35***	168	20.83%

Total Positions includes Family Permanency Supervisors and Family Permanency Specialists (based on 146 fully trained Family Permanency Specialists and 22 Family Permanency Supervisors)
***This does not include the Family Permanency Specialist Trainees

f. Monthly face-to-face contacts between each case manager and the children on his or her caseload;

- Time period is State Fiscal Year 2015 (July – June).
- Percentage of monthly visits completed during time period.
- Chart 1 is statewide percentage of monthly visits with parent, child, and provider.
- Chart 2 is percentage of monthly visits by Service Area with parent, child and provider.
- The outcome goal is currently set at 95% of all visits.
- See Chart 1 and 2.
- Data extract is from DHHS N-FOCUS system.

g. Monthly face-to-face contacts between each case manager and the parent or parents of the children on his or her caseload;

- Time period is State Fiscal Year 2015 (July – June).
- Percentage of monthly visits completed during time period.
- Chart 1 is statewide percentage of monthly visits with parent, child, and provider.
- Chart 2 is percentage of monthly visits by Service Area with parent, child and provider.
- The outcome goal is currently set at 95% for all visits.
- Data extract is from DHHS N-FOCUS system.

Chart 1: Statewide Percentage of monthly visits with parent, child and provider

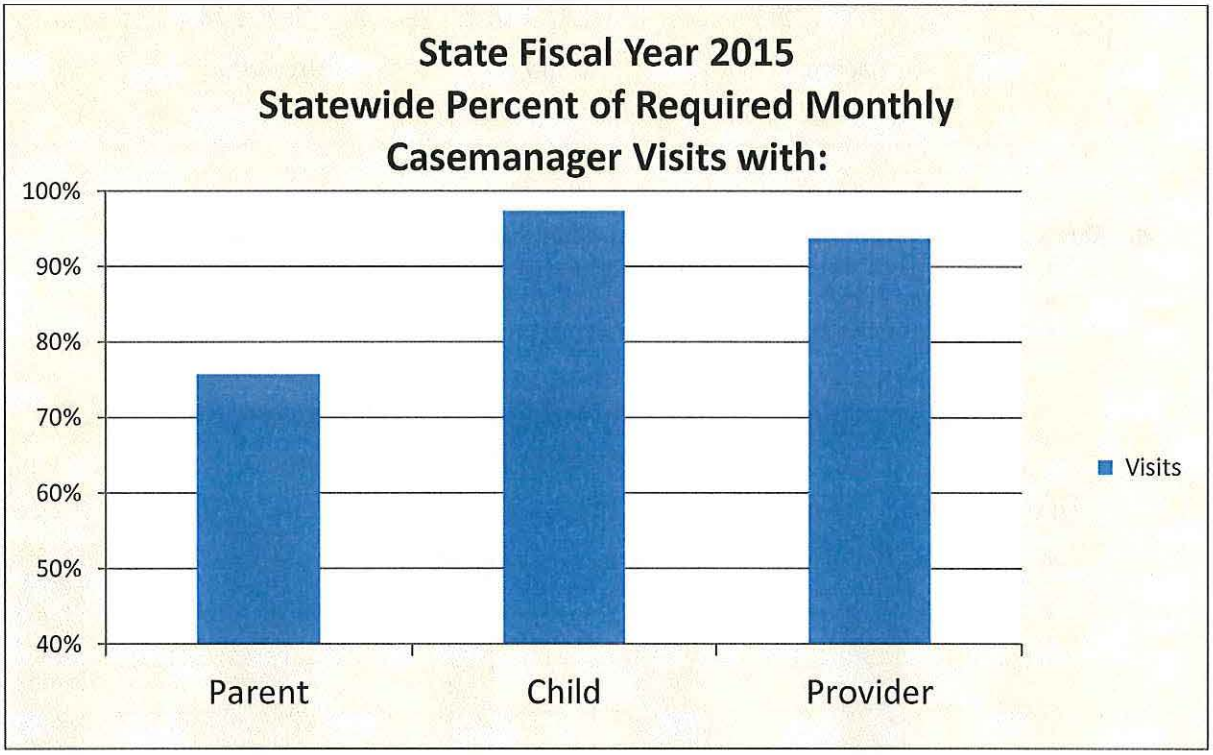
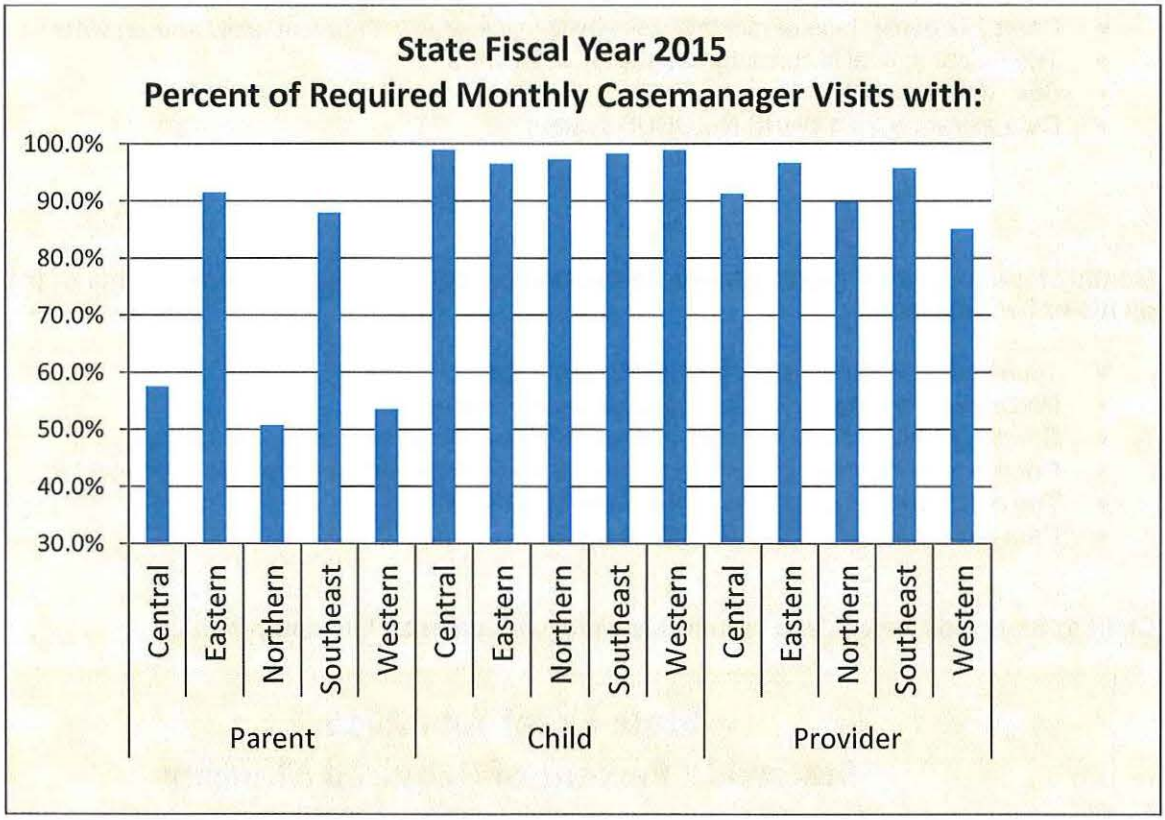
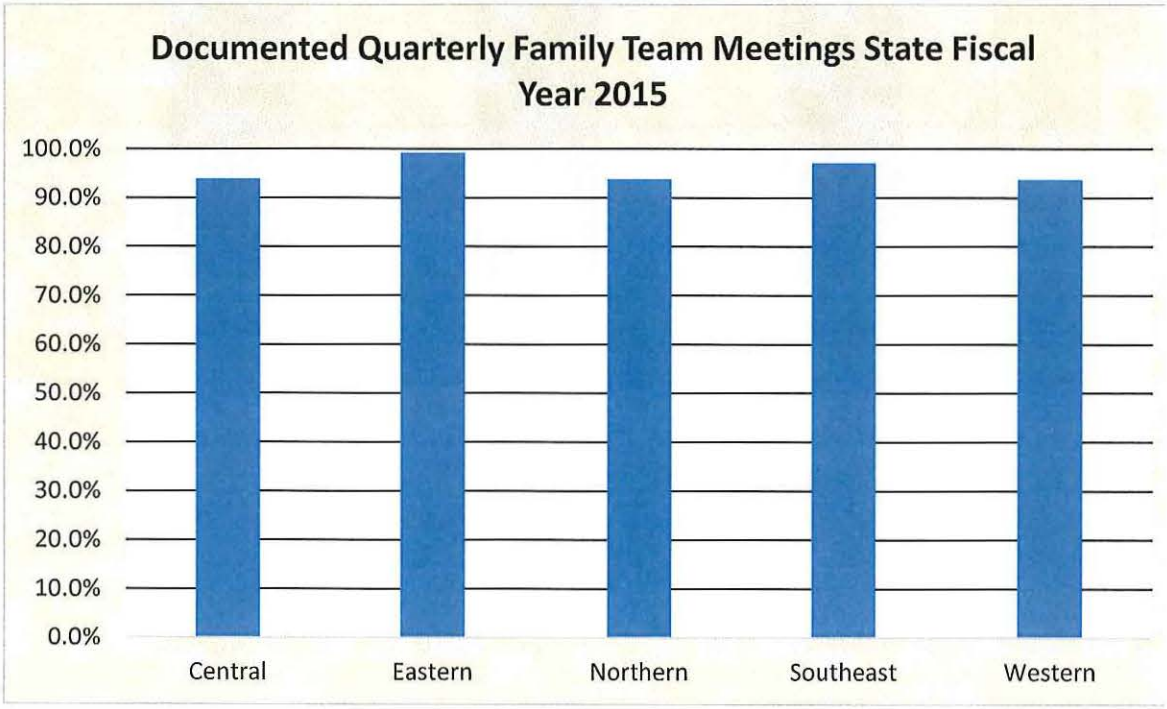


Chart 2: Percentage of visits with parent, child and provider by Service Area



h. Case documentation of monthly consecutive team meetings per quarter;

- Family team meetings documented on N-FOCUS system.
- Data provided for State Fiscal Year 2015 Data (July – June).
- Data extract is from DHHS N-FOCUS system.

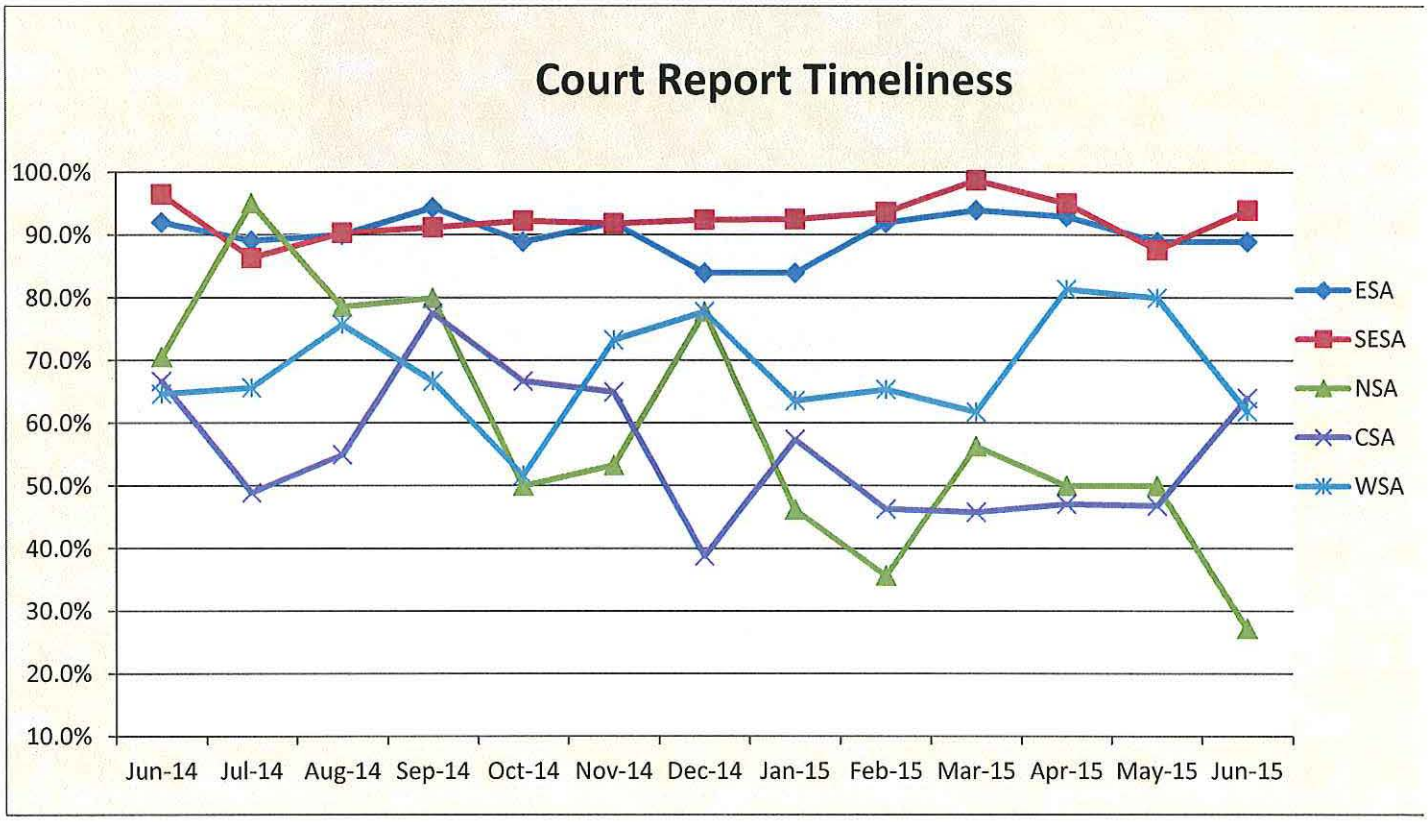


i. **Case documentation of monthly consecutive parent contacts per quarter;**
   - Consecutive data not available. For available data see Charts 1 and 2.

j. **Case documentation of monthly consecutive child contacts with case manager per quarter;**
   - Consecutive data not available. For available data see Charts 1 and 2.

k. **Case documentation of monthly consecutive contacts between child welfare service providers and case managers per quarter;**
   - See Charts 1 and 2 for data.

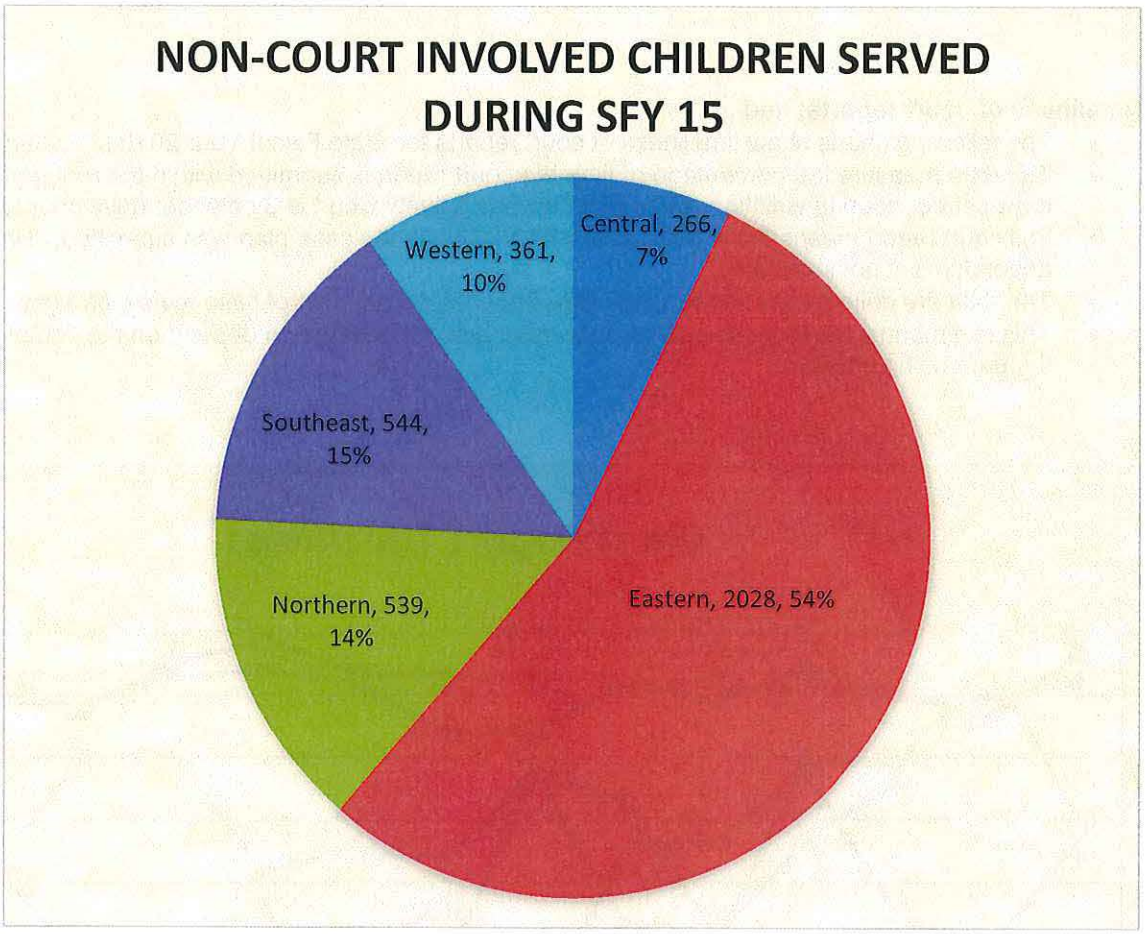
l. **Timeliness of court reports; and**
   - The following charts show timeliness of court reports for State Fiscal Year 2015 (July-June)
   - The data measure the percentage of time the court report is submitted within the required number of days set per court jurisdiction (Example: Douglas County Court is 3 calendar days prior to hearing).
   - Full court report means the entire report which includes the case plan was submitted. Timeliness of addendums is not included.
   - The data are collected as a part of the Department's quality control case review process.
   - This is a manual tracking process and the accuracy of the data can depend on the completeness of the date being entered.



m. Non-court-involved children including the number of children served, the types of services requested, the specific services provided, the cost of the services provided and the funding source.

Non-court-involved children

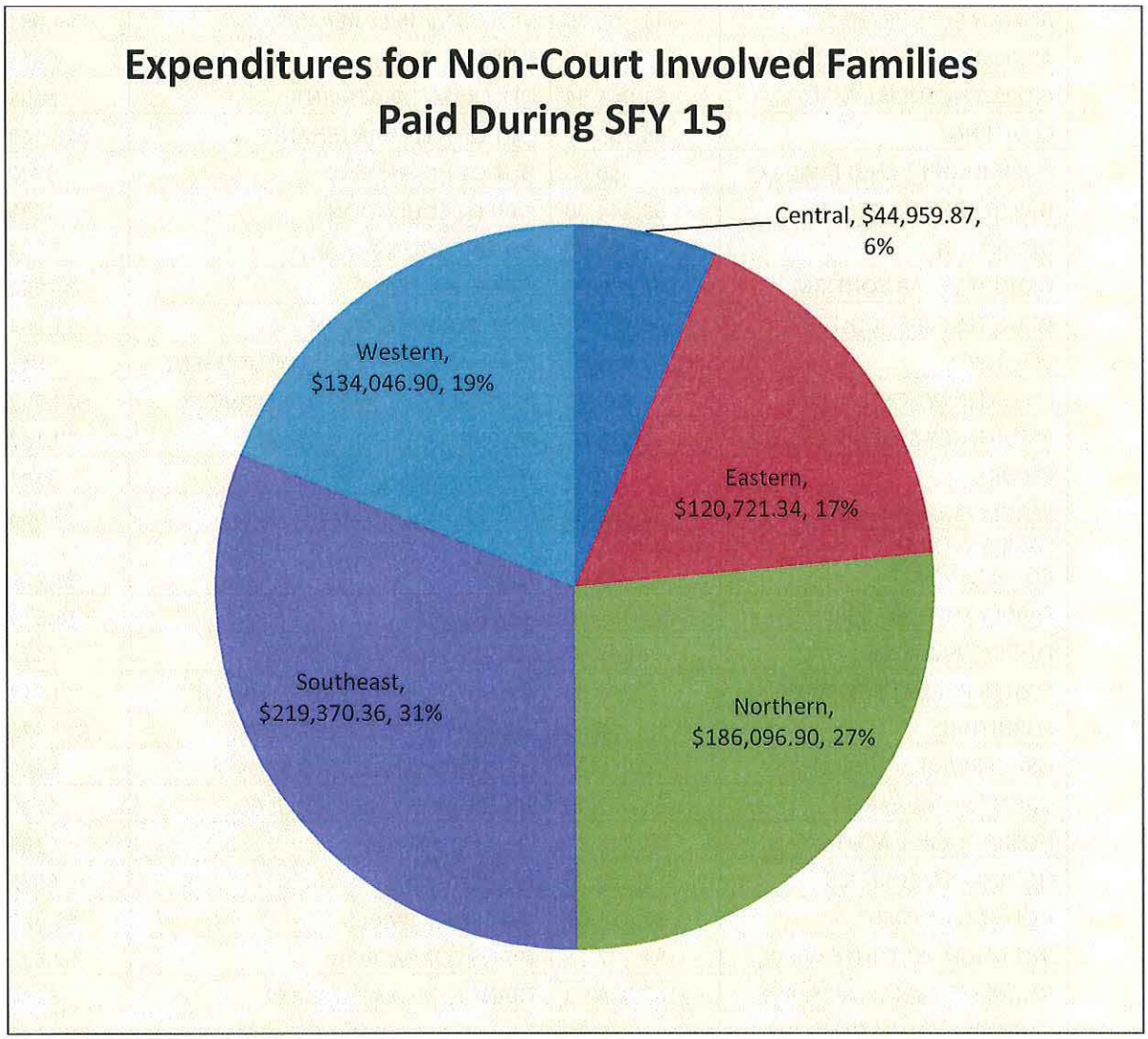
- Data provided for State Fiscal Year 2015 data (July - June).
- Youth included are: Youth on Voluntary Placement Agreements, Non-Court Involved Children, Youth on Police Holds that did not become wards and Direct Relinquishments.
- Data extract is DHHS N-FOCUS system.



Total Number of Children served: 3,738

Expenditures for Non-Court Involved Children

- Data provided for State Fiscal Year 2015 data (July - June).
- Expenditure data are claims entered and paid via N-FOCUS as of June 30, 2015.
- The Department of Health and Human Services does not pay NFC services out of NFOCUS, therefore; the data may not represent all of NFC's payments for services.
- Outstanding expenditures not paid are not included.
- Expenditures include services provided to the parents of non-court involved children.
- Nebraska Medicaid and CHIP claims are not included.



Services provided to Non-Court Families with expenditures

- Data provided for State Fiscal Year 2015 (July – June).
- Services are those entered into the N-FOCUS System.
- Nebraska Medicaid and CHIP claims are not included.

Services Provided to Non-Court Families with Expenditures Paid in State Fiscal Year 2015

ACADEMIC TUTORING	$150.00	MOTOR VEHICLE PRIVATE	$9,936.92
AGENCY SUPPORTED FC	$11,805.76	MOTOR VEHICLE REPAIRS	$1,081.29
ASSESSMENT DRUG ALCOHOL	$95.00	NATURAL GAS	$612.28
BIOPSYCHOSOCIAL ASSESS	$1,941.54	OFF EXAM/TREATMENT	$605.41
CLOTHING	$4,750.07	OUT OF HM MAINTENANCE	$18,549.17
COMMUNITY BASED EVAL-J.O.	$0.00	OUT OF HM STIPEND	$720.00
DAY REPORTING CENTER	$2,544.00	PARENT EDUCATION	$639.26
DETENTION	$0.00	PARENT SKILLS & VISIT	$293.75
DRUG TEST LAB CONFIRM	$21,340.00	PERSONAL NEEDS	$1,963.60
DRUG TEST SPEC COLLECT	$30,892.00	PEST EXTERMINATION	$1,284.00
ELECTRIC	$1,495.40	PHARMACOLOGICAL MANAGEMENT	$41.18
EMERGENCY FOSTER CARE	$69.00	PROFESSIONAL PARTNER SERVICES	$24,598.10
EMERGENCY SHELTER CENTER	$618.00	PSYCHOLOGOICAL TESTING	$2,187.28
ESCORT	$0.00	PSYCHOTHERAPY FAMILY	$102.47
FAMILY ENGAGEMENT	$2,800.00	PSYCHOTHERAPY INDIVIDUAL	$2,503.20
FAMILY GROUP CONFERENCING	$0.00	RENT	$1,267.11
FAMILY SUPPORT SERVICES	$274,383.60	RESPITE CARE	$1,673.00
FINDING FAMILIES	$445.00	SENECA SEARCHES	$475.00
FOSTER PARENT RESP CARE	$190.00	SEX OFFENDER RISK ASSESSMENT	$512.93
FURNITURE	$0.00	SPEC SVS OUT HOME CARE RE	$33,336.67
GROCERY/MEAL PURCHASE	$655.21	SPECIMEN COLLECT NO SHOW	$465.00
GROUP HOME CARE	$5,452.00	SPECIMEN COLLECT REFUSAL	$105.00
HOSPITAL CARE ACUTE	$1,718.37	STIPEND AGENCY	$164.15
HOUSEHOLD SUPPLIES	$188.79	STUDENT FEES	$672.00
HOUSING DEPOSIT	$1,421.00	TRACKER SERVICES	$1,020.00
INIT DISGNOSTIC INTERVIEW	$1,577.25	TRANS COMMERCIAL	$7,529.21
INTENSIVE FAMILY PRESERVE	$102,554.90	TRANS FAMILY VISITATION	$180.00
INTENSIVE OUTPATIENT SVS	$0.00	TRAVEL TIME AND DISTANCE	$60,238.66
INTERPRETER	$426.25	TUITION	$985.00
INTERVENTION HOURS	$44,500.86	UTILITY DEPOSIT	$270.00
LEGAL FEES	$1,624.50	VISIT SUPERVISION/MONITOR	
MEDIATION	$780.00		
MOTEL/HOTEL	$440.00	**GRAND TOTAL**	**$705,194.37**
MOTOR VEHICLE GAS	$4,073.73		

Services and Funding Sources of Non-Court Families

- Data provided for State Fiscal Year 2015 (July – June).
- Services are those entered into the N-FOCUS System.
- Nebraska Medicaid and CHIP claims are not included.

Services and Funding Source for Non-Court Families with Services Paid During State Fiscal Year 2015

Service Type	IV-E: Federal and State 347-030	Child Welfare: State 347-048	Total
ACADEMIC TUTORING	$0.00	$150.00	$150.00
AGENCY SUPP FOSTER CARE	$609.28	$11,196.48	$11,805.76
ASSMNT DRUG ALCOHOL	$0.00	$95.00	$95.00
BIOPSYCHOSOCIAL ASSESS	$0.00	$1,941.54	$1,941.54
CLOTHING	$0.00	$4,750.07	$4,750.07
DRUG TEST LAB CONFIRM	$0.00	$21.340.00	$21.340.00
DRUG TEST SPEC COLLECT	$0.00	$30,892.00	$30,892.00
DRUG TEST LAB CONFIRM	$0.00	$15,044.25	$15,044.25
ELECTRIC	$0.00	$1,495.40	$1,495.40
EMERGENCY FOSTER CARE	$0.00	$69.00	$69.00
EMERGENCY SHELTER CENTER	$0.00	$618.00	$618.00
FAMILY ENGAGEMENT	$0.00	$2,800.00	$2,800.00
FAMILY SUPPORT SERVICES	$0.00	$274,383.60	$274,383.60
FINDING FAMILIES	$0.00	$445.00	$445.00
FOSTER PARENT RESP CARE	$0.00	$190.00	$190.00
GROCERY/MEAL PURCHASE	$0.00	$655.21	$655.21
GROUP HOME CARE	$0.00	$5,452.00	$5,452.00
HOSPITAL CARE ACUTE	$0.00	$1,718.37	$1,718.37
HOUSEHOLD SUPPLIES	$0.00	$188.79	$188.79
HOUSING DEPOSIT	$0.00	$1,421.00	$1,421.00
INIT DIAGNOSTIC INTERVIEW	$0.00	$1,577.25	$1,577.25
INTENSIVE FAM PRESERVE	$0.00	$102,554.90	$102,554.90
INTERPRETER	$0.00	$426.25	$426.25
INTERVENTION HOURS	$0.00	$44,500.86	$44,500.86
LEGAL FEES	$0.00	$1,624.50	$1,624.50
MEDIATION	$0.00	$780.00	$780.00
MOTEL/HOTEL	$0.00	$440.00	$440.00
MOTOR VEHICLE GAS	$0.00	$4,073.73	$4,073.73
MOTOR VEHICLE PRIVATE	$0.00	$9,936.92	$9,936.92

MOTOR VEHICLE REPAIRS	$0.00	$1,081.29	$1,081.29
NATURAL GAS	$0.00	$612.28	$612.28
OFF EXAM/TREATMENT	$0.00	$605.41	$605.41
OUT OF HM MAINTENANCE	$560.00	$17,989.17	$18,549.17
OUT OF HM STIPEND	$0.00	$720.00	$720.00
PARENT EDUCATION	$0.00	$639.26	$639.26
PARENT SKILLS & VISIT	$0.00	$293.75	$293.75
PERSONAL NEEDS	$0.00	$1,963.60	$1,963.60
PEST EXTERMINATION	$0.00	$1,284.00	$1,284.00
PHARMACOLOGICAL MANAGEMENT	$0.00	$41.18	$41.18
PROFESSIONAL PARTNER SERVICES	$0.00	$24,598.10	$24,598.10
PSYCHOLOGICAL TESTING	$0.00	$2,187.28	$2,187.28
PSYCHOTHERAPY FAMILY	$0.00	$102.47	$102.47
PSYCHOTHERAPY INDIVIDUAL	$0.00	$2,503.20	$2,503.20
RENT	$0.00	$1,267.11	$1,267.11
REPORTING CENTER	$0.00	$2,544.00	$2,544.00
RESPITE CARE	$0.00	$1,673.00	$1,673.00
SENECA SEARCHES	$0.00	$475.00	$475.00
SEX OFFENDER RISK ASSESSMENT	$0.00	$512.93	$512.93
SPEC SVS OUT HOME CARE RE	$0.00	$33,336.67	$33,336.67
SPECIMEN COLLECT NO SHOW	$0.00	$465.00	$465.00
SPECIMEN COLLECT REFUSAL	$0.00	$105.00	$105.00
STIPEND AGENCY	$0.00	$164.15	$164.15
STUDENT FEES	$0.00	$672.00	$672.00
TRACKER SERVICES	$0.00	$1,020.00	$1,020.00
TRANS COMMERICAL	$0.00	$7,529.21	$7,529.21
TRANS FAMILY VISITATION	$0.00	$180.00	$180.00
TRAVEL TIME AND DISTANCE	$0.00	$60,238.66	$60,238.66
TUITION	$0.00	$270.00	$270.00
UTILITY DEPOSIT	$0.00	$12,250.50	$12,250.50
Grand Total	**$1,169.28**	**$704,025.09**	**$705,194.37**

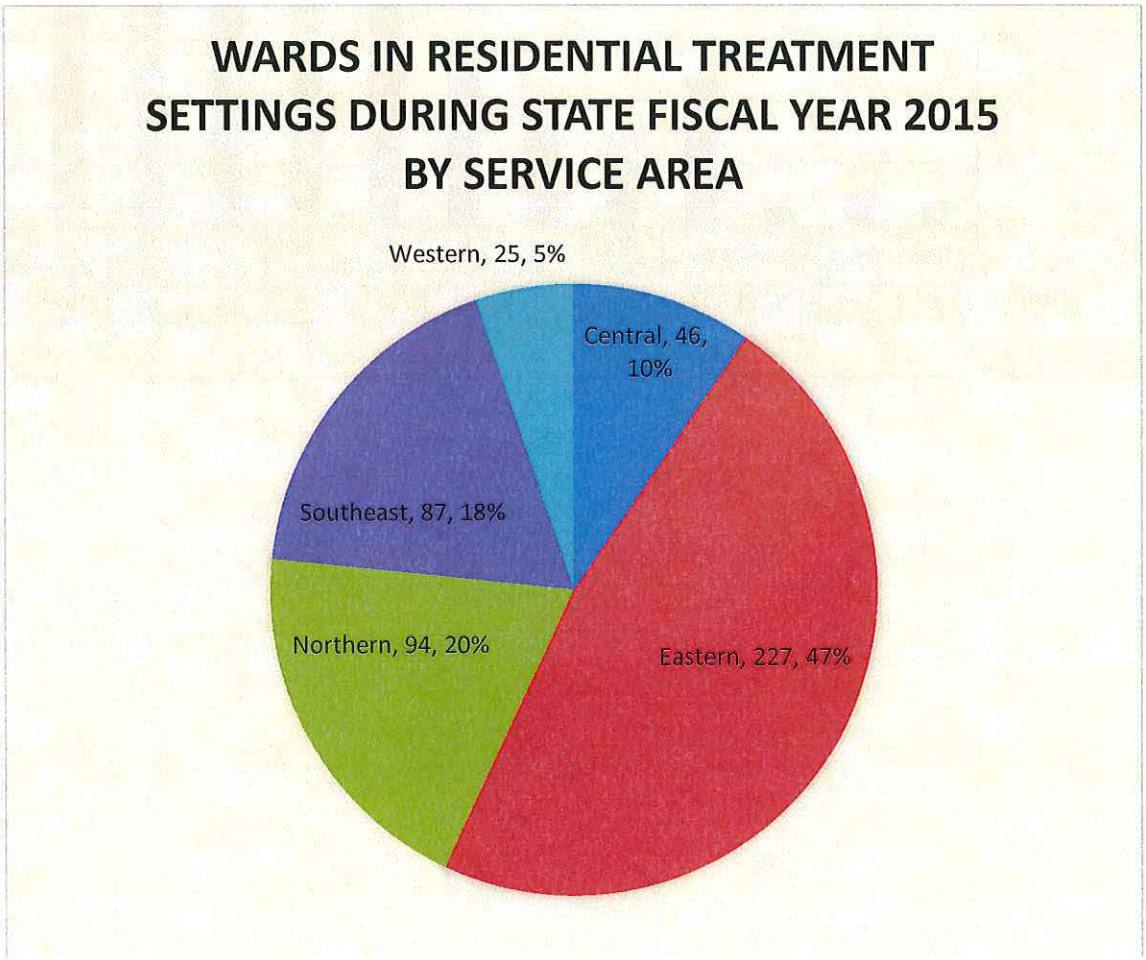
5. **All placements in residential treatment settings made or paid for by the child welfare system, the Office of Juvenile Services, the State Department of Education or local education agencies, any lead agency or the pilot project through letters of agreement, and the medical assistance program including, but not limited to:**

Residential treatment settings include the following facility types:
1) Psychiatric Residential Treatment Facility
2) Psychiatric Hospital
3) Therapeutic Group Home
4) IMD – Institution for Mental Disease

a. **Child variables;**

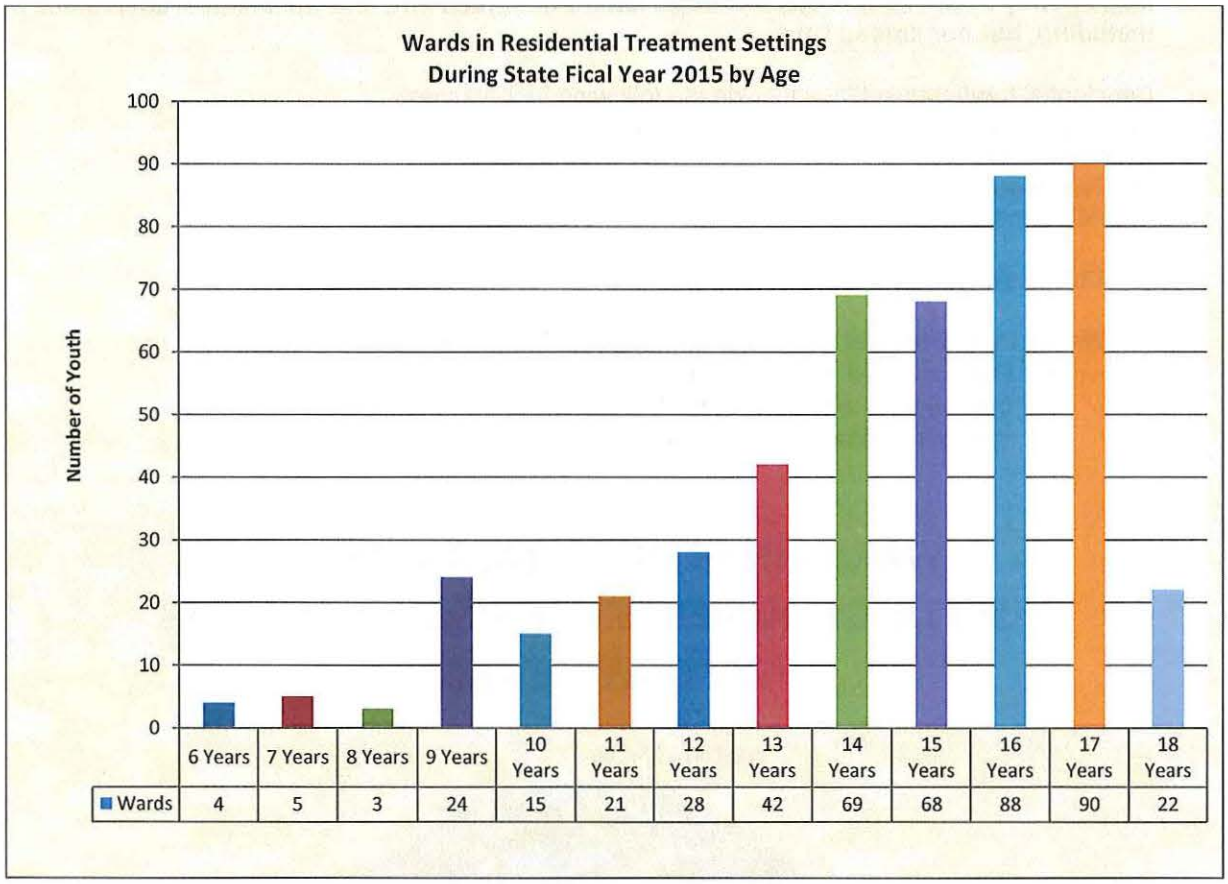
Wards in Residential Treatment Settings by Service Area

- Data provided for State Fiscal Year 2015 (July – June).
- Data extract is DHHS N-FOCUS system.
- Number of Wards is an unduplicated count.



Wards in Residential Treatment Settings by Age

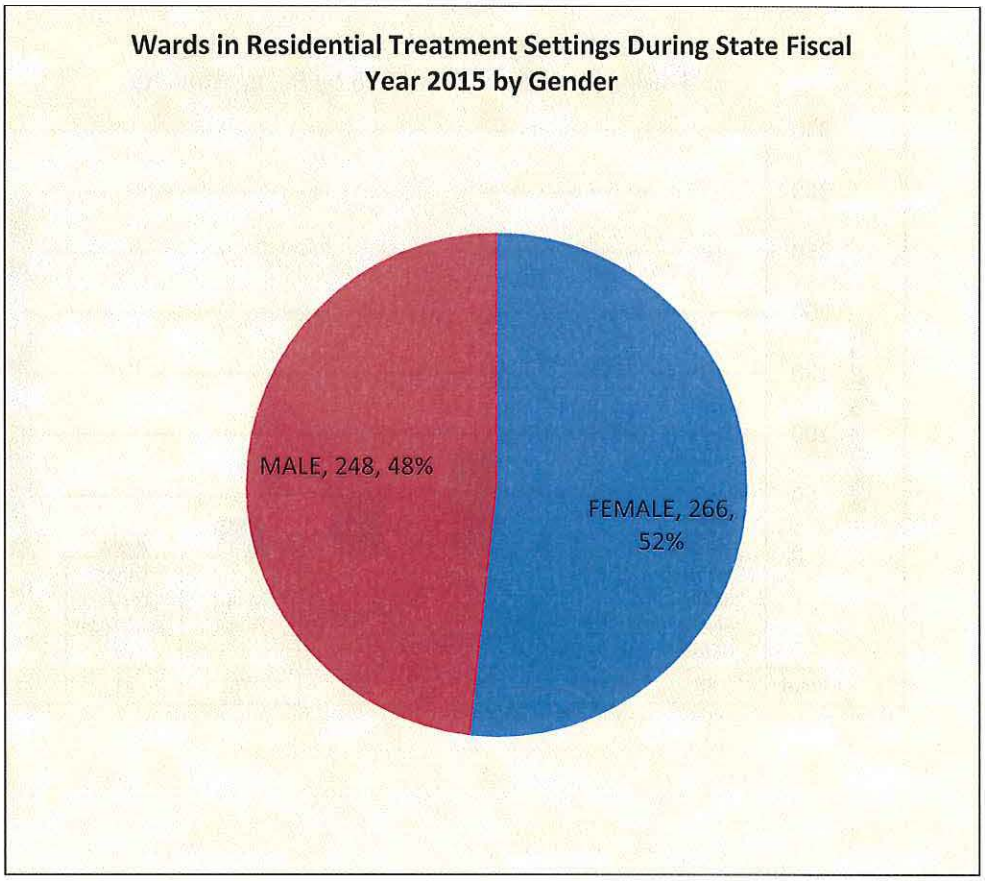
- Data provided for State Fiscal Year 2015 (July – June).
- Data extract is DHHS N-FOCUS system.



	6 Years	7 Years	8 Years	9 Years	10 Years	11 Years	12 Years	13 Years	14 Years	15 Years	16 Years	17 Years	18 Years
Wards	4	5	3	24	15	21	28	42	69	68	88	90	22

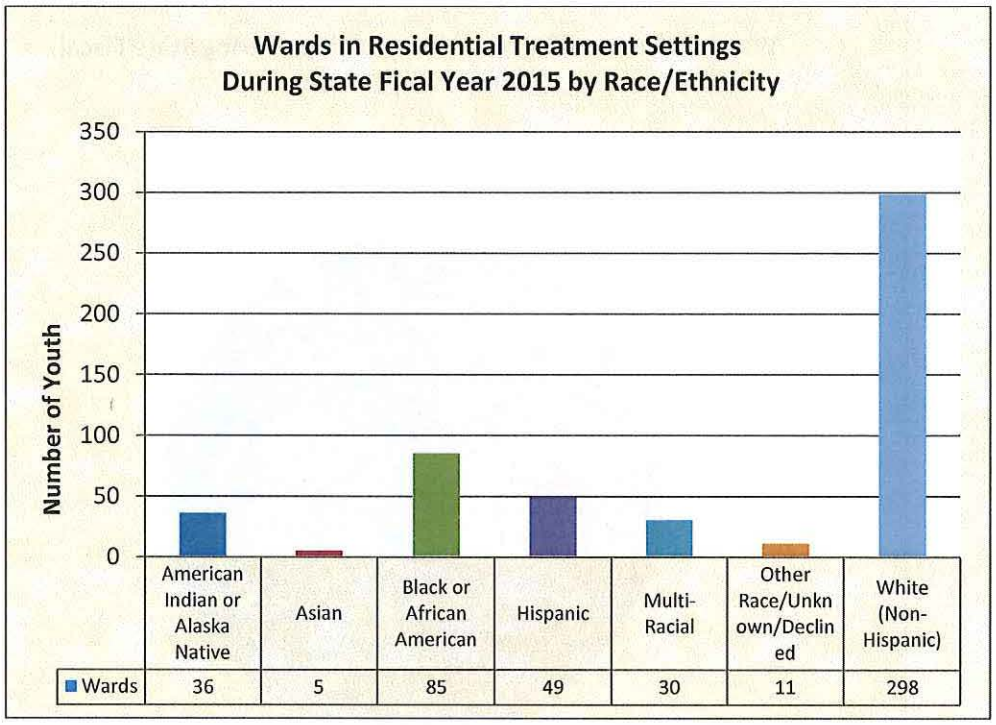
Wards in Residential Treatment Settings by Gender

- Data provided for State Fiscal Year 2015 (July – June).
- Data extract is DHHS N-FOCUS system.



Wards in Residential Treatment Settings by Race/Ethnicity

- Data provided for State Fiscal Year 2015 (July – June).
- Data extract is DHHS N-FOCUS system.



b. **Reasons for placement;**

A sample list of reasons for out of home placements in residential treatment centers, group homes and other facilities includes:

1. Mental Health
2. Drug and Alcohol Treatment
3. Nursing Home level of care required to handle physical condition
4. Supervision and structure needed that wasn't available in community
5. Lower IQ Child needing sexual offender treatment
6. Transitional Living Group Home not offered in community
7. Sex offender treatment
8. Sexual Victim treatment
9. Facility that can handle aggressive/assaultive behavior
10. Behavior and Developmental Disability needs

c. The percentage of children denied Medicaid-reimbursed services and denied the level of placement requested;

- Data provided for State Fiscal Year 2015 (July- June)
- Data obtained from DHHS Medicaid Long Term Care Division
- Data population is all Medicaid youth applications for treatment were submitted.
- Data is not limited to State Wards only.
- PRTF is Psychiatric Residential Treatment Facility.
- ThGH is Therapeutic Group Home.

Level of Facility	Requests for Medicaid Placement	Medicaid Approved	Medicaid Denied	% Medicaid Denied
PRTF	478	183	295	62%
ThGH	115	16	99	86%
Total	593	199	394	66%

d. With respect to each child in a residential treatment setting:

i. If there was a denial of initial placement request, the length and level of each placement subsequent to denial of initial placement request and the status of each child before and immediately after, six months after, and twelve months after placement;

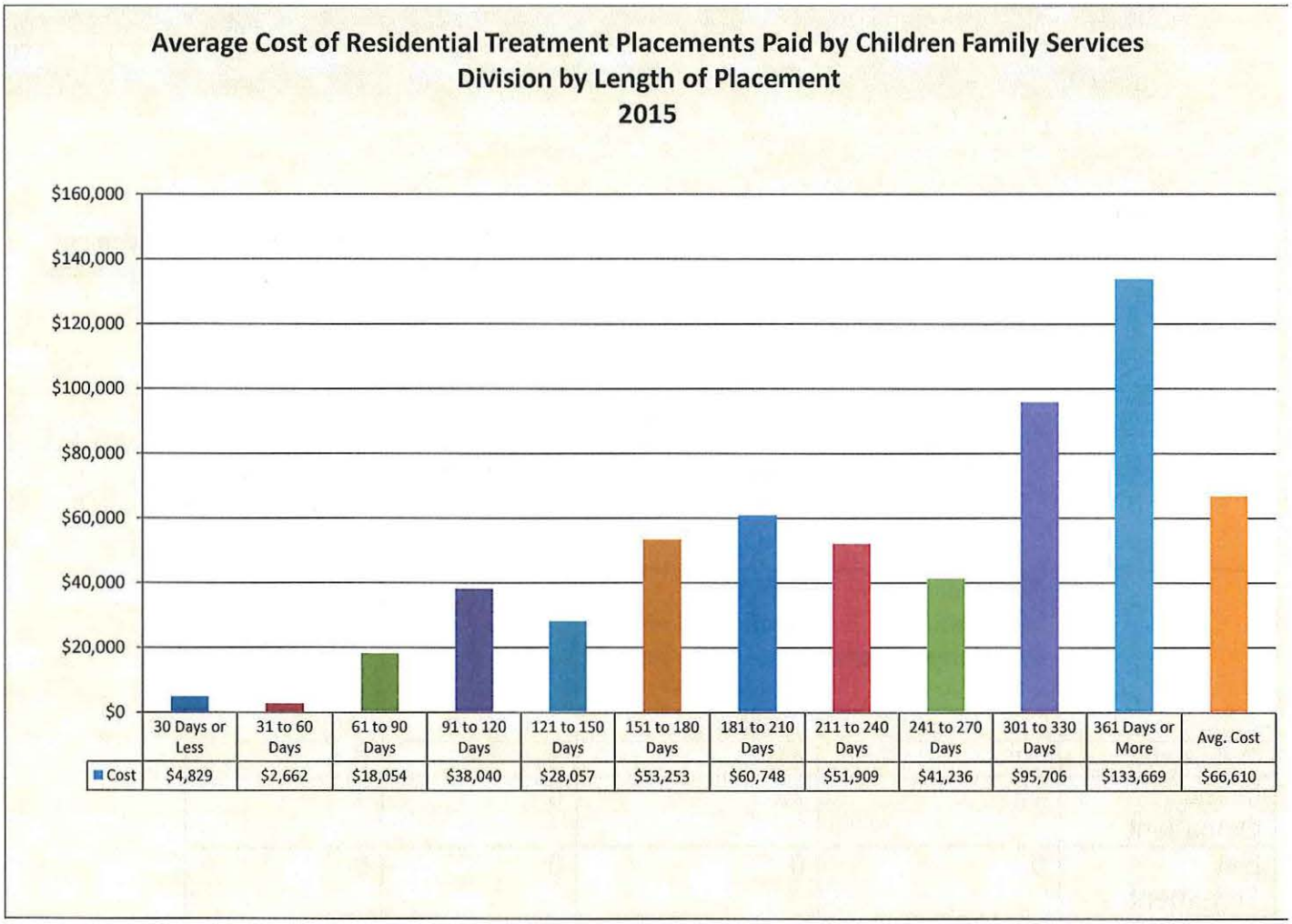
- Data provided for State Fiscal Year 2015 (July-June).
- Data obtained from DHHS Medicaid Long Term Care Division.
- Data is not limited to State Ward population.
- Chart contains the mental health service activity, if any occurred, at the following points: immediately after, six months (180 days) after, one year (365 days) after.
- Mental Health Services received between points is not reflected on the chart.

	Alternative treatment recommendation	Services confirmed at time of Follow up (For OP w/in 30 days)	6 month	12 month
Outpatient	123	41	35	5
Intensive Outpatient	181	12	8	1
Day Treatment	0	0	0	0
Community Treatment Aid	5	1	0	0
Partial Hospitalization	3	0	0	0
Inpatient Hospitalization	0	0	0	0

ii. Funds expended and length of placements;

Average Cost of Residential Treatment Placements

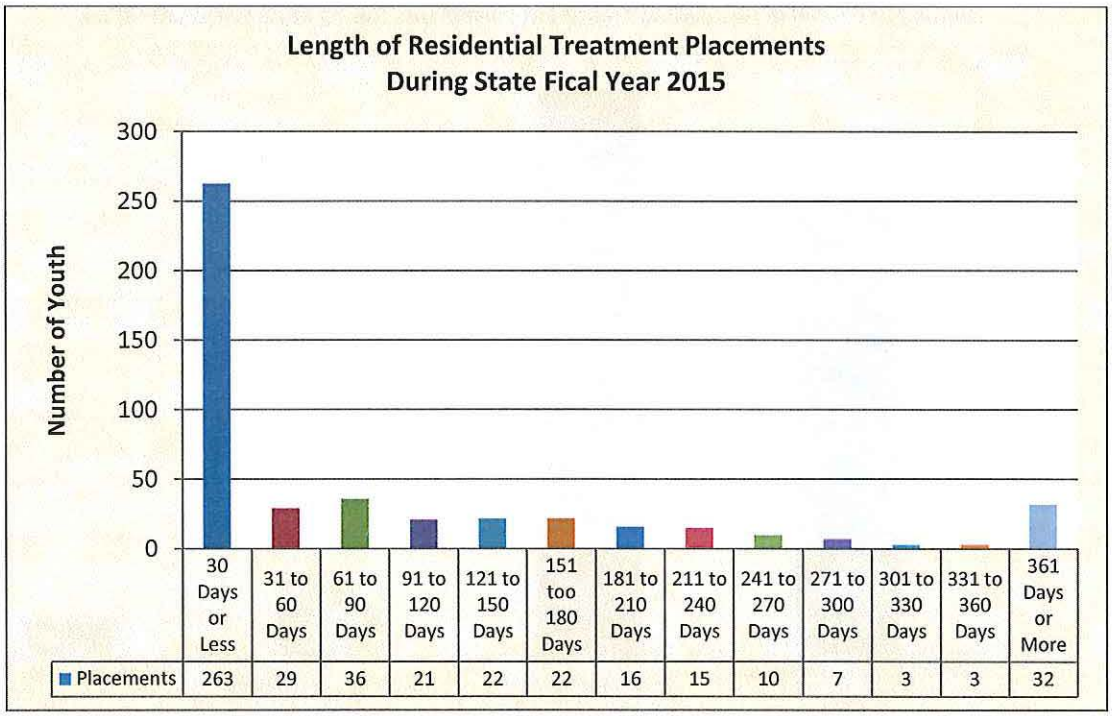
- Data provided for State Fiscal Year 2015 (July – June).
- Data are DHHS Ward population whose placement was paid by Children and Family Services Division via Letter of Agreement.
- Letters of agreement are paid at the Medicaid rate.
- Data extract is DHHS N-FOCUS system.



	30 Days or Less	31 to 60 Days	61 to 90 Days	91 to 120 Days	121 to 150 Days	151 to 180 Days	181 to 210 Days	211 to 240 Days	241 to 270 Days	301 to 330 Days	361 Days or More	Avg. Cost
Cost	$4,829	$2,662	$18,054	$38,040	$28,057	$53,253	$60,748	$51,909	$41,236	$95,706	$133,669	$66,610

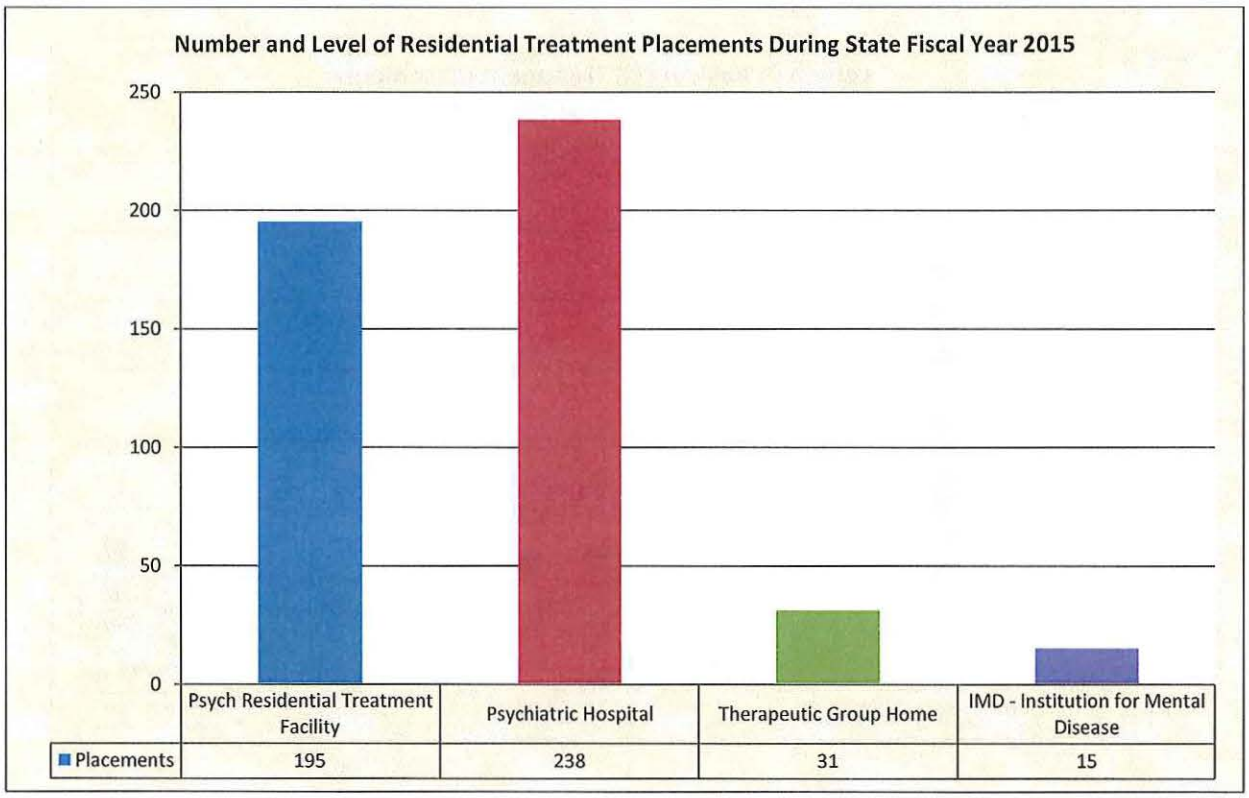
Length of Residential Treatment Placements

- Data provided for State Fiscal Year 2015 (July – June).
- Data are DHHS Ward population.
- Data extract is from DHHS N-FOCUS system.
- Count of placements – one ward may have more than one residential treatment placement.



iii. Number and level of placements;

- Data provided for State Fiscal Year 2015 (July-June).
- Data are DHHS State Ward population.
- Data extract is DHHS N-FOCUS system.
- A Ward could be in more than one placement level during the time period.



iv. Facility variables, and

Number of Placements at Residential Treatment Facilities

- Data provided for State Fiscal Year 2015 (July – June).
- Data are DHHS State Ward population.
- Data extract is from DHHS N-FOCUS system.

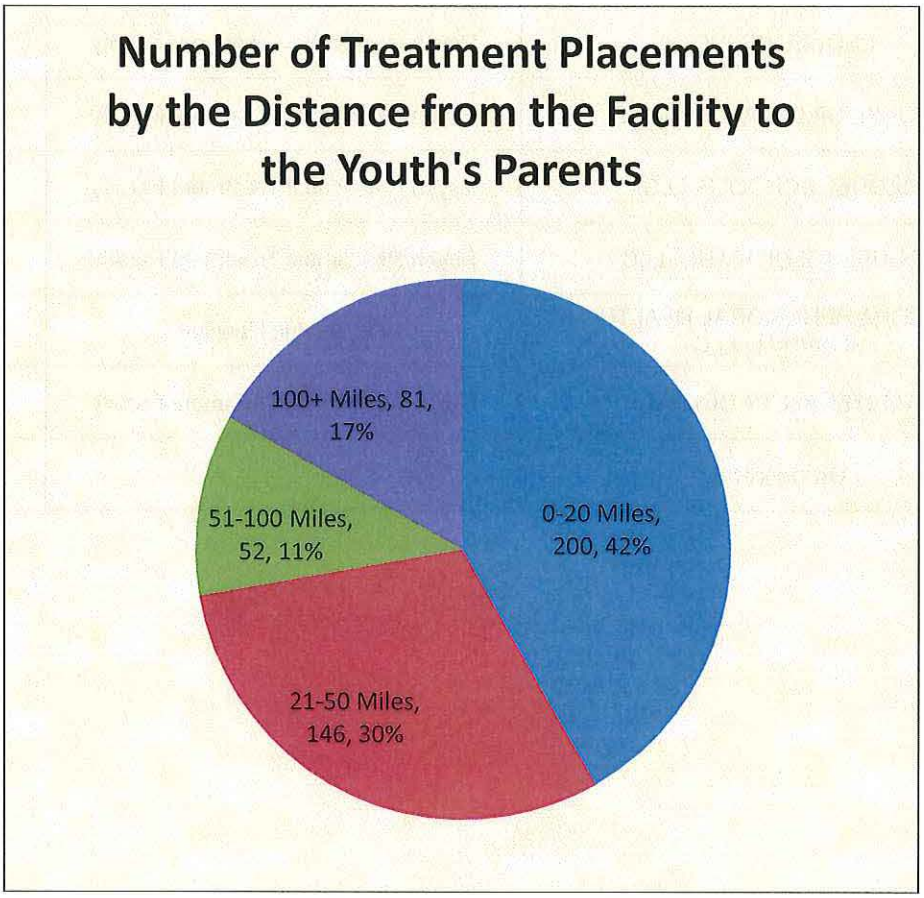
Treatment Facilities with Placements State Fiscal Year 2015		
Facility Name	Facility Type	Number of Placements
ABH ADDICTION & BEHAVIORAL HEALTH SERVICES, INC.	Therapeutic Group Home	6
ALEGENT HEALTH IMMANUEL MEDICAL CENTER	Psych Residential Treatment Facility	20
ALEGENT HEALTH- IMMANUEL MEDICAL CENTER	Psychiatric Hospital	93
ALEGENT HEALTH MERCY HOSP COUNCIL BLUFFS IOWA	Psychiatric Hospital	1
AWARE INC. -- FACILITY AT 311 E PENNSYLVANIA	IMD - Institution for Mental Disease	1
AWARE INC. -- FACILITY AT 14 N CEDAR	IMD - Institution for Mental Disease	1
BENCHMARK BEHAVIORAL HEALTH SYSTEM INC.	Psych Residential Treatment Facility	2
BILLINGS CLINIC	Psychiatric Hospital	1
BRYAN LGH MED CENTER WEST-OWNER	Psych Residential Treatment Facility	8
BRYAN LGH MED CENTER WEST-OWNER	Psychiatric Hospital	40
CATHEDRAL HOME FOR CHILDREN	Psych Residential Treatment Facility	1
CATHOLIC CHARITIES	Therapeutic Group Home	3
CHADDOCK	IMD - Institution for Mental Disease	2
CHIEF GALL	Psych Residential Treatment Facility	1
CHILD GUIDANCE CENTER	Therapeutic Group Home	9
COPPER HILLS YOUTH CENTER	Psych Residential Treatment Facility	1
CORNELL CORRECTIONS OF CALIFORNIA, INC	IMD - Institution for Mental Disease	8
CUMBERLAND COUNTY HOSPITAL SYSTEM, INC.	Psychiatric Hospital	2

DETROIT BEHAVIORAL INSTITUTE.	Psych Residential Treatment Facility	1
DEVEREUX CLEO WALLACE	Psych Residential Treatment Facility	1
EMBER HOPE, INC.	Psych Residential Treatment Facility	4
EXCELSIOR YOUTH CENTERS, INC.	IMD - Institution for Mental Disease	2
FATHER F'S BH - 14092 HOSPITAL RD	Psych Residential Treatment Facility	38
FATHER F'S BH - 555 N. 30TH	Psych Residential Treatment Facility	37
FATHER F'S BH-305 SUDYKA-BOYS TGH	Therapeutic Group Home	4
FATHER F'S BH-314 SUDYKA-GIRLS TGH	Therapeutic Group Home	1
GILBERT HOUSE	IMD - Institution for Mental Disease	1
GOOD SAMARITAN HOSPITAL	Psychiatric Hospital	45
GREAT PLAINS HOSPITAL, INC	Psych Residential Treatment Facility	4
HASTINGS REGIONAL CENTER - BLDG 3	Psych Residential Treatment Facility	22
HEARTLAND BEHAVIORAL HEALTH SERVICES	Psych Residential Treatment Facility	1
IMMANUEL HOSPITAL	Psychiatric Hospital	35
KIDSTLC ,INC	Psych Residential Treatment Facility	24
LAKELAND HOSPITAL ACQUISITION COPORATION	Psych Residential Treatment Facility	1
LAKEMARY CENTER INC	Psych Residential Treatment Facility	1
LINCOLN REGIONAL CENTER	Psychiatric Hospital	2
MERCY HOSPITAL	Psychiatric Hospital	4
NATCHEZ TRACE YOUTH	Psych Residential Treatment Facility	1
NEW HOPE CAROLINAS INC.	Psych Residential Treatment Facility	1
NOVA THERAPEUTIC COMMUNITY	Psych Residential Treatment Facility	12
OMNI BEHAVIORAL HEALTH - SEWARD GROUP HOME	Therapeutic Group Home	11
REGIONAL WEST MEDICAL CENTER	Psychiatric Hospital	5

REMUNDA RANCH CENTER FOR ANOREXIA AND BULIMIA	Therapeutic Group Home	1
REMUNDA RANCH CENTER FOR EATING DISORDERS LLC	Therapeutic Group Home	1
RESOLUTE TREATMENT CENTER	Psych Residential Treatment Facility	1
RICHARD YOUNG CENTER- ABFC	Psychiatric Hospital	2
SEQUEL CS INC.	Psych Residential Treatment Facility	1
SEQUEL OF OKLAHOMA- LLC	Psych Residential Treatment Facility	2
SEQUEL SCHOOLS, LLC	Psych Residential Treatment Facility	2
SEQUEL TSI OF IDAHO, LLC	Psych Residential Treatment Facility	2
SONORA BEHAVIORAL HEALTH HOSPITAL, LLC	Psychiatric Hospital	1
WHITEHALL PROGRAM	Psych Residential Treatment Facility	8
Grand Total		**479**

Distance from Youth Parents Residence to the Residential Treatment Facility

- Data provided for State Fiscal Year 2015 (July – June).
- Data are DHHS Ward population.
- Parent's residence is the parent who the child was living with prior to placement.
- Data extract is from DHHS N-FOCUS system.



v. **Identification of specific child welfare services unavailable in the child's community that, if available, could have prevented the need for residential treatment and state that if available, could prevent out-of-state placements.**

Representative children placed out of state and reason for the placement

- Data provided for State Fiscal Year 2015 (July – June).
- Data are DHHS Ward population.
- Data are a representative sample of the population placed out of state.

Current Placement	Placement Begin Date	Reason for out-of-state placement
Psych Residential Treatment Facility	07/30/2015	No parental rights; Child placed will be placed back in adoptive home once he receives therapeutic recommended treatment for behavioral concerns
Group Home	01/15/2015	Parents terminated, Child needed structured environment
Group Home	10/16/2014	Searching for group home closer to family for which he will be reunited
Group Home A	05/21/2015	Court ordered placed based upon recommendations from a mental health evaluation
Psych Residential Treatment Facility	03/12/2014	Placed due to ongoing assaultive behaviors towards family; searching for placement near his family home
Group Home	12/12/2013	Continued assaultive behavior
Psych Residential Treatment Facility	05/28/2015	Child was court ordered through probation
Psych Residential Treatment Facility	06/22/2015	Unable to meet needs in the State the child resides; Recommendation were made by previous treatment facility to place child in out of state where her mental/physical health needs could be met
Group Home	12/22/2014	No parental rights; An ICPC has been started to place child with family
Psych Residential Treatment Facility	06/23/2014	No parental rights; Placement being sought at a developmental disabilities location after discharge to meet child's needs
Psych Residential Treatment Facility	04/20/2015	No parental rights; Sexualized/Aggressive behaviors towards children
Group Home	06/13/2013	No parental rights; Child is working towards independent living in the State in which he resides

Psych Residential Treatment Center	11/30/2012	Extreme sexualized behaviors; trying to place child in sex offender program back in Nebraska
IMD - Institution for Mental Disease	02/19/2015	Child is a harm to themselves, displays sexualized behaviors and treatment has been court ordered and recommended by the treating therapist
Psych Residential Treatment Facility	01/26/2015	Placement was court ordered after probation detained the child for aggressive behaviors towards family members
IMD - Institution for Mental Disease	05/14/2015	Father is incarcerated; mother's rights have been terminated. Placement made due to ongoing behavioral issues
Group Home A	01/15/2015	Placement has been court ordered due to child's behavioral needs. Working on establishing placement/guardianship with grandmother upon graduation from the program
IMD - Institution for Mental Disease	02/12/2015	Ongoing behavioral/sexualized issues; mother is involved in child's treatment
Group Home	03/26/2015	Placement was court ordered due to child's behaviors; no parental rights
Psych Residential Treatment Facility	06/17/2015	Suicidal tendencies/mental health; parents are involved in treatment and case planning

Child welfare services that if available in the child's community, could prevent out of state placements

- Data provided for State Fiscal Year 2015 (July-June).
- Data are a representative sample.

1. Intensive Family Preservation in the child's community
2. Intensive Outpatient Treatment—Substance Abuse and/or Mental Health
3. Intensive Outpatient Sex Offender Treatment
4. In-home Multi-Systemic Therapy
5. Community Treatment Aides
6. Day treatment services for psychiatric needs
7. Treatment Foster Homes
8. Support Services for Mental Health/Substance Abuse issues (children and parents)
9. Outpatient programs for Mental Health/Substance Abuse Issues (children and parents)
10. Community Support Services in child's community
11. In-Home Therapy providers in child's community
12. Outpatient Behavior Programs
13. Parent Mentors in child's community
14. More services covered by Medicaid and easier access for these services
15. Behavioral Camp for parents and children
16. Day Reporting Center
17. Teenage day care

6. **From any lead agency or the pilot project, the percentage of its accounts payable to subcontracted child welfare service providers that are thirty days overdue, sixty days overdue, and ninety days overdue.**

NFC Accounts Payable Aging as of 6/30/15

Days	Authorized not billed	Pending review	Clean Claims	Payables per Banner	Estimated Variance due to late billing	Total
0-45	$736,397	$985	$2,449,170	$664,857	$88,000	$3,989,409
45-60		$44,745	-			$44,745
60-90		$57,124	-			$57,124
90-120		$17,581	-			$83,681
120+		$83,513	$168			$45,637.00
Total	$736,397	$203,948	$2,449,338	$664,857	$88,000	$4,192.540

NFC only pays "clean claims." In order to be considered a clean claim, three actions must have occurred:

1. The Family Preservation Specialist (FPS) must have authorized the intervention in the FamCare system. Providers should not perform any services without this authorization.
2. The provider must bill the service in the FamCare provider portal. All billing should be electronic. If the provider does not bill the service by the end of the day on the 5th of the month following the performance of the service, prompt payment is not guaranteed.
3. Accounting must agree supporting documentation of service performed to all system entries, and must authorize payment. If documentation is not received by the end of the 10th of the month following the performance of the service, prompt payment is not guaranteed.

Authorized not Billed: These items are interventions that have been authorized by the FamCare system by the FPS but have not yet been billed in the system by the provider. No a clean claim.

Pending Review: These items have been authorized by the FPS in the FamCare system and have been billed by the provider in the system, but the Accounting team has not received the appropriate supporting documentation to authorize payment. Not a clean claim.

Payables per Banner: These items were paid at the beginning of the following month, and were actually in process in A/P on the last day of the month. These are primarily invoices related to operational expenses (supplies, maintenance, etc.) and mileage claim forms. These are processed by Boys Town A/P as received.

Estimated variance due to late billing: Through experience NFC has found that some providers always bill late, and not all authorizations are included on reports. NFC bases this number on historical expenses and expense trends as well as the number of cases being served. These estimates are decreased and eliminated by actual expenses or adjustments within 1-3 months, and the majority is within 1 month.

Days: The number of days that have passed subsequent to the day the item is fully entered in to the portal by the provider.

7. **For any individual involved in the child welfare system receiving a service or a placement through the department or its agent for which referral is necessary, the date when such referral was made by the department or its agent and the date and the method by which the individual receiving the services was notified of such referral. To the extent the department becomes aware of the date when individual receiving the referral began receiving such services, the department or its agent shall document such date.**

   These data are not available. Referrals for services are made utilizing several methods depending on service type. N-FOCUS contains referrals and authorizations for services such as Family Support, Clothing, and Transportation. Medicaid utilizes Magellan to review applications or referrals for treatment services. Data are not collected for the date the individual receiving the service were notified of the referral. Referrals created on
   N-FOCUS has a created date which may or may not coincide with the date the individual was notified. Data are also not collected for the date the individual began receiving services on N-FOCUS.

Department of Health & Human Services
DHHS
NEBRASKA
Division of Children and Family Services
State of Nebraska
Pete Ricketts, Governor

September 14, 2015

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

Dear Mr. O'Donnell,

Nebraska Statute 43-4408 requires the Department of Health and Human Services to report to the Health and Human Services Committee of the Legislature by September 15th on the Department's monitoring of any lead agencies or the pilot project, including the actions taken for contract management, financial management, revenue management, quality assurance and oversight, children's legal services, performance management, and communications.

This report is attached.

Sincerely,

Douglas J. Weinberg, Director
Division of Children and Family Services
Department of Health and Human Services

Attachment

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

Revised Statute 43-4408

Pilot Project Monitoring and Functional Capacity

Prepared for the
Health and Human Services Committee of the Legislature

September 15, 2015

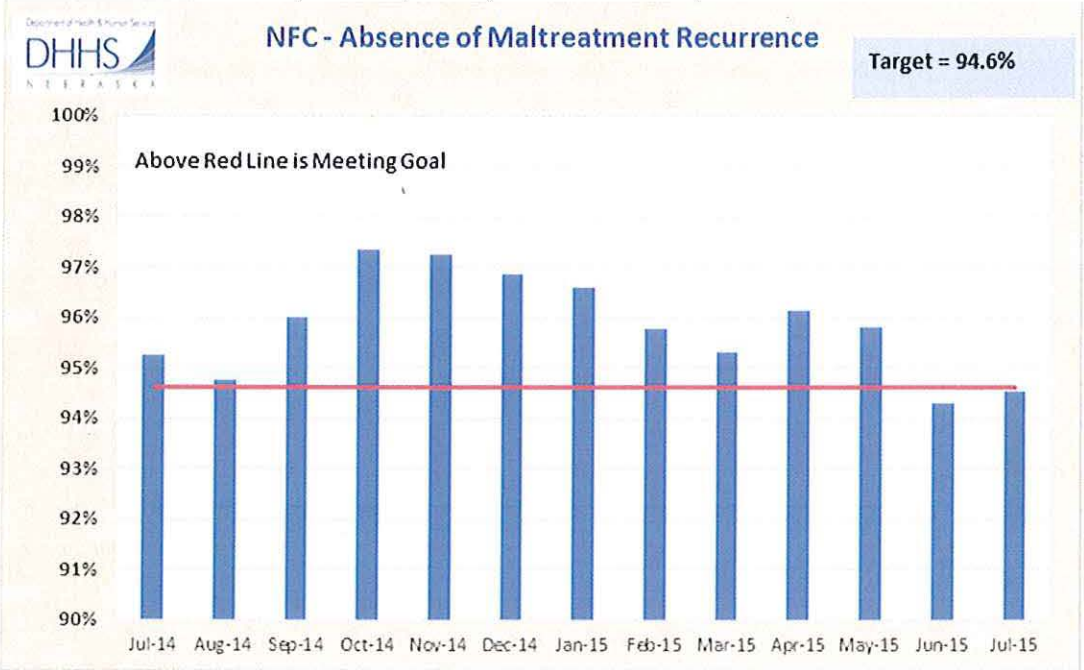
Section I: Continuous Quality Improvement (CQI) Framework

DHHS continues to monitor the pilot project utilizing a continuous quality improvement framework. The CQI system utilized by the Division of Children and Family Services (DCFS)-DHHS continues to be grounded in the DCFS vision and commitments and includes the active inclusion and participation of staff at all levels of the agency. Nebraska's CQI system utilizes a team approach to improve performance that leads to better outcomes for the children and families served.

Outcome 1: Safety

Children are protected from abuse and neglect and safely maintained in their homes.

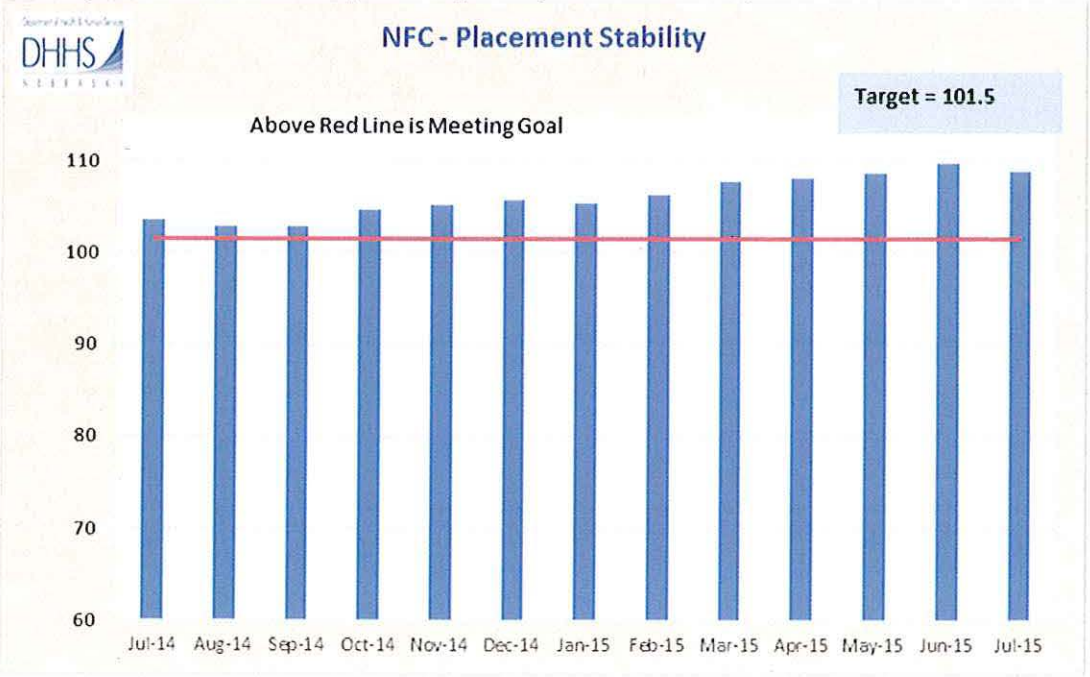
Indicator 1a: Absence of Maltreatment Recurrence - NFC will achieve 94.6% absence of maltreatment recurrence by June 30, 2015 (Federal Measure)



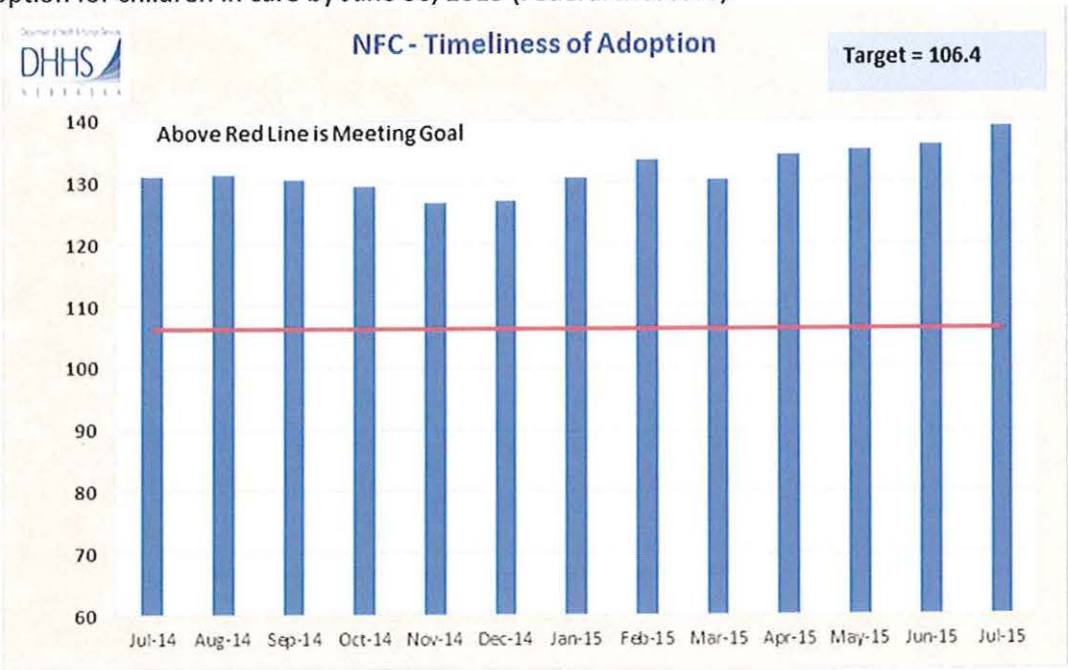
Outcome 2: Permanency

Children will experience stability and permanency.

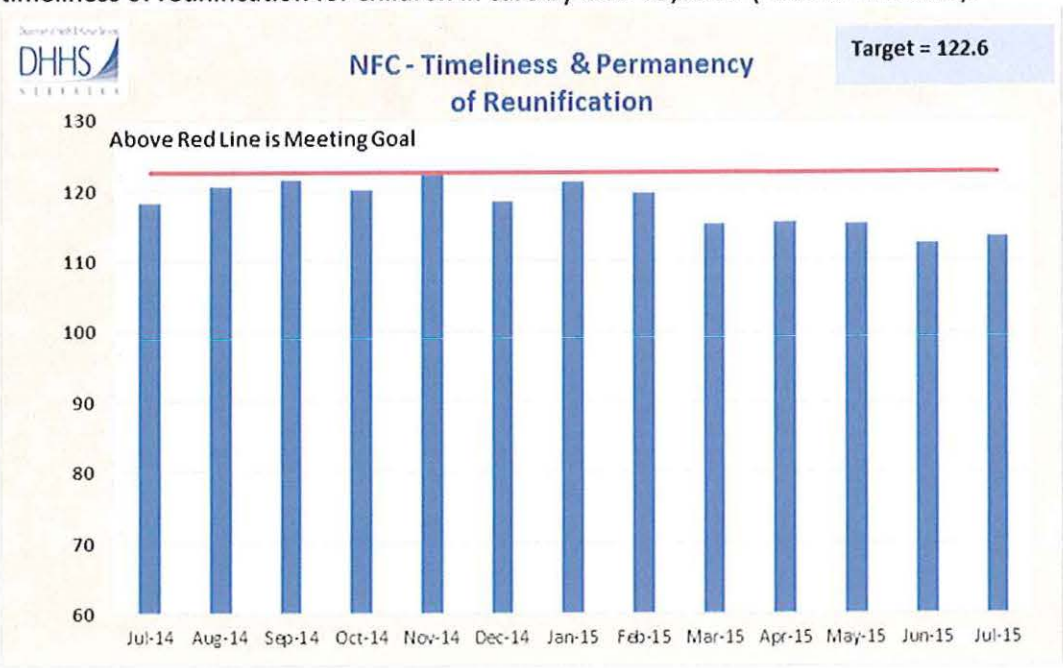
Indicator 2a: Placement Stability - NFC will achieve a 101.5 composite score for placement stability for children in care by June 30, 2015 (Federal Measure).



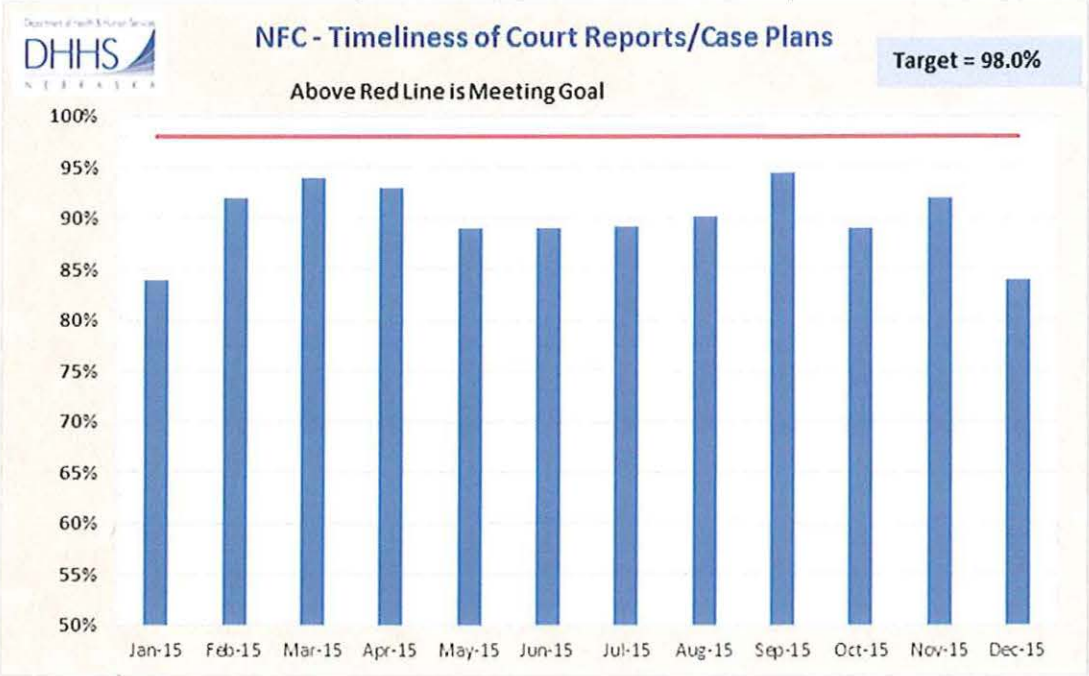
Indicator 2b: Timeliness of Adoption - NFC will achieve a 106.4 composite score for timeliness of adoption for children in care by June 30, 2015 (Federal Measure).



Indicator 2c: Timeliness of Reunification - NFC will achieve a 122.6 composite score for timeliness of reunification for children in care by June 30, 2015 (Federal Measure).



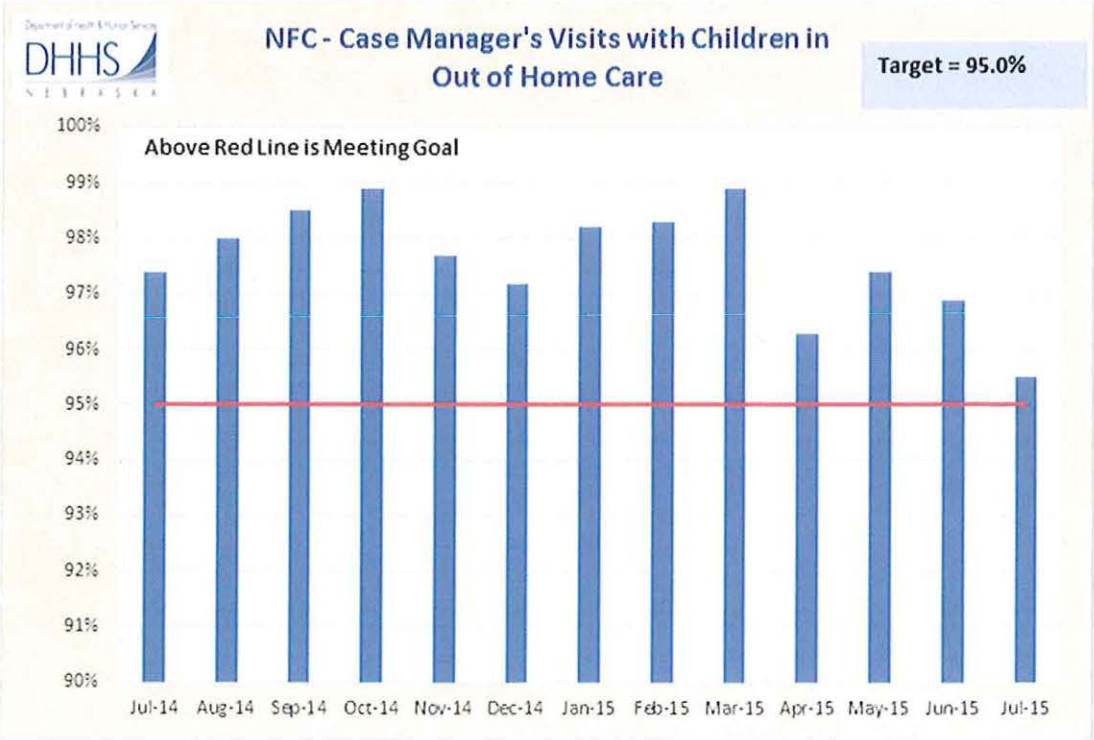
Indicator 2d: Timeliness of Court Reports/Case Plans: NFC will submit court reports/case plan to the courts in accordance with judicial timeframes 98% of the time (Nebraska Measure).



Outcome 3: Well-Being

Families have enhanced capacity to provide for their children's needs.

Indicator 3a: Case manager's visit with children in out of home care: NFC will visit with children in out of home care one time each month 95% of the time (Federal Measure).



Section II: Contract Monitoring and Accountability

A. Communication and Feedback

Type of Feedback	Participants	Frequency	Purpose
Local Operations Meeting	Local DHHS Staff and NFC Program Staff	Monthly	To review outcome data from the continuous quality improvement reports specific to Eastern Service Area. Data analysis leads to strategy/action steps developed for formation of workgroups to further data analysis and data drill down. Operational processes are reviewed and revised as needed. Compliance with contract and operations manual items is reviewed.
Targeted CQI Priority Workgroup	Local DHHS Program Staff and NFC Program Staff	Monthly	Workgroups designated to review data specific to the target CQI priority outcomes; develop strategies and action steps.
Statewide Operations and CQI Meeting	Statewide DHHS Staff and NFC Program Staff	Monthly	Statewide Leadership meeting to address system challenges, updates on initiatives and policies and to review overall field Operations. CQI meetings focused on using data to drive systemic program improvement.
Management Meeting	Eastern Service Area Administrator and NFC COO	Monthly	Discussion and resolution regarding programmatic or contract issues. Review of questions and clarification on contractual roles/responsibilities. Discussion and action on community efforts needed with providers and other stakeholders.
Provider Meetings	NFC Program Staff and DHHS Program Staff and Providers	Monthly	Meeting with providers in NFC network to address foster care issues and service needs.
Shelter Utilization Meeting	NFC Program Staff and DHHS Program Staff	Weekly	Review of youth placed in shelter >20 days and discharge planning. Review of capacity and placement needs as alternatives.
Child and Family Outcome Monitor Staffing and Review	DHHS CFOM local Program Staff and NFC Program Staff	Daily	CFOM staff review recommendations and plans submitted by NFC staff to ensure quality and compliance to SDM models and DHHS policy.
Assessment Team Meeting	DHHS local Program Staff and NFC Program Staff	Monthly	Review of new out-of-home assessments and concerns with foster care homes. Develop coordinated action plans.

B. Compliance Reviews

Compliance reviews continue to be conducted. The chart below identifies the type of review and the dates on-site reviews were completed.

Type of Review	Date of On-Site Reviews
Personnel File Review- On-Site Review	Oct 29, 2014 97% Compliance Dec 16, 2014 86% Compliance Mar 10, 2015 100% Compliance June 25, 2015 97% Compliance
Quarterly & Annual Data Reports per Federal and State Requirements	Quarterly: Oct 29, 2014 Jan 28, 2015 April 24, 2015 July 28, 2015 Annual: May 26, 2015

C. Process and Outcome Measures

DHHS continues to monitor the pilot project's performance utilizing Process and Outcome Measures.

Process Measures	Frequency of Review	Forum
Documentation of Placement Changes within 72 hours	Monthly	Statewide CQI meetings
Family Team Meetings 1 x every 90 days	Monthly	Statewide CQI meetings
Contact with Child in Out of Home Care-I x month	Monthly	Statewide CQI meetings
Contact with Child in Non-Court Case-1 x month	Monthly	Statewide CQI meetings
Contact with Statewards (In-Home and Out of Home) 1 x month	Monthly	Statewide CQI meetings
Outcome Measures	**Frequency of Review**	**Forum**
Absence of Maltreatment Recurrence	Quarterly	Statewide CQI meetings
Absence of Maltreatment in Foster Care	Quarterly	Statewide CQI meetings
Permanency for Children in Foster Care	Quarterly	Statewide CQI meetings
Timeliness of Adoption	Quarterly	Statewide CQI meetings
Exits to Adoption in less than 24 months	Quarterly	Statewide CQI meetings
Timeliness and Permanency of Reunification	Quarterly	Statewide CQI meetings
Placement Stability	Quarterly	Statewide CQI meetings

Section III: Fiscal Monitoring

DHHS continues to monitor the pilot project's financial statements and DHHS continues to consider NFC as a sub-recipient and no longer a contractor. NFC is required to conduct and submit an annual A-133 audit as over $500,000 in federal funds are utilized for this sub-grant.

DHHS requires NFC to submit an "actual" invoice for each service provided during the month. Invoiced expenditures are recorded via N-FOCUS in order to accurately claim federal funding for Title IV-E maintenance payments. A quarterly reconciliation of invoices to the monthly financial statement continues to be a requirement.

DHHS claimed title IV-E maintenance funds as it relates to NFC for both FFY13 and FFY14 and will soon be drawing down funds for FFY15. DHHS continues to have ongoing conversations with both the Children's Bureau- Administration for Children and Families (ACF) and NFC related to Title IV-E claiming for administrative purposes, which would require DHHS to renegotiate the Title IV-E waiver capped allocation with the Children's Bureau-ACF.

Below is a chart depicting the average number of children (out of home) and families (in home) served by NFC.

Average # of Children & Families Served	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Children (Out of Home)	1,375	1,394	1,378	1,309	1,310	1,339	1,367	1,403	1,419	1,417	1,421	1,411
Families (In Home)	427	414	392	376	387	386	405	403	414	397	413	417
Total (Children + Families)	1,801	1,808	1,770	1,685	1,697	1,725	1,772	1,806	1,832	1,814	1,834	1,829
(Decrease)/Increase from Prior Month	14	7	(38)	(85)	12	28	48	34	26	(18)	19	(5)

Average # of Children & Familes Served	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14
Children (Out of Home)	1,506	1,525	1,545	1,509	1,475	1,477	1,482	1,487	1,485	1,436	1,398	1,362
Families (In Home)	564	562	531	536	541	508	497	482	463	465	437	425
Total (Children + Families)	2,070	2,087	2,076	2,045	2,015	1,985	1,979	1,969	1,948	1,901	1,835	1,787
(Decrease)/ Increase from Prior Month	23	16	(11)	(31)	(30)	(31)	(6)	(10)	(21)	(47)	(66)	(48)

Section IV: Corrective Action

DHHS has not changed the process identified in the September 2012 report to address any deficiencies that may be identified.

Section V: Functional Capacities

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

SUPREME COURT OF NEBRASKA

ADMINISTRATIVE OFFICE
OF THE COURTS & PROBATION

Corey R. Steel
State Court Administrator

Ellen Fabian Brokofsky
State Probation Administrator

MEMORANDUM

Date: October 27, 2015

To: Ellen Fabian Brokofsky, State Probation Administrator

From: Jeanne K. Brandner, Deputy Administrator
Kari Rumbaugh, Assistant Deputy Administrator

Subject: Response to the *"Office of Inspector General of Nebraska Child Welfare, Annual Report 2014-2015"*

This memorandum is in response to the 2014-2015 Annual Report of the Office of Inspector General (OIG) of Nebraska Child Welfare.

The Administrative Office of the Courts and Probation (AOC/AOP) is committed to reforming juvenile justice in Nebraska. The Courts and Probation have already begun positively impacting the lives of Nebraska's youth and families by implementing programming and processes that are consistent with nationally recognized evidence-based practices. The judges, probation officers, supervisors and administrative staff work diligently to deliver effective services and support.

The OIG's report states that reform takes time. It is, indeed, important to allow sufficient time to permit adequate evaluation. Additionally, the OIG discusses talking with the Department of Health and Human Services (DHHS) to clarify questions and ensure the accuracy of the data and statements reported. Probation Administration was given no such opportunity, rather, the OIG simply reported frustration regarding the court's process for providing confidential information from court records and a perceived lack of transparency and accountability.

During development of LB347 which sought to expand the OIG's authority regarding juvenile justice, Probation informed the OIG that a court order would be required to release confidential case record information. This process is in keeping with the statutory requirement for handling all confidential court information. While this procedure is clearly different from the process that currently exists for obtaining child welfare information, it is by no means an attempt to interfere with the OIG's authority or independence.

From the beginning, Probation has taken steps to work with OIG to ensure that probation's information could be efficiently obtained. Probation offered to facilitate requests for release of information from individual courts, thus minimizing the burden on OIG. The offer was refused.

Many overarching statements made in the OIG report did not include supporting data. This response includes relevant data from the Administrative Office of the Courts and Probation.

Administrative Office of the Courts & Probation
P. O. Box 98910, Lincoln, Nebraska 68509-8910
Phone (402) 471-3730
Fax (402) 471-2197

Formal Response:

OIG Report: ***<u>Page 9/Reform Efforts not yet Achieving Desired Results</u>:***

> *"It is also reasonable to expect that more than two years into a coordinated reform effort that there be some movement in the right direction with more tangible improvements on the horizon."*
>
> *"Many of the areas where the OIG has identified significant shortcoming are directly related to the responsibilities and operations of the Juvenile Services Division of the Administrative Office of Probation."*

<u>AOP RESPONSE</u>

LB 561 states that between July 1, 2013 and June 30, 2014, the responsibilities of the Office of Juvenile Services (OJS) will be limited to the management of the Youth Rehabilitation and Treatment Centers (YRTC) and supervising the youth sent to them. The bill also states that the Juvenile Services Delivery Project will expand statewide by June 30, 2014. This means that the juvenile justice and status youth populations were not completely transferred from DHHS to the AOP until June 30, 2014. Therefore, since July 1, 2014, (15 months) youth transferred from DHHS and new youth have been under the purview of the AOP.

The AOP has made progress towards system improvement. Support has been requested and received from national experts including, Georgetown University's Center for Juvenile Justice Reform, Annie E. Casey Foundation, Robert F. Kennedy National Resource Center for Juvenile Justice and the Council of State Governments (CSG) Justice Center, just to name a few. These professionals have supported and recommended specific areas of improvement that have been implemented, again showing progress. This includes the Juvenile Detention Alternatives Initiative (JDAI) in Douglas and Sarpy Counties which has resulted in a noteworthy reduction in unnecessary detention utilization. Another initiative is The Crossover Youth Practice Model, which is a collaborative and data sharing effort with DHHS.

Some of the initiatives included: implementation of a statewide validated assessment tool, targeting services to high risk youth, and responding with age appropriate programming (example: juvenile specific cognitive groups). In addition to utilizing the assistance of national experts, the AOP is engaged in collaborative efforts with Director Courtney Phillips and the DHHS executive team.

OIG Report: ***Page 10/No Cost Saving:***

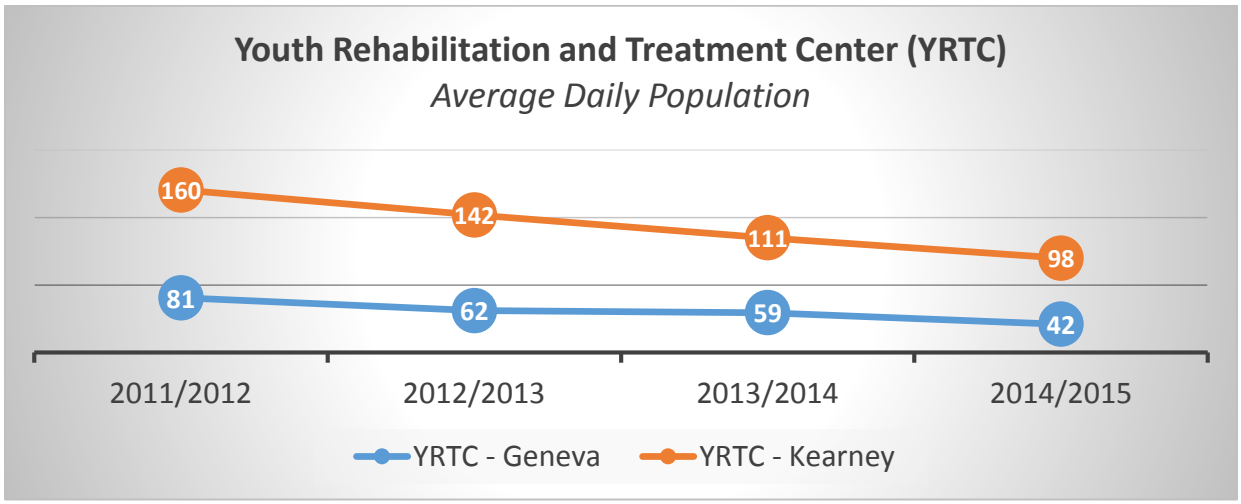
> *"Since LB 561 went into effect, juvenile justice costs to the State of Nebraska have increased at a much greater rate than anticipated, despite a continued decline in youth crime."*

AOP RESPONSE

National research continues to show that juvenile justice reform does impact state dollars and supports that state dollars may need to be allocated to further reform efforts (CSG: Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System, 2014). This is also true with the reform efforts in Nebraska. The nationally expected immediate impact on a fiscal level seen by reform is the reduction of youth being placed in state-run secure facilities. This result has held true for Nebraska as well with reductions in population at YRTCs in Kearney and Geneva (detailed in the graph below).

The AOP worked diligently with DHHS prior to passage of LB561 to clarify the current budget for youth under their supervision. Unfortunately, these efforts were largely unsuccessful and a clear budget was never received. Therefore, to state there was not a cost savings when an uncertain budget was received is flawed, especially since the calculation of costs by the AOP was different then what was allocated upon passage. Additionally, due to severe violations and changes of federal laws surrounding Medicaid/Magellan/IV-E, previously funded services are now being denied and/or fall to probation for payment. Although these barriers exist, the AOP is driven to reduce unnecessary use of out-of-home placements and detention as well as build a continuum of in-home services which will ultimately impact the budget in the future. However, expecting system reform this significant to happen in 15 months is not realistic.

Nebraska's culture that out-of-home placements help youth as well as the failed attempt to privatize case management has greatly impacted our youth and families. Although there are barriers, strides have been made which include: training staff, engaging and empowering system involved families who are used to youth being removed and never returned, building service access for judges greatly in need of options for youth, and implementing focused system improvements.



2011/2012 and 2012/2013 Geneva: Youth Rehabilitation & Treatment Center –Geneva "SFY 2012/13 Annual Report"
2013/2014 and 2014/2015 Geneva: Youth Rehabilitation & Treatment Center –Geneva "SFY 2014/15 Annual Report"
2011/2012 and 2012/2013 Kearney: Youth Rehabilitation & Treatment Center –Kearney Annual Report "SFY 2014/15 Annual Report"
2013/2014 and 2014/2015 Kearney: Youth Rehabilitation & Treatment Center –Kearney Annual Report "SFY 2014/15 Annual Report"

OIG Report: ***Page 11/Frequent Use of Out-of-Home Placement:***

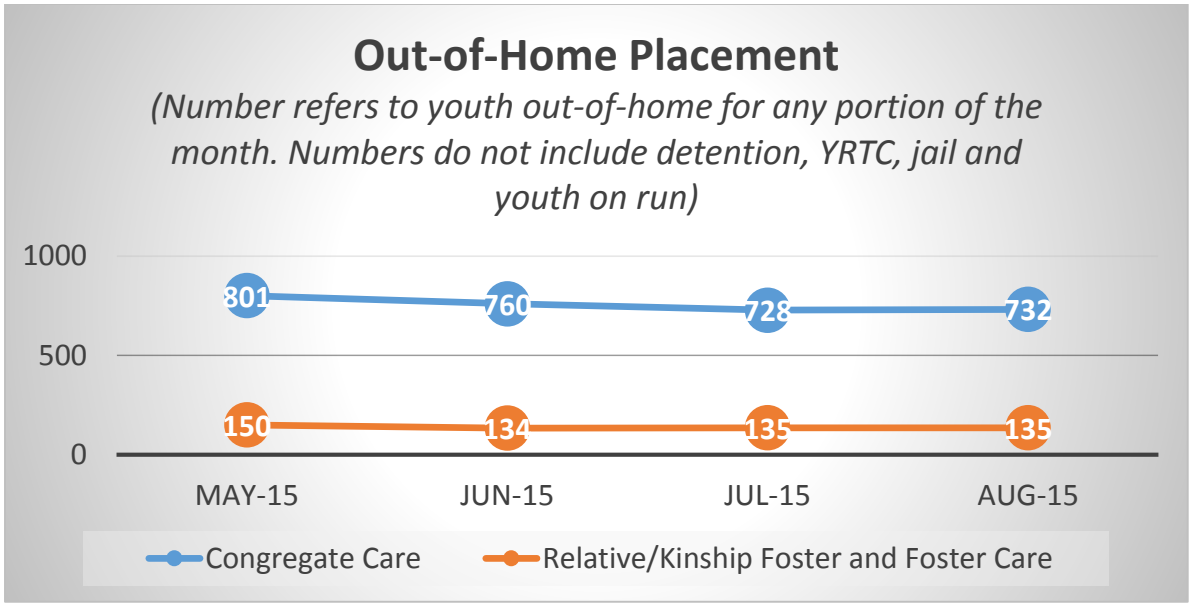
> *"Now that data on youth is available, it appears that little or no progress has been made in reducing out-of-home placements since Probation assumed primary responsibility for coordinating services and supervision of youth in the juvenile justice system."*

AOP RESPONSE

A data response was discussed comparing a one day snapshot of probation youth placed out-of-home with a six month period from DHHS. Using a snapshot does not take into consideration the total population included. Additionally, it is not clear if OJS and Probation consider the same placements as "out-of-home." For example, does OJS include foster care as Probation had in the data referenced by the OIG?

The AOP realizes a need to implement intensive in-home evidenced-based services as a key to reducing the placement numbers and while encountering many set-backs (collaboration, funding sustainability, and legislation) for moving forward with this priority strategy, has not lost sight of the need and continues to pursue this avenue. The AOP has, and will, continue to recommend reduction in the use of unnecessary out-of-home placements.

The AOP believes the best way to track progress is to continue to look at the current data over a period of time (See Out-of-Home Placement Data). This will identify progress and allow further probing about barriers, outlining logical next steps. It is important to recognize that some of the youth currently in out-of-home placement were transitioned to the AOP from DHHS.



NPACS: OHP, Office of Probation Administration, September 2015

OIG Report:

> *"While the population at the YRTCs decreased, youth continue to be sent to detention, and most often private, residential facilities (group homes), many of which do not offer treatment. This is concerning as these facilities not only cost more for Nebraska, but also generally do not have positive outcomes for youth or reduce their likelihood of committing crimes in the future."*

AOP RESPONSE

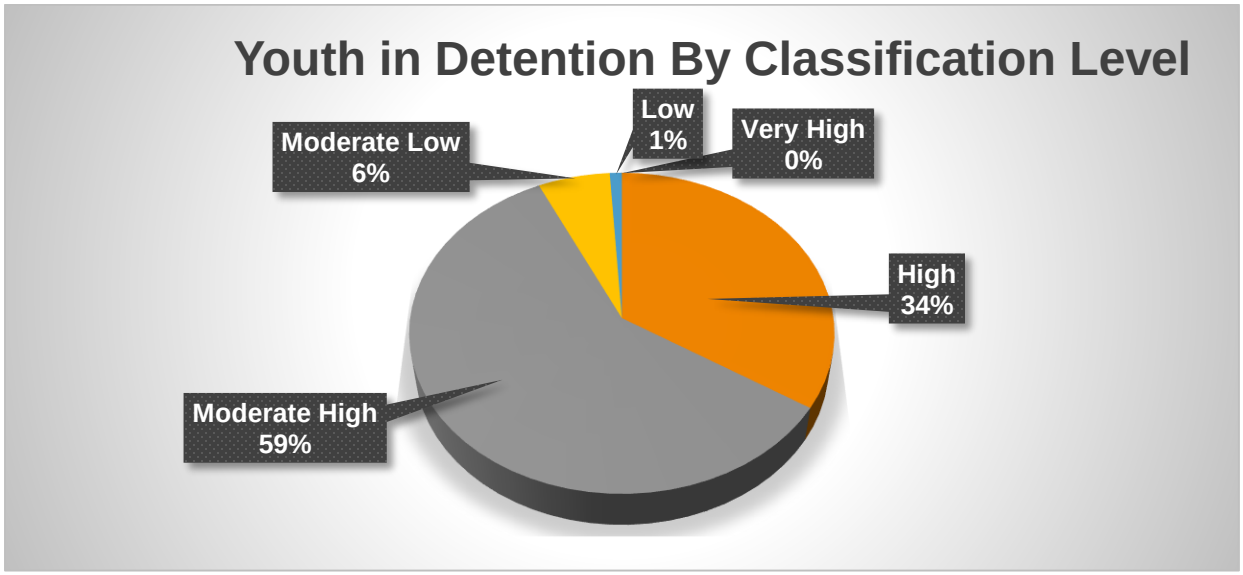
The AOP believes it is essential to clarify the information is not correct regarding YRTC and "other facility" cost. The YRTCs reported for 2013-2014 the cost per day for Geneva was $347.55 and Kearney was $271.90, this is much higher than a group home placement which averages $100 per day.

OIG Report: ***Page 12/Inappropriate Use of Detention***:

> *"However, information available to the OIG indicates that Nebraska is not yet using juvenile detention in accordance with these new provisions and many low-risk youth continue to be detained."*

AOP RESPONSE

This statement appears to be an assumption. The youth in detention data supports the reality. Additionally, detention screening tools are not the same as instruments used to assess a long-term risk of recidivism. The intake screening tool serves only to identify two short term items; will the youth re-offend pending court and will the youth appear in court as required? The general statement about low-risk youth should not be linked to the finding from the analysis conducted by the University of Nebraska at Omaha. A snapshot as follows represents the **risk level** of detained youth as measured by the Youth Level of Service/Case Management Inventory (YLS/CMI). As represented below, 1% of youth were low risk and 6% were moderate low, showing predominately moderate-high and high risk youth in detention on 10/19/2015.



NPACS: OHP, Office of Probation Administration, October 19, 2015

OIG Report:

> *"A recent study by the Juvenile Justice Institute (JJI) showed that Probation is not using the tool enough to know whether the tool is valid or can be verified in any way."*

AOP RESPONSE

This is not an accurate statement. The detention screening instrument is used every time a youth is brought before a probation officer by law enforcement for an intake, as required by statute. What was outlined in the study as an area for improvement is the override rate. This can be attributed to the development of alternatives having not been fully realized in just 15 months.

OIG Report:

> *"The study found that between September 1, 2013 and August 31, 2014, 578 youth who did not score for detention, were placed in detention by Probation."*

AOP RESPONSE

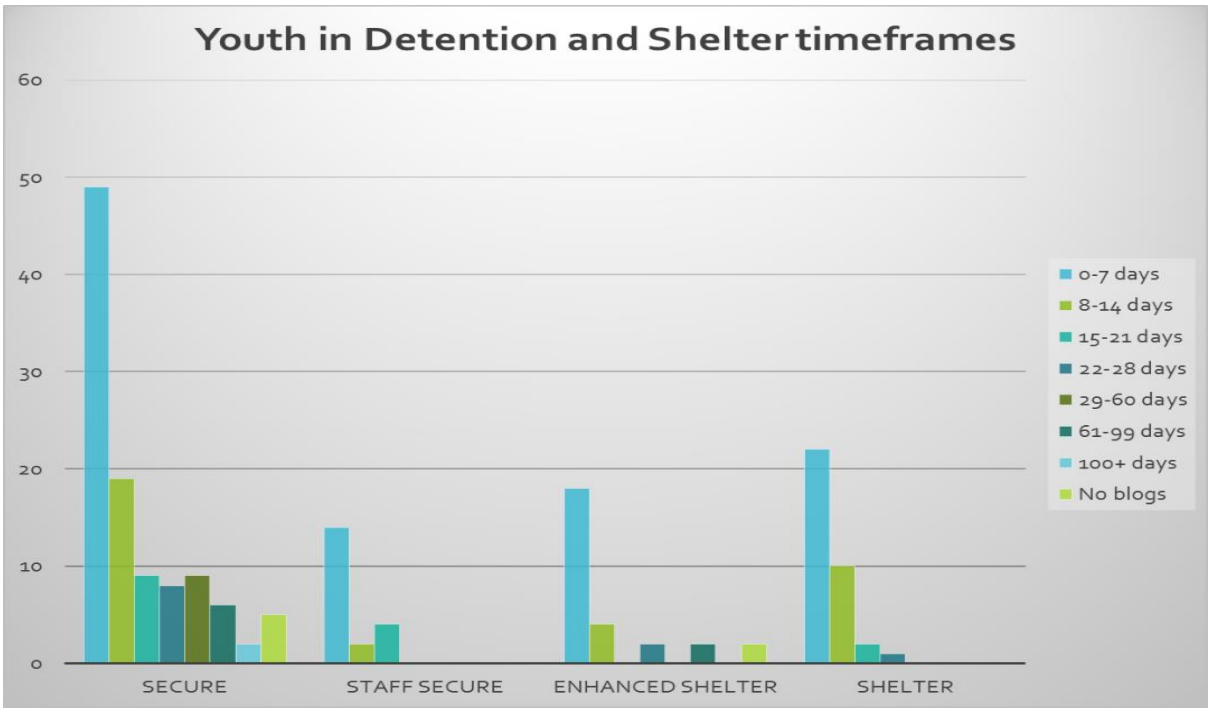
Consistent with Evidenced-based Practice, the AOP requested and funded the 2015 Analysis of the Nebraska Intake Risk Assessment Instrument. The data gathered is essential to providing baseline information, determining barriers and identifying areas of focus with the tool - a critical self-analysis. The evaluation did exactly that and now work is underway to address areas needing improvement. The AOP finds it very concerning that the OIG would turn Probation's use of Evidenced-based Practice into something negative. Probation is the key stakeholder coordinating JDAI efforts, which has shown great results in Douglas and Sarpy Counties - dropping detention to half the daily population of a few years ago. Evaluating and making steps to improve tools, as well as identify needs is essential to system improvement.

OIG Report: ***Page 13/Probation Administration should be commended:***

> *"The OIG has seen cases of youth being detained due to issues such as lack of available placements, a parent's refusal to follow court orders, and even cursing at adults. Anecdotally, juvenile justice stakeholders indicate the majority of youth in detention are there for probation violations, not because they pose a danger to public safety."*

AOP RESPONSE

It is important to note that "anecdotal" information is not evidence or necessarily factual. The AOP is working, with support of the Annie E. Casey Foundation, to assess youth who are detained due to a Violation of Probation. Such considerations being reviewed are those detentions not ordered by the court, and utilization of the detention screening instrument for youth who repeatedly violate terms of probation and have not complied with numerous sanctions. Additionally, the AOP is gathering data regarding how long a youth is placed at detention, staff secure or shelter placement. This is essential because these are short-term placements used for youth awaiting a less restrictive alternative.



NPACS: Office of Probation Administration, October 2015

OIG Report: ***Page 13/Indefinite Probation Supervision replaces State Ward Status:***

> *"Before LB561's passage, youth in juvenile court were also given a specific and certain time period on probation."*

AOP RESPONSE

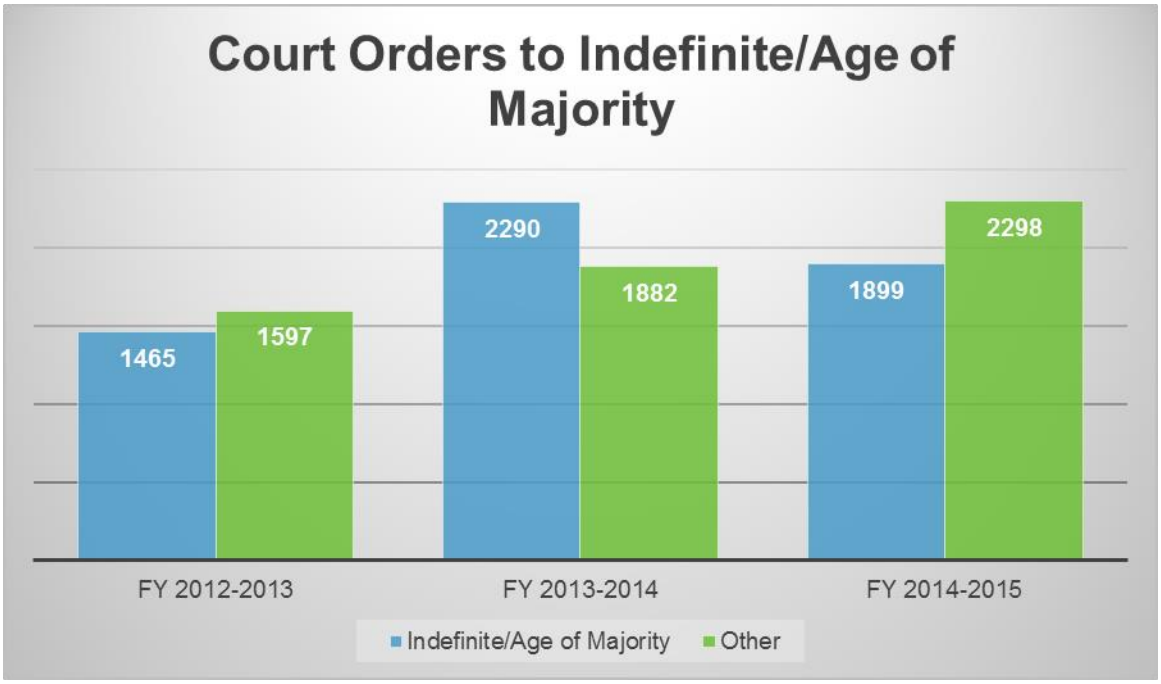
This is an inaccurate statement. Judges have always had discretion as to the term of a youth's probation, up to and including until their age of majority. Probation supervision and state ward status are two different things, with supervision being an added support to youth and families, many of which still have parental rights intact.

OIG Report:

> *"However, courts now seem to be routinely placing youth on juvenile probation for an indefinite period of time, until their 19th birthday.*

AOP RESPONSE

The AOP believes it is essential to clarify first that this statement was made without supporting data and appears to be assumption. Additionally, upon passage of LB561 all youth committed to the YRTCs are now placed on an order of Intensive Probation. Since the time period a youth is committed to the YRTCs is not controlled by courts, placing a youth on an indefinite period or until age of majority makes certain youth with complete commitment and have ample time to return to their communities with support before their term of probation lapses. The following information from the Supreme Court's data system, JUSTICE, shows evidence of indefinite probation terms actually decreasing significantly in fiscal year 2014-2015.



JUSTICE, 2015

OIG Report: ***Page 14/Need for Transparency:***

> *"While the OIG has been commissioned by the Legislature to act as a mechanism of legislative accountability for Juvenile Probation, they have indicated that they do not intend to comply with the law, including allowing the OIG direct access to electronic databases and expedited access to case files."*

AOP RESPONSE

The AOP has worked diligently, having multiple meetings with the OIG, specifically focused on what information is needed and how to streamline the OIG receiving that information. Although it is essential to note that there are three branches of government all separate and all equal. The OIG has only requested full access of probation records without taking into consideration the separation of powers and constitutional regulations. At this time, the probation information management system has information related to every adult and juvenile previously or currently under supervision. It is essential that confidentiality is key when working with adults, youth and their families. It is not appropriate for the OIG to have full access to confidential records that are not related to specific complaints or incidents. Therefore, with confidentiality being the essential focus, full access cannot be granted. The OIG reports receiving full access to confidential DHHS records and expects the same regarding probation. It is unclear to Probation under what provision DHHS granted this access. Nevertheless, it is important to note that a court order is required directing the AOP to release all confidential records to the Office of Inspector General. The AOP offered to work collaboratively with the OIG to assist in requesting any needed court records. The OIG did not accept this assistance stating that office would submit individual motions to the court. The OIG also reported being unwilling to notify probation staff when a motion was submitted.

OIG Report: ***Page 15:***

> *"The lack of openness is concerning for those beyond the OIG as well. There is no avenue that families and youth who are involved with Probation have to understand or give input to the processes that impact their lives so significantly. Nor is there an opportunity for other agencies which must attempt to work cooperatively to achieve better outcomes for youth and families to share input and information about Probation's functioning with their staff."*

AOP RESPONSE

Ensuring that families and youth are heard is the foundation for the court system. The court process includes attorneys who represent their client, judges that speak directly to the youth and family and the key focus is rehabilitation. Additionally, the AOP strives to engage youth and families and trains probation staff in skills such as Motivational Interviewing and Enhanced Family Engagement. Engaging youth/families and ensuring they are part of the team plan is a key tenet for probation officers and an essential job duty. The probation officer is locally driven, they facilitate and lead family team meeting, engage with law enforcement, participate on community teams and boards such as the Eyes of the Child teams, to name a few. But most importantly they reach out to youth and families on a daily basis.

OIG Report: ***Page 17/Data on Critical Incidents:***

> *"DHHS has chosen to include the OIG on all internal critical incident reports, while Probation chose to send special reports to the OIG related to death and serious injury only during the last fiscal year."*

AOP RESPONSE

As stated previously, the AOP worked diligently to learn exactly what information the OIG required. Originally policy was written which would supply information regarding every incident. The OIG then reported to the AOP only incidents involving death and serious injury were necessary. Probation's policy was then changed to accommodate the OIG to ensure more precise information was given. At this point, once a court order authorizes release, the OIG receives Probation's file, including confidential records and information contained in the automated case management system.

OIG Report: ***Page 22/Professionalization of the Workforce-Caseload Challenges Remain:***

> *"Additionally, the Legislature must assess whether Probation, which has no statutorily mandated caseload standards, has enough staff to function appropriately and whether caseloads should also be mandated for juvenile Probation."*

AOP RESPONSE

The AOP is dedicated to the implementation of Evidence-based Practices (EBP) and has calculated caseloads that are directly supported by research. This is another example of information that the AOP would share and educate stakeholders about, but without a request the AOP was not aware that the OIG did not understand caseload numbers and research regarding appropriate juvenile justice caseloads. The work is very different from child welfare and is managed according to risk.

OIG Report: ***Page 23/Mental Health and Trauma:***

> *"Understanding the trauma effects of every change of placement is key to successful probation supervision."*

AOP RESPONSE

The AOP has been focusing efforts on trauma for some time, just recently training officers as Trauma 101 trainers for staff. This is a focus of probation not only for youth we serve, but also for staff. The AOP would have been happy to share information and progress if the OIG requested it and therefore would have helped ensure assumptions were not included in the report. The AOP is working towards adopting, training, and implementing a trauma focused screening tool for youth to include victimization in many forms (example trafficking).

OIG Report: ***Page 23 and 24/Concerns with Residential Facilities:***

> *"Despite this research and federal mandates that children live in the lease restrictive (most family-like) setting, many children in the child welfare and juvenile justice system are placed in group residential facilities, often referred to as congregate care."*

AOP RESPONSE

The AOP is committed to help keep youth in their communities and in family-like settings. We are continuing to overcome many barriers with this, first being the lack of foster homes. Increasing the access to homes and building foster care availability is essential. Conversations with DHHS regarding foster care homes have been underway since LB561's passage. Under the new DHHS leadership we are hopeful to work together to increase the type and number of foster homes available. Additionally, the AOP is implementing an Individualized Transition Plan for youth placed out-of-home. This plan begins immediately upon a youth being placed out of their home and will continue to be updated by the team, including the family and youth until discharge from the out-of-home placement.

OIG Report: ***Page 30/Dually Adjudicated Youth:***

> *"Some have suggested that the "(3)(a) No-Fault" category which states that "the child is homeless or destitute, or without proper support through no fault of his or her parent, guardian, or custodian" is the category local jurisdictions make cases "fit" when they do not want Juvenile Probation to supervise the case."*

AOP RESPONSE

Appropriate filings are essential for both child welfare and juvenile justice entities as a foundation for training staff for the populations they receive. Child welfare is focused on abuse, neglect, and permanency while juvenile justice responds to delinquency and in Nebraska, status offense acts. The AOP and DHHS have been reviewing data regarding dually adjudicated youth. These youth currently represent less than 10% of both Probation and DHHS populations.

DHHS indicates the number has gone up no more than 20 to 30 youth, which is not unreasonable when clarifying the new roles of Probation and DHHS.

The AOP also has been leading the implementation of the Crossover Youth Practice Model. This model is essential in juvenile justice reform and helps probation and DHHS share information, as well as look a specific youth to ensure they are in the system that can best meet their needs.

Closing

As stated at the beginning of this document, the AOP is dedicated to juvenile justice system improvements. Our national partners, who are the leaders in supporting reform, stress we are taking, or have planned, essential action steps to increase juvenile justice reform success in Nebraska. The foundation is to ensure that youth and families in the juvenile justice system receive services and supervision that ensure they build self-sufficiency and reduce recidivism. However, it is also important that the right services be developed and matched to the right youth.

*Please note: this report does not address the OIG report's allegation that costs increased at a greater rate than expected since reform began 15 months ago. This explanation would require a separate distinct response.

cc: Corey Steel, State Court Administrator

Probation Juvenile Justice Reform Efforts

ADMINISTRATIVE OFFICE OF PROBATION

August 2015 Report

System Improvement Priorities

Juvenile justice system improvement efforts move jurisdictions towards improving outcomes for juveniles by better translating evidence-based practice and knowledge on "what works" into everyday practice and policy. Overall system reform has an ultimate goal of reducing crime and delinquency and improving outcomes for youth in the juvenile justice system. As supported by EBP, collaboration is an essential element toward system improvement and is a key factor in current improvements.

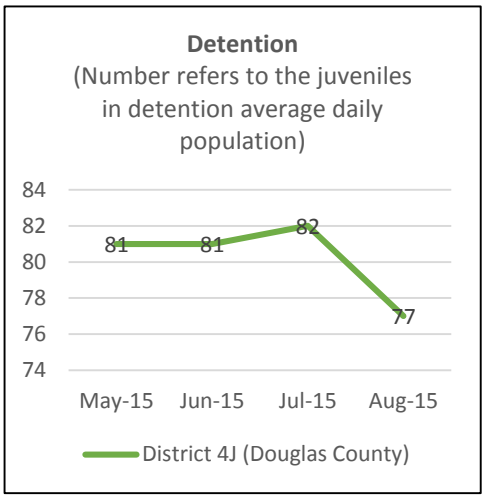
Intake and Detention Alternatives

National best practice:

- Creation of a standardized intake screening instrument and reduction in detention to improve youth outcomes.

Progress and Achievements:

- The Nebraska Juvenile Intake Screening Risk Assessment (also known as the RAI) was revised to target appropriate use of detention and implemented statewide in 2013.
- The Office of Probation Administration requested and funded an evaluation of the RAI tool, which was completed June 2015 (see report for additional details).
- The Juvenile Detention Alternatives Initiative (JDAI) has shown significant detention reduction in Douglas (detailed in the graph) and Sarpy Counties.
    - JDAI fundamentals have been trained to probation staff statewide.



Next Steps:

- The Office of Probation Administration has begun work with probation staff to significantly impact the override rate for detention.
- JDAI expansion planning has begun in Cass and Otoe Counties.
- Increasing detention alternatives accessed statewide by probation staff engagement in counties' Community-based Aid plans.

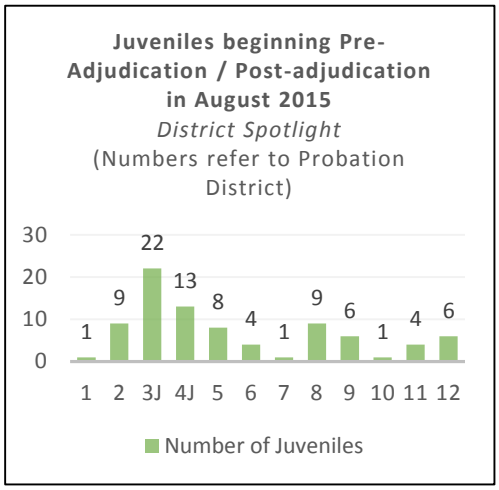
Pre-adjudication and Investigation

National best practice:

- Pre-adjudication/pre-disposition supervision to divert low risk youth from the juvenile justice system, implementation of validated assessment tools and creation of a "service dispositional matrix."

Progress and Achievements:

- The Nebraska Youth Screen (NYS) is a state-specific tool which is used to quickly screen risk level when a youth is placed on pre-adjudication/pre-disposition supervision.
- All officers are trained in supervision requirements for pre-adjudication/pre-disposition.
- The Youth Level of Service/Case Management Inventory (YLS/CMI) is a validated risk assessment utilized by probation since 2005.



Next Steps:

- The Office of Probation Administration is currently traveling to all probation districts to train juvenile staff regarding the use of pre-adjudication/pre-disposition supervision as a tool to divert youth from the juvenile justice system.
- Creation of tools to assist probation investigation officers in making targeted recommendations for the court.
- Implementation of assessment tools for mental health and status youth.

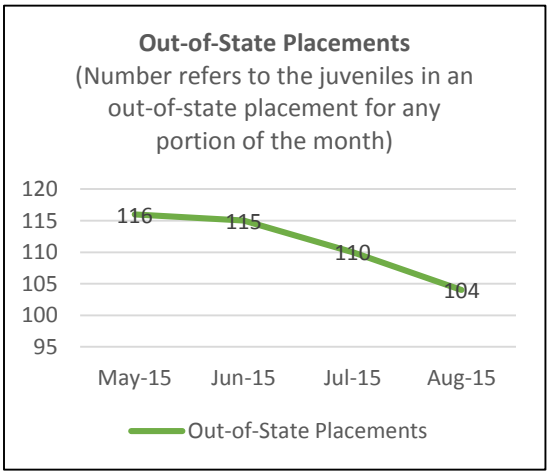
Case Management and Services

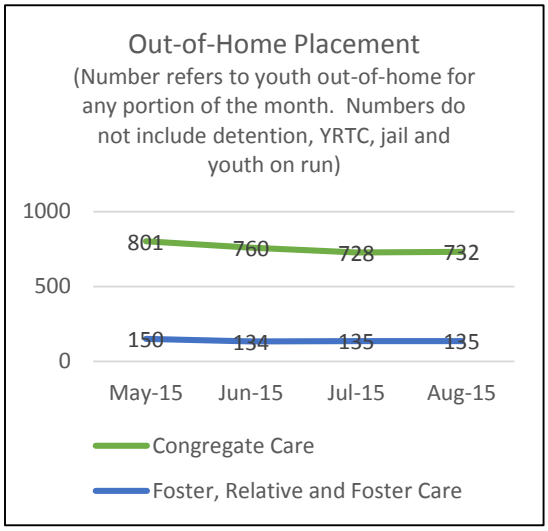
National best practice:

- Supervision should be focused on risk and identified domains, creation of client-specific outcomes and family engagement.

Progress and Achievements:

- The Office of Probation Administration implemented the principles of Evidence-based Practices in 2006 which identify skill-trained staff as essential to probationer success. This laid the foundation of expertise by specializing officer caseload standards based on risk level (for example high risk, low risk, and juveniles who sexually harm).
- All probation staff are trained on how to assess using the YLS/CMI, as well as how to focus case management on identified high domains. Additionally, all high risk supervision officers were trained on prioritizing and mapping risk in creating a supervision plan.
- Administration has created client outcomes and are currently training staff.
- All probation staff are trained on the Enhanced Family Engagement principles.
- Juvenile Justice Resource Supervisors are located in all probation districts and are responsible for ensuring staff are using targeted services.
- Trained all juvenile staff and supervisors regarding service utilization, the benefits of keeping youth in their communities and funding.





Next Steps:

- Creation of skill-based training focused on targeting services.
- Analyze data elements related to client outcomes.
- Creation of status youth-specific supervision.
- Increase access statewide to a continuum of in-home services to ensure youth remain within their communities.

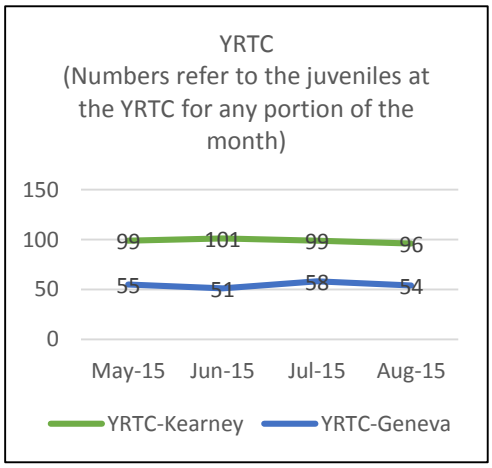
Reentry

National best practice:

- Reduction in institutional commitments and quality transition planning upon entry into the facility.

Progress and Achievements:

- The youth placed at the YRTC's has dropped close to 50% since passage of LB561 and the decrease has maintained (detailed in the graph).
- Developed the Individualized Reentry Plan which is completed by the youth and their team so that transition planning occurs immediately.
- Increased family team meetings and family engagement while youth are placed at YRTC.



Next Steps:

- Implementation of the Individualized Transition Plan for youth placed in out-of-home facilities.

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SUPREME COURT OF NEBRASKA

ADMINISTRATIVE OFFICE
OF THE COURTS & PROBATION

Corey R. Steel
State Court Administrator

Ellen Fabian Brokofsky
State Probation Administrator

PROBATION WORK FORCE OFFICERS

RETENTION RATE

Attached is information representing probation officer field staff turnover rates for FY 2012-13, FY 2013-14 and FY 2014-15. The positions reviewed include Probation Officer Trainees up through Chief Probation Officers and all probation officers and supervisory staff in between.

The following indicates the district number and the respective principal office within that district:

#1:	Beatrice
#2:	Papillion
#3Adult:	Lincoln
#3Juvenile:	Lincoln
#4Adult:	Omaha
#4Juvenile:	Omaha
#5:	Columbus
#6:	Fremont
#7:	Norfolk
#8:	O'Neill
#9:	Grand Island
#10:	Hastings
#11:	North Platte
#12:	Gering

Not included in this data are promotions or geographical changes within the Probation System. What the data shows is a turnover rate of 10.74% in FY 14-15, 8.25% in FY 13-14 and 7.8% in FY 12-13 (additional details in graphs below). This would indicate that there was a 3% increase in turnover from FY 12-13 to FY 14-15 but there are variables. For example increased educational opportunities for training and technical assistance have enhanced job performance expectations and progressive discipline practices which may contribute to the involuntary termination rate increasing by approximately 1% from FY 12-13 (.82%) to FY 14-15 (1.87%).

Steve Rowoldt, Deputy Administrator
November 13, 2015

Administrative Office of the Courts & Probation
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Agency Turnover FY 12/13

Field Staff Only

District #	Average Headcount	Total Terminations	Voluntary Terminations	Involuntary Terminations	Total Turnover Percentage	Vountary Percentage	Involuntary Percentage
1	6.5	1	1	0	15.38%	15.38%	0.00%
2	24.5	1	1	0	4.08%	4.08%	0.00%
3A	21	2	1	1	9.52%	4.76%	4.76%
3J	13.5	1	1	0	7.41%	7.41%	0.00%
4A	47	4	3	1	8.51%	6.38%	2.13%
4J	22	7	6	1	31.82%	27.27%	4.55%
5	15	1	1	0	6.67%	6.67%	0.00%
6	16	0	0	0	0.00%	0.00%	0.00%
7	10	0	0	0	0.00%	0.00%	0.00%
8	3.5	0	0	0	0.00%	0.00%	0.00%
9	14.5	1	1	0	6.90%	6.90%	0.00%
10	6	0	0	0	0.00%	0.00%	0.00%
11	19.5	1	1	0	5.13%	5.13%	0.00%
12	14.5	2	2	0	13.79%	13.79%	0.00%
Averages	**233.5**	**21**	**18**	**3**	**7.80%**	**6.98%**	**0.82%**

**Includes Probation Officer Trainee through Chief Probation Officers which includes all probation officers and supervisory staff in between.

Agency Turnover FY 13/14

Field Staff Only

District #	Average Headcount	Total Terminations	Voluntary Terminations	Involuntary Terminations	Total Turnover Percentage	Vountary Percentage	Involuntary Percentage
1	11	1	0	1	9.09%	0.00%	9.09%
2	31	0	0	0	0.00%	0.00%	0.00%
3A	26	1	1	0	3.85%	3.85%	0.00%
3J	27.5	3	3	0	10.91%	10.91%	0.00%
4A	57	4	4	0	7.02%	7.02%	0.00%
4J	40.5	4	4	0	9.88%	9.88%	0.00%
5	19.5	3	3	0	15.38%	15.38%	0.00%
6	20.5	1	0	1	4.88%	0.00%	4.88%
7	13.5	1	1	0	7.41%	7.41%	0.00%
8	6.5	0	0	0	0.00%	0.00%	0.00%
9	23.5	2	1	1	8.51%	4.26%	4.26%
10	8.5	2	2	0	23.53%	23.53%	0.00%
11	26	1	1	0	3.85%	3.85%	0.00%
12	19	2	2	0	10.53%	10.53%	0.00%
Averages	**330**	**25**	**22**	**3**	**8.20%**	**6.90%**	**1.30%**

**Includes Probation Officer Trainees through Chief Probation Officers which includes all probation officers and supervisory staff in between

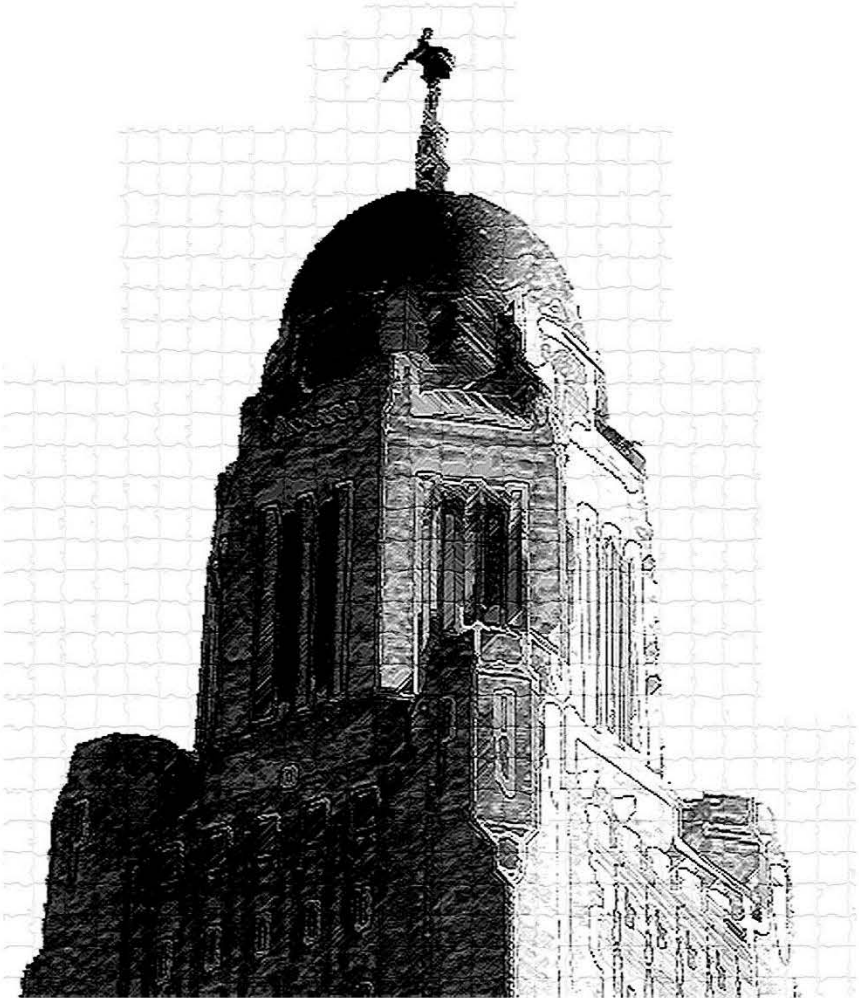
Agency Turnover FY 14/15							
Field Staff Only							
District #	Average Headcount	Total Terminations	Voluntary Terminations	Involuntary Terminations	Total Turnover Percentage	Vountary Percentage	Involuntary Percentage
1	13.5	3	1	2	22.22%	7.41%	14.81%
2	33.5	4	4	0	11.94%	11.94%	0.00%
3A	25.5	0	0	0	0.00%	0.00%	0.00%
3J	41	3	3	0	7.32%	7.32%	0.00%
4A	62	4	3	1	6.45%	4.84%	1.61%
4J	59	8	7	1	13.56%	11.86%	1.69%
5	24.5	1	1	0	4.08%	4.08%	0.00%
6	24	2	2	0	8.33%	8.33%	0.00%
7	17	1	1	0	5.88%	5.88%	0.00%
8	8	0	0	0	0.00%	0.00%	0.00%
9	28	5	4	1	17.86%	14.29%	3.57%
10	11	3	3	0	27.27%	27.27%	0.00%
11	31.5	1	1	0	3.17%	3.17%	0.00%
12	22.5	5	4	1	22.22%	17.78%	4.44%
Averages	**401**	**40**	**34**	**6**	**10.74%**	**8.87%**	**1.87%**

**Includes Probation Officer Trainee through Chief Probation Officers which includes all probation officers and supervisory staff in bewtween

Office of
Inspector General of Nebraska Child Welfare

Annual Report

2014-2015



As set forth by the Office of Inspector General of Nebraska Child Welfare Act (Neb. Rev. Stat. §§43-4301 – 43-4331), the Office of Inspector General of Nebraska Child Welfare (OIG) is established to provide increased accountability and oversight of the Nebraska child welfare system through a full-time investigation and performance review program. This includes:

- Assisting in improving operations of the Department of Health and Human Services relating to the Nebraska child welfare system;
- Improving Nebraska's juvenile justice system with Juvenile Probation, the Nebraska Commission on Law Enforcement and Criminal Justice, and juvenile detention facilities;
- Providing an independent form of inquiry (an official effort to collect and examine information) for concerns regarding the actions of individuals and agencies responsible for the care and protection of children youth in the Nebraska systems;
- Providing a process for review and investigation to determine if individual complaints and issues of investigation and inquiry reveal a problem in the child welfare system or juvenile justice system, not just individual cases, that necessitates legislative action for improved policies and restructuring of the child welfare system or the juvenile justice system.

The OIG is required to complete an annual report by September 15 of each year about the progress of these actions.

The OIG thanks and acknowledges the Nebraska Legislature and legislative staff for continuing to provide help and advice, the Health and Human Services Committee and Judiciary Committee in particular. The Ombudsman's Office goes above and beyond in assisting the office in countless ways—operatively and substantively. The most sincere and heartfelt appreciation for all of the time, talent, and counsel that has been offered.

Finally, please note that the Department of Health and Human Services continues to be very responsive and timely in any request that has been made of them from the OIG during the preceding year (2014-2015), as have private child and family serving and law enforcement agencies.

Julie L. Rogers
Inspector General

Sarah Forrest
Assistant Inspector General

Sarah Amsberry
Intake Executive Assistant

September 15, 2015

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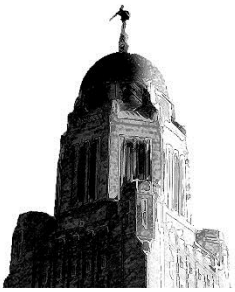
JULIE L. ROGERS
Inspector General



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September 15, 2015

Governor Ricketts, Chief Justice Heavican, and Members of the Legislature:

Accountability is essential to both public trust in our institutions and efficient, effective government operations. Perhaps no systems are more in need of good governance, rigorous oversight, transparency, and high performance than those which impact the well-being of Nebraska's children and families. The stakes of the State of Nebraska's action or inaction are tremendous when it comes to strengthening our families, protecting our children, and responding to troubling actions of our youth.

Over the past few years, Nebraska has enacted significant policy change and devoted additional monetary resources to reform our state's child welfare and juvenile justice systems. Among the expressed goals of these efforts were better outcomes for children and families, a reduction in Nebraska's heavy reliance on out-of-home placement of children, and more effective and astute use of the financial resources devoted to these system. Without accountability and transparency, however, even the strongest of mandates and best of intentions may not produce the desired results.

Created in 2012, the Office of Inspector General of Nebraska Child Welfare (OIG) is charged with providing independent accountability, investigation and performance review of Nebraska's child welfare system, in addition to identifying areas for system improvement and policy change at the administrative and legislative levels. In 2015, LB 347 added the whole of juvenile justice to the subject matter jurisdiction of the OIG by including juvenile probation, juvenile detention, and juvenile justice programs funded through the Nebraska Commission on Law Enforcement and Criminal Justice in its conception of the child welfare system. The OIG's formal examination of these new child welfare functions became operative on August 30, 2015.

Since beginning its operations, the OIG has witnessed positive changes to the systems serving Nebraska's children and families. Leadership on child welfare issues across branches of government is paying off with new opportunities and better methods of keeping children, families, and communities safe. The OIG has also been pleased to see an increased commitment to transparency, identification and correction of errors, and honest problem-solving from the Department of Health

and Human Services' Division of Children and Family Services. It is the OIG's hope that this will continue to act as a solid base for continued improvements in the State of Nebraska's response to children in need of protection.

Despite considerable progress, however, challenges remain and further improvements are needed. The following report provides a summary of the OIG's activities from July 1, 2014 through June 30, 2015, including the complaints and critical incidents received, the recommendations made in reports of investigations, and the cross-cutting issues identified. It also provides information on the OIG's preliminary assessment of Nebraska's juvenile justice reform efforts and the need for increased transparency in this area in particular, as the Office begins its review of these state functions in earnest.

Noteworthy to all Nebraska child-serving agencies and institutions is the *dedicated front line staff*—caseworkers, probation officers, detention center and Youth Rehabilitation and Treatment Center staff, guardians ad litem, juvenile court attorneys, and all of those providing direct service to children, youth, and families across this state. They should be commended for the hard and meaningful work that they do every day in service to others.

Like all Offices of Inspector General, the OIG strives through all its actions to, "hold government officials accountable for efficient, cost-effective government operations and to prevent, detect, identify, expose and eliminate fraud, […] illegal acts and abuse."[1] As a new year of operations begins, the OIG remains committed to fostering accountability, integrity, and high performance in the systems that impact Nebraska's children and families. The OIG looks forward to working with leaders, stakeholders, and committed professionals to ensure efficient government and a bright future for our Nebraska children and families.

It is an honor to serve as your Inspector General of Nebraska Child Welfare. Thank you for your time and attention to this report.

Sincerely Yours,

Julie L. Rogers, JD, CIG

[1] "PRINCIPLES AND STANDARDS FOR OFFICES OF INSPECTOR GENERAL" Association of Inspectors General: http://inspectorsgeneral.org/files/2014/11/AIG-Principles-and-Standards-May-2014-Revision-2.pdf.

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EXECUTIVE SUMMARY

The Office of Inspector General of Nebraska Child Welfare (OIG) was created to provide increased accountability and knowledge of Nebraska's child welfare system in order to make better informed policy decisions regarding system-involved children and youth. The OIG investigates complaints, system-involved deaths and serious injuries, and other critical incidents involving Nebraska's state wards and youth in the juvenile justice system. In every instance, the OIG looks for system-wide implications.

During the 2014-2015 fiscal year, the OIG:

- Received a total of 410 contacts, including 132 complaints, 276 critical incidents, and 2 reports of grievances. Of the critical incidents, 21 were child deaths and 34 rose to a level of serious injuries to system-involved children.
- Made a total of 14 recommendation to the Department of Health and Human Services (DHHS) relating to:
    - Mental and behavioral health;
    - Psychotropic medications;
    - Improvement of home study processes;
    - Providing stronger supports for kinship families;
    - Child abuse and neglect hotline training;
    - Immigrant community focused prevention;
    - Increasing support for Prison Rape Elimination Act implementation at YRTC-Geneva; and
    - Clarification of policies governing sexual assaults and harassment.

This annual report also identifies significant child welfare challenges and issues. In addition to mental health care and trauma, residential facility concerns, foster home safety, and due process for children and families, professionalism of child welfare's front line professionals is of utmost importance. Caseworkers are charged with making crucial decisions about children's safety, parent engagement, and access to needed services. A skilled and stable child welfare workforce is key to successful outcomes for children and families and the child welfare system as a whole. This is achieved when front line staff have, among other things, manageable caseloads and workloads. High caseloads remain an obstacle to effective DHHS child welfare operations and improvements.

Concerns have been identified about juvenile justice reform not yet achieving the desired results of cost savings and reducing out-of-home placements. The OIG began official oversight of all state-funded and administered juvenile justice functions on August 30, 2015. With the new responsibilities now fully in effect, the OIG will begin examining juvenile justice issues more closely in the coming year, despite barriers created to access information on how Juvenile Probation operates.

OVERVIEW – THE OFFICE OF INSPECTOR GENERAL OF NEBRASKA CHILD WELFARE

The Office of Inspector General of Nebraska Child Welfare (OIG) was created to provide increased accountability and oversight of Nebraska's child welfare system, including any public or private individual or agency serving children in the state's care. The "child welfare system" refers to any child-serving government or government supported entity in Nebraska which includes child protection and safety as well as juvenile justice.

The OIG investigates (1) child welfare-related systems issues; (2) death or serious injury of a system-involved child or youth; and (3) complaints of wrongdoing to children and families being served by or through child-serving agencies and institutions.[2] The OIG provides accountability and oversight of Nebraska's child welfare system by tracking issues and themes. System improvement recommendations are made both informally and formally to leaders of child-serving agencies, policymakers, and decision-makers.

The OIG is the first established inspector general's office within Nebraska state government as provided for in state statute.[3] As such, it is important to understand the concept for inspectors general offices. The core values of an office of inspector general are honesty, integrity, and trustworthiness. This is accomplished through inspector general standards of independence and confidentiality. The fundamental objective of inspectors general offices is to promote accountability, transparency, good government, and high performance, thereby leading to public trust and the answers to whether policy goals are being achieved. The OIG's objective is to promote these as it specifically relates to child welfare—any child-serving government or government-supported entity—in Nebraska.

> *"...The public expects OIGs to hold government official accountable...and to prevent, detect, identify, expose and eliminate fraud, [...] illegal acts and abuse. This public expectation is best served by inspectors general when they follow the basic principles of integrity, objectivity, independence, confidentiality, professionalism, competence, courage, trust, honesty, fairness, forthrightness, public accountability and respect..."*
>
> Statement of Principles for Offices of Inspector General, Association of Inspectors General

[2] Neb. Rev. Stat. §43-4318.

[3] Other Offices of Inspectors General may exist in Nebraska, but they are more closely associated with the federal government and internal military operations. During the 2015 Legislative Session, the Inspector General of the Nebraska Correctional System was created by Legislative Bill 598.

JUVENILE JUSTICE

JUVENILE JUSTICE REFORM FACING QUESTIONS

Since its creation in 2012, the Office of the Inspector General (OIG) has had a role in providing system review to at least some of the State of Nebraska's juvenile justice services and functions. The OIG has always had the ability to investigate complaints and critical incidents related to the Office of Juvenile Services (OJS) within the Department of Health and Human Services (DHHS). This includes continuing oversight of both Youth Rehabilitation and Treatment Centers (YRTCs) and included oversight of OJS operations related to both youth supervised in the community and placed in private residential facilities.

When responsibility for OJS youth was transferred to Juvenile Probation in 2013, the OIG lost the ability to examine, review, and investigate complaints related to many of the most troubled and high risk youth in the juvenile justice system. A narrow exception was created to allow the OIG to look into the cases of youth on Probation who die or are seriously injured while placed out of their homes. However, juvenile justice system challenges, especially those involving youth supervised by juvenile probation, have continued to make their way to the OIG through complaints, discussions at committees where the OIG is represented, critical incidents involving youth who are also involved with DHHS, and continued oversight of the YRTCs.

In 2015, the Legislature expanded the OIG's role to include the ability to investigate complaints and incidents of concern related to state-funded or state-regulated juvenile justice operation. Effective August 30, 2015, the OIG began its juvenile justice functions relating to the Juvenile Services Division of the Office of Probation Administration (Juvenile Probation), the Nebraska Commission on Law Enforcement and Criminal Justice (Crime Commission), and juvenile detention centers. The OIG looks forward to strengthening the juvenile justice system through rigorous oversight, thorough investigations of complaints and incidents of concerns, and thoughtful recommendations for how systems can better serve children and families, protect public safety, and efficiently use government resources.

As this new juvenile justice role begins, the OIG felt it necessary to highlight the history behind Nebraska's recent reform effort, the current status of the reform from the OIG's perspective, and the OIG's concerns about transparency issues surrounding Juvenile Services Division of the Office of Probation Administration that hinders effective accountability within our juvenile justice system, despite clear statutory authority.

Nebraska's Juvenile Justice Reform in Context

In recent years, efforts to reform the response to youth crime and misbehavior have swept across the United States. These reforms, which contributed to a 37% decrease in youth commitment from 1997 to 2010,[4] have been motivated by the dismal outcomes the juvenile justice system has been achieving

[4] Sickmund, Melissa, Sladky, T.J., Kang, Wei, and Puzzanchera, C. (2015) "Easy Access to the Census of Juveniles in Residential Placement." Online Author's analysis of OJJDP's Census of Juveniles in Residential Placement 1997,

for youth and public safety despite the significant financial resources expended by county and state governments. Heavy reliance on committing youth to residential facilities – detention centers, jails, prisons, group homes, etc. – for even minor infractions does not reduce the likelihood that youth will commit crimes in the future (and in fact increases it for lower-risk youth). Furthermore, youth commitment to public or private facilities is extremely costly, and many facilities across the nation have struggled to provide safe, appropriate, and therapeutic conditions, making them the subject of scandals and lawsuits.[5]

While reform trends made progress across the country, data indicated that Nebraska's youth were committed to residential facilities at the 3rd highest rate in the country as of 2011.[6] Beginning in 2012, the Nebraska Legislature passed a series of bills aimed at replicating successful reform efforts in other states. Broadly, these bills focused on providing youth with access to rehabilitative services in their communities, reducing unnecessary system involvement and duplication of services for children and families, limiting the use of detention and commitment, improving the quality of the Youth Rehabilitative and Treatment Centers (YRTCs), promoting evidence-based services, and using Nebraska's juvenile justice expenditures more wisely.

A primary strategy used by the reform effort was the significant shift of funding and responsibility from the Office of Juvenile Services (OJS) to the Administrative Office of Probation (LB 561, 2013). This strategy was especially championed by the Administrative Office of Probation after they saw initial success with pilot projects expanding Probation funding and responsibility in Judicial District #4J (Douglas County), Judicial District #11 (North Platte, Lincoln County and surrounding counties), and Judicial District #12 (counties in Nebraska's panhandle). Beginning October 1, 2013, all youth charged with new status offenses or law violations could no longer be made state wards. Instead Juvenile Probation was responsible for providing services and supervision. The law also required that by July 1, 2014 any remaining OJS wards be transferred to Juvenile Probation supervision.

REFORM EFFORTS NOT YET ACHIEVING DESIRED RESULTS

Comprehensive juvenile justice reform and system transformation takes time. As Nebraska approaches the two-year anniversary of the most significant legislative reforms going into effect, it is to be expected that challenges remain. It is also reasonable to expect that more than two years into a coordinated reform effort that there be some movement in the right direction with more tangible improvements on the horizon. However, publicly available data and information, as well as individual complaints and cases that have come to the OIG's attention, indicate that juvenile justice reform is not yet achieving many of its desired results. Many of the areas where the OIG has

1999, 2001, 2003, 2006, 2007, 2010, and 2011. Available: http://www.ojjdp.gov/ojstatbb/ezacjrp/

[5] Mendel, Richard. *No Place for Kids: The Case for Reducing Juvenile Incarceration*. Baltimore: The Annie E. Casey Foundation, 2011. http://www.aecf.org/m/resourcedoc/aecf-NoPlaceForKidsFullReport-2011.pdf.

[6] Youth Residing In Juvenile Detention, Correctional And/Or Residential Facilities. *Kids Count Data Center.* http://datacenter.kidscount.org/data/Tables/42-youth-residing-in-juvenile-detention-correctional-and-or-residential-facilities?loc=1&loct=2#detailed/2/2-52/false/867,133,18/any/319,17599.

identified significant shortcomings are directly related to the responsibilities and operations of the Juvenile Services Division of the Administrative Office of Probation.

No Cost Savings

One of the major goals of juvenile justice reform was a more efficient use of financial resources. Since LB 561 went into effect, juvenile justice costs to the State of Nebraska have increased at a much greater rate than anticipated, despite a continued decline in youth crime.[7] The largest driver of this increase has been the additional funding provided the Administrative Office of Probation for juvenile services (see Table I). In addition to a large transfer of funds from DHHS, Probation was provided additional funding at the start of reform effort as a cushion for transition costs and to expedite system transformation and reduction of residential placements.

Table I. Funding Provided to the Probation Administration related to LB 561[8]

	FY2014	FY2015	FY2016	FY2017
Funds shifted from DHHS	$15,756,126	$39,131,653	$39,131,653	$39,131,653
Additional Funds provided to Probation	$ 4,000,000	$ 4,833,670	$ 4,833,670	$ 4,833,670
Total	**$19,756,126**	**$43,965,323**	**$43,965,323**	**$43,965,323**

Despite an increase in funding, Juvenile Probation has been running unexpected deficits since reform began. Probation asked for, received, and utilized of $7.4 million related to a deficit request for FY13-14. Probation received and used an additional $7 million as a FY15 deficit. They also received an additional $7 million as a deficit for FY16, which was less than requested.[9] The general expectation is that Probation will ask for an additional deficit appropriation this coming year.

In addition to these increased resources to juvenile Probation, community-based aid dollars to counties under the Juvenile Services Act increased as well. In fiscal years 2012 and 2013, the community based aid was set at $1,477,575; in fiscal year 2014 it increased to $3,000,000; in fiscal year 2015 to $4,950,000; and in fiscal years 2016 and 2017 it is set at $6,300,000. These dollars are meant to "divert juveniles from the juvenile justice system, reduce the population of juveniles in juvenile detention and secure confinement, and assist in transitioning juveniles from out-of-home placements."[10]

[7] 10,534 youth were arrested in 2013, a decline from 12,207 in 2012 and a steep decline the high point of arrests in 2006 at 16, 153. Voices for Children in Nebraska. *Kids Count in Nebraska 2014 Report.*
[8] All information in chart provided to the OIG by Doug Nichols, Legislative Fiscal Office. All additional funds were General Fund Dollars.
[9] *Ibid.*
[10] Neb. Rev. Stat. §43-2404.02.

Frequent Use of Out-of-Home Placements

Until January 2015, Probation was not able to make statewide calculations on how many youth under its supervision were placed out-of-home. This lack of data has limited the ability to measure whether or not juvenile justice reform was making progress. Now that data on youth is available, it appears that little or no progress has been made in reducing out-of-home placements since Probation assumed primary responsibility for coordinating services and supervision of youth in the juvenile justice system.

On a single day in July 2015, Probation reported 1,089 youth who were out-of-home.[11] For the purposes of comparison, OJS reported 1,298 youth spent some time in out-of-home care between July 1, 2012 and June 30, 2013, before the transition to Probation went into full effect.[12] These numbers indicate that the use of out-of-home placement has certainly not decreased in Nebraska's juvenile justice system, and may, in fact, have risen on the whole.[13] While the population at the YRTCs has decreased, youth continue to be sent to detention, and most often private, residential facilities (group homes), many of which do not offer treatment. This is concerning as these facilities not only cost more for Nebraska, but also generally do not have positive outcomes for youth or reduce their likelihood of committing crimes in the future.

The likely trend upward in out-of-home placements since reform efforts began seems to be confirmed when looking at available information on out-of-home spending. Based on information made available to the Legislative Fiscal Office, Probation spent more on congregate residential placements (not including foster care) for the 7 months between July 1, 2014 and January 31, 2015 than the entire budget of both YRTCs during SFY 2013-2014. This expenditure is also about $2 million more than the entire Out-of-Home expenditures, including General *and* Federal Funds, reported by OJS in SFY 2012-2013 (see Table II).

[11] This number includes youth in residential placements (group homes, foster homes), detention, YRTC, and on runaway status. While Probation counts youth placed in detention, YRTC, and runaway separately, the OIG has added these youth in to an overall out-of-home count for the purpose of comparison. Numbers provided to the OIG by Probation based on the "Probation Juvenile Justice Reform Efforts: July 2015 Report." https://supremecourt.nebraska.gov/sites/supremecourt.ne.gov/files/probation/Juvenile/Juvenile%20Justice%20Reform%20Efforts%2C%20July%202015.pdf.

[12] "Office of Juvenile Services Annual Legislative Report SFY 2012/2013." http://nebraskalegislature.gov/FloorDocs/103/PDF/Agencies/Health_and_Human_Services__Department_of/51_20130913-144625.pdf.

[13] It is not ideal to compare data from a single point of time to a count of youth in placement during a whole year, since yearlong counts include more youth a more complete accounting, but it is the best the OIG can calculate based on the information available.

Table II. Juvenile Justice Residential Facility Expenditures[14]

Detention (Probation) 7/1/14 – 1/31/15	**Non-treatment Residential** (Probation) 7/1/14 – 1/31/15	**Treatment Residential** (Probation) 7/1/14 – 1/31/15	**Probation Total** 7/1/14 – 1/31/15	**Youth Rehabilitation and Treatment Centers** SFY 2013-2014	**OJS Out-of-Home** SFY 2012-2013
$ 4,365,516	$ 10,470,532	$ 8,020,500	**$22,856,548**	$ 18,465,737.93	$20,876,487.48

Inappropriate Use of Detention

Part of the recent reform effort aimed to reduce the unnecessary use of juvenile detention. Among other changes, LB 561 established two purposes for secure detention: "immediate and urgent necessity for the protection of [a] juvenile or the person or property of another or if it appears that [a] juvenile is likely to flee the jurisdiction of the court."[15] The law further clarifies that it is not permissible to detain youth for status offenses (e.g. - skipping school, running away).[16] However, information available to the OIG indicates that Nebraska is not yet using juvenile detention in accordance with these new provisions and many low-risk youth continue to be detained.

Nebraska law requires that Probation uses a standard risk assessment instrument (RAI) to assess whether or not to detain a youth.[17] A recent study by the Juvenile Justice Institute showed that Probation is not using the tool enough to know whether the tool is valid or can be verified in any way. Probation officers override the RAI 45% of the time. These are youth whose score indicates that they should *not* be detained because they do not pose a risk of failing to appear in court or committing a new crime. The study found that between September 1, 2013 and August 31, 2014, 578 youth who did not score for detention, were placed in detention by Probation. Of those, **251 youth detained scored to be released without any restriction** (e.g. – electronic monitor).[18]

[14] Information in chart on Probation expenditures provided to the OIG by Doug Nichols, Legislative Fiscal Office. YRTC spending cited above can be found in the annual reports for YRTC-G and YRTC-K. OJS Spending found in the OJS report to the Legislature: http://nebraskalegislature.gov/FloorDocs/103/PDF/Agencies/Health_and_Human_Services__Department_of/51_20130913-144625.pdf.
[15] Neb. Rev. Stat. §43-251.01.
[16] *Ibid.*
[17] Neb. Rev. Stat. §43-260.
[18] Moore, Sara and Anne Hobbs. "Analysis of the Nebraska Intake Risk Assessment Instrument – 2015." Juvenile Justice Institute. University of Nebraska at Omaha, 2015. http://www.unomaha.edu/college-of-public-affairs-and-community-service/juvenile-justice-institute/_files/documents/analysis-of-nebraska-intake-risk-assessment-instrument.pdf.

Probation Administration should be commended for undertaking the study of the RAI and releasing the report. Opening a system up to evaluation is the first step toward purposeful improvement and transparency. The OIG strongly supports Probation continuing constant knowledge, transparency, and evaluation of their system in order to make needed improvements in all areas.

The OIG has also received complaints related to youth already supervised by Probation being inappropriately detained. Often a youth's placement in detention is requested by Probation officers for probation violations – the youth breaking rules or failing to follow the terms of Probation. The OIG has seen cases of youth being detained due to issues such as a lack of available placements, a parent's refusal to follow court orders, and even cursing at adults. Anecdotally, juvenile justice stakeholders indicate that the majority of youth in detention are there for probation violations, not because they pose a danger to public safety. This inappropriate use of detention is both costly to the state and harmful to youth. The OIG will continue to look into this issue in the coming year.

Indefinite Probation Supervision replaces State Ward Status

Adults sentenced to probation are given a specific term of months to serve before being free to go about the rest of their lives. Before LB 561's passage, youth in juvenile court were also given a specific and certain time period on probation. With LB 561, the Legislature intentionally took away the option of making youth state wards when they committed crimes or status offenses with the hope of limiting children's involvement in the juvenile justice system. However, courts now seem to be routinely placing youth on juvenile probation for an indefinite period of time, until their 19th birthday. It is referred to as "indefinite" because there is a chance that the youth could be released from probation supervision when all conditions of probation have been met. It is the OIG's understanding that Juvenile Probation has encouraged juvenile probation officers to request the court end the youth's term of probation when the youth has successfully completed all items the court has ordered. It may make more sense to limit the probation terms that can initially be imposed on a youth, then giving the courts the discretion and opportunity to extend the probation term if need be.

For youth who have made a mistake or two, but are generally low-risk, extended involvement in the juvenile justice system tends to mean poor outcomes for the youth and a greater risk of criminal offending going forward, not to mention higher costs to the state.[19] The OIG is aware of children as young as 12 and 13 being placed on indefinite probation for charges like criminal mischief. This practice seems to be contrary to the intent of recent reform efforts and may require legislative clarification.

Violent crimes committed by youth on juvenile probation

Juvenile Probation is charged not only with guaranteeing that youth access necessary rehabilitative services, but also ensuring that public safety is protected through adequate supervision and assessment of youth. Since December 2014, at least two youth supervised by juvenile probation have

[19] "Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System." National Reentry Resource Center. Council for State Governments: July 2014. https://csgjusticecenter.org/wp-content/uploads/2014/07/JJWhitePaperExecSummary.pdf.

been charged with homicide.[20] Since the OIG did not have jurisdiction at that time, no specific reviews of either incident has been conducted at this point. However, these high profile incidents raise questions about whether juvenile probation is using effective strategies for working with these youth, whether youth are being correctly assessed and supervised based on their risk level, and whether appropriate services were provided to the youth who went on to commit violent crimes.

NEED FOR TRANSPARENCY

Nebraska's juvenile justice reform has ambitious and worthy goals - ensuring positive youth outcomes, effective, judicious use of taxpayer dollars, and public safety. Passing laws with good intentions is rarely enough to achieve desired outcomes, however. The challenges that Nebraska's juvenile justice reform is facing and areas where it is not yet meeting its targets clearly illustrate that more needs to be done to reach the desired goals of reform.

Key to successful reform is transparency and accountability. Nebraska administrators, policymakers and the public need to better understand why reform is struggling in certain areas so that needed changes can be identified and enacted administratively or legislatively. Decisions need to be made with all true and factual information presented and available. Included in these decision-making considerations are whether certain items should be handled internally to an agency or externally; at the state, county, or local level; and whether a function should reside in a certain branch of government. Considering the resources and responsibilities recently delegated to Probation, oversight and understanding of Probation's operations is particularly important. A single agency cannot be held solely responsible for reform's success or failure. However, the more detailed information available about how Juvenile Probation is functioning and the outcomes it is achieving, the more cooperation that can occur across branches of government and the more efficiencies that can be implemented for the good of Nebraska's youth, families, and communities.

Unfortunately, as the OIG begins its expanded oversight, there are significant concerns about the transparency of the Administrative Office of Probation. While the OIG has been commissioned by the Legislature to act as a mechanism of legislative accountability for Juvenile Probation, they have indicated that they do not intend to comply with the law, including allowing the OIG direct access to electronic databases and expedited access to case files. This places additional burdens on the OIG, Probation staff, and most importantly the courts which now must issue orders for information that the OIG needs in order to make timely and informed decisions. The OIG is also aware that other entities have been denied juvenile probation information access, for example: the Foster Care Review Office, charged with reviewing out of home placements, cannot access policy information to perform their oversight functions.

Probation decided not to release a report by the Council of State Governments in the spring of 2015 that contains analysis and recommendations for how to improve Nebraska's Juvenile Probation

[20] Press coverage in the Omaha World- Herald indicates that a 16-year-old supervised by Probation was charged with a double homicide in January 2015. See: "Bail denied for Omaha teen charged in double homicide." January 8, 2015. A 15-year-old supervised by Probation was charged with homicide in July 2015. See "Parents of 12-year-old boy facing murder charge were violent examples." July 9, 2015.

system. Anecdotally, Probation has shared that they agree with the findings and recommendations of such CSG report, but site that the data is wrong, therefore the report needs correcting. CSG confirmed verbally that they are confident in and will not change their findings and recommendations in the report.

Most concerning, juvenile probation policies and procedures, which govern their operations, are prohibited from being shared with the OIG. Since Probation is housed under the Nebraska Supreme Court, the Administrative Procedures Act does not apply, so the policies that Probation uses to determine how to keep youth and communities safe and how to efficiently use taxpayer dollars are not open to public review. The OIG requested complete access to Probation's policies in order to understand Nebraska's juvenile probation system, but was formally denied.[21]

Access to policies and procedures is absolutely necessary to the OIG's role as they serve as the basis for both the investigation of complaints and formulation of recommendations that the OIG makes to agencies. Inspector General work is formal—trusting what is said, but *always* verifying and supporting with documentation.

The lack of openness is concerning for those beyond the OIG as well. There is no avenue that families and youth who are involved with Probation have to understand or give input to the processes that impact their lives so significantly. Nor is there an opportunity for other agencies which must attempt to work cooperatively to achieve better outcomes for youth and families to share input and information about Probation's functioning with their staff. This inevitably leads to unnecessary confusion about system roles and responsibilities. Finally, a lack of publically available and clear policy and procedure inevitably leads to confusion as legislative decisions are made related to appropriation of funds.

Despite the obstacles, the OIG remains committed to providing oversight of the juvenile justice system and Juvenile Probation in particular to the greatest degree possible. While the challenges are significant, the OIG remains hopeful that progress can be made towards creating a transparent, efficient juvenile justice system in Nebraska that serves youth, families, and public safety well.

[21] Steel, Corey. Letter to Julie L. Rogers. 10 Sept. 2015. TS.

Juvenile Justice Complaint from 2014-2015

"Johnny"[1] is a 13-year-old who has been in detention almost continuously for 5 months. This is his first time in the juvenile justice system. He has multiple mental health diagnoses and is on a number of medications, some of which are psychotropic. The OIG was called because of concerns about Johnny not receiving his medications in detention or experiencing delays in medication administration, his glasses disappearing, his hearing aids not having batteries, and facility staff causing bruises on Johnny's arm and responding harshly to his behaviors.

As is standard protocol whenever a complaint comes into our office, the OIG reviewed publically available court records and any information available through the Department of Health and Human Services' NFOCUS system to see if any other issues meriting investigation were present. Although the OIG did not have the jurisdiction at the time to investigate any of the issues raised, records did reveal additional concerns and systemic issues within the juvenile justice system:

- **Use of indefinite probation:** Johnny was placed on indefinite probation (5 years and 231 days) by the court for criminal mischief and third degree assault. An adult convicted of similar charges could only be supervised by probation for a maximum of 2 years.
- **Children's status based on parent's actions:** Johnny's probation order required his mother to complete parenting classes.
- **Placement instability:** Johnny has had 6 placement changes. Three different foster placements lasted less than two weeks. Within the first month after a charge was filed, Johnny had been removed from his home and been to 3 additional and different placements
- **New charges filed while youth on probation:** A new 3rd degree assault charge was filed against Johnny after less than 2 months on probation.
- **Long stays in detention:** Johnny spent approximately 5 months in detention, much of it waiting for placement.
- **Lack of available, suitable placements:** The judge gave probation the authority to use the least restrictive placement, including foster care. However, no foster families where Johnny was placed were able to successfully care for him and he returned to detention. Johnny is ordered to be placed in a group treatment home and was transferred to an out-of-state group home shortly after the OIG received the complaint.
- **Unaddressed child welfare concerns:** Throughout Johnny's childhood up until just a few months before he was charged in the juvenile justice system there have been numerous intakes to the child abuse and neglect hotline raising concerns about the care provided to Johnny. No formal child welfare services have been provided to Johnny or his family.

CONTACTS TO THE OFFICE OF INSPECTOR GENERAL

The work of the Office of Inspector General of Nebraska Child Welfare (OIG) is determined by the information that it receives. Information generally comes to the office in the form of complaints from the public, critical incident notifications from DHHS or Probation, and copies of grievance findings from DHHS. The OIG conducts a preliminary inquiry and document review on every complaint, critical incident, and grievance finding to determine whether or not to open a full investigation and what, if any, additional actions may be appropriate.

Between July 1, 2014 and June 30, 2015, the OIG received a total of **410 contacts**, including:

- **132** complaints (over two-thirds were received by telephone);
- **276** critical incidents (273 from DHHS and 3 from Probation)[22]; and
- **2** reports of grievances and accompanying findings from DHHS.

The Legislature recently gave the OIG the authority to investigate complaints and incidents of concern related to cases referred to Alternative Response (AR),[23] a new pilot project that DHHS began in October 2014. Although, the OIG's contact information has been given to all families who participate, the OIG received no complaints, critical incidents, or grievances related to AR.

During the past fiscal year, the OIG worked to improve its own internal system for tracking contacts. The OIG expanded the amount of data it collected from critical incidents, in particular, which account for over two-thirds of the staffed cases. The hope is that this information can be used to track trends and identify systemic issues that may require investigation. This information can also help the OIG track its own performance and learn to more efficiently use its limited resources. Starting July 1, 2015, the OIG expanded and refined the data it collects related to complaints as well. Detailed data is only available for critical incidents in this report.

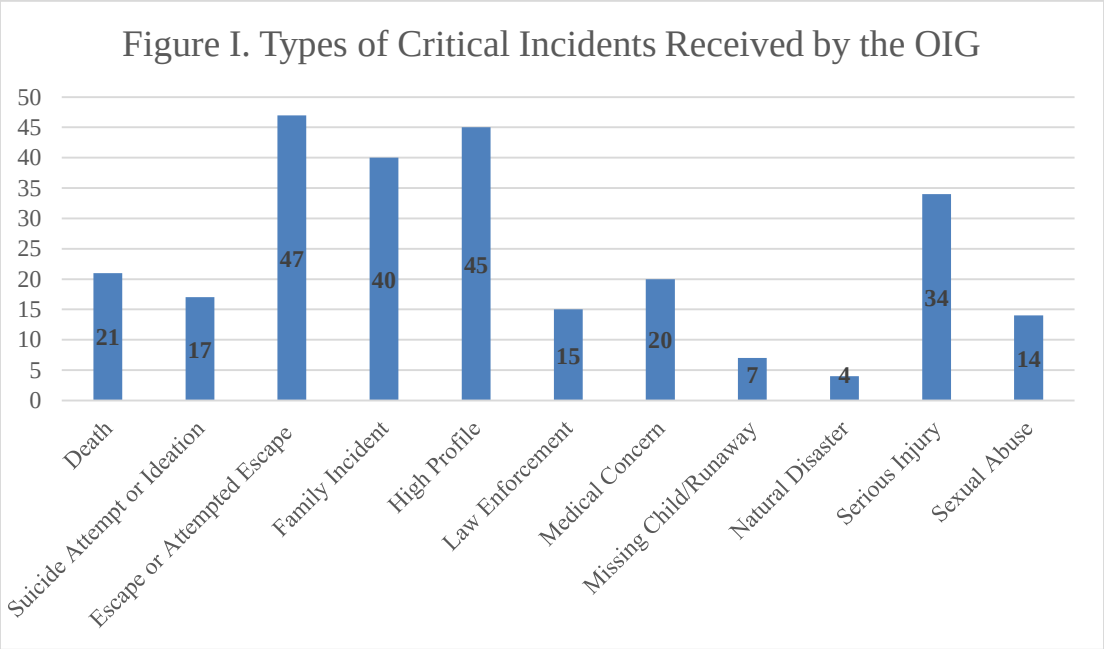
DATA ON CRITICAL INCIDENTS

Both DHHS and Probation have set policies related to reporting critical incidents internally and to the OIG. DHHS has chosen to include the OIG on all internal critical incident reports, while Probation chose to send special reports to the OIG related to death and serious injury only during the last fiscal year.[24]

As Figure I illustrates, these reports bring a large range of incidents to the OIG's attention. The highest number of incidents reported to the OIG involved a youth escape or attempted escape from a state facility. 20 reports involved youth at YRTC-Geneva, 26 reports involved youth at YRTC-

[22] The OIG captures data by each child involved in a critical incident. A single critical incident often involves more than one child. Furthermore, some children were involved in more than one critical incident in the course of the year. They are counted each time a critical incident was received in the count of contacts, but are unduplicated for data on critical incidents as a whole.
[23] Neb. Rev. Stat. §28-712.01 (5).
[24] Probation Administration has reconsidered only sending special reports and has indicated that the OIG will now receive all of juvenile probation's critical incident reports.

Kearney, and 1 report involved youth at the Hastings Juvenile Chemical Dependency Program. Escapes and attempted escapes present a challenge to both YRTCs.



Many other types of reported incidents were related to family members of youth in DHHS custody (e.g. – car accident, criminal arrest) or other "high profile" events (e.g. – media coverage of child abuse). The OIG also received over 50 reports of deaths or possible serious injuries, which the OIG is tasked with closely examining. Additional data breakdowns on these areas are provided in the following sections.

Of the children mentioned in critical incident reports:

- 42% were teenagers (between 13 and 19 years of age);
- 28% were under the age of two;
- 33% were DHHS wards;
- 18% were supervised by Probation;
- 17% had no prior system involvement; and
- 16% had a current or prior child abuse investigation.

DEATHS REPORTED TO THE OIG

During the last fiscal year, the OIG was tasked with investigating all deaths and serious injuries of children: (1) placed in out-of-home care, a residential facility, or in the care of a licensed day care facility; (2) currently receiving or have received child welfare services from DHHS in the past twelve months; and (3) the subject of a child abuse investigation (initial assessment) in the past twelve months. This criteria will expand next year to include the death of any child receiving services from Probation.

During the last fiscal year, the OIG received reports of **21 child deaths.** Of these reports:

- Over **90%** of deaths involved children **under the age of 2**;
- **57%** of the children who died were **male**; and
- **15** deaths met the criteria for a full investigation.

Most of the 15 investigations into these deaths are not yet complete, however the OIG does have preliminary data available on the cause of death and level of system involvement (see Table III).

Over two-thirds of the deaths reported to the OIG were caused by medical conditions or Sudden (Unexplained) Infant Death Syndrome (SIDS). Abuse or neglect were the cause of death in 3 of the 15 cases, one involving an active non-court case and two involving recent child abuse investigations. Finally, one youth on juvenile Probation and placed at a home for the developmentally disabled died due to hypothermia.

The OIG is committed to completing thorough investigations in all these cases to identify issues in these individual cases and areas where systemic improvements are needed to better care for Nebraska's children.

Table III. Cause of Death in New OIG Investigations, FY 14-15

Cause of Death	State Wards	Initial Assessment in Past 12 Months	Non-Court Case	Licensed Child Care Facility	Probation Supervision
Medical	6	0	0	0	0
SUIDS/SIDS	1	2	0	2	0
Abuse & Neglect	0	2	1	0	0
Hypothermia	0	0	0	0	1
Total	**7**	**4**	**1**	**2**	**1**

SERIOUS INJURIES REPORTED TO THE OIG

The Office of Inspector General of Nebraska Child Welfare Act defines a serious injury as, "injury or illness caused by suspected abuse, neglect, or maltreatment which leaves a child in critical or serious condition."[25] If an injury meets this definition and the criteria outlined in the previous section, the OIG must open a full investigation.

During the last fiscal year, the OIG received reports of **34** suspected serious injuries. Of these reports**:**

- Over **85%** involved children **under the age of 2**;
- **67%** of children injured were male;

[25] Neb. Rev. Stat. §43-4318

- Over **55%** of children seriously injured had no prior contact with the child welfare system; and
- **11** met the criteria for a full OIG investigation.

Table IV shows preliminary information available on the types of injuries for children who had current or prior child welfare system involvement.

Table IV. Type of Serious Injury in Critical Incidents by System Involvement, FY 14-15

Type of Serious Injury	Initial Assessment in past 12 months	State Ward	Case Closed in Past 12 Months
Abusive Head Trauma	4	0	1
Accident	2	0	0
Skull Fracture or Brain Bleed	1	2	0
Neglect	1	1	0
Unknown	2	0	0
Total	**10**	**3**	**1**

10 of the suspected serious injuries reported occurred to children who were the subject of a recent child abuse investigation. Another trend worth noting is that over a third of serious injuries to children who had contact with the child welfare system were related to abusive head trauma. Formerly referred to as "shaken baby syndrome," abusive head trauma is commonly defined as, "an injury to the skull or intracranial contents of an infant or young child (< 5 years of age) due to inflicted blunt impact and/or violent shaking."[26] These types of injuries can often leave children with permanent disabilities. In the coming year, the OIG will be closely examining and investigating these cases to identify issues and make thorough recommendations.

[26] "PEDIATRIC ABUSIVE HEAD TRAUMA RECOMMENDED DEFINITIONS FOR PUBLIC HEALTH SURVEILLANCE AND RESEARCH ." Centers for Disease Control. April 2012. http://www.cdc.gov/violenceprevention/pdf/pedheadtrauma-a.pdf.

ISSUES & THEMES

One of the main charges of the OIG is identifying significant child welfare challenges and issues.[27] Although the OIG's work is based on investigating individual cases and complaints, many of the issues identified through our investigations are systemic in nature. The following section describes broad challenges that Nebraska's child welfare system is facing.

The OIG has made recommendations to DHHS related to many of these areas (full recommendations can be found in Appendix A). However, long-term solutions and improvements in most of the areas below will require the dedicated leadership and cooperation of private providers, different state agencies, and branches of government.

PROFESSIONALIZATION OF THE WORKFORCE – CASELOAD CHALLENGES REMAIN

Child welfare's front line professionals have extremely challenging jobs. They are charged with making crucial decisions about children's safety, engaging struggling parents and families, and ensuring youth have access to the care, services, and loving, supportive relationships that they need to succeed. Front line child welfare jobs frequently require those who take this enormous task on to respond to the urgent needs of children and families every day of the week and all hours of the day and night.

A skilled and stable child welfare workforce is key to successful outcomes for children and families and the child welfare system as a whole. This is achieved when front line staff have manageable caseloads and workloads, when they are well-trained and educated, and when turnover is minimized. Increasing the professionalization and stability of the child welfare workforce has received significant attention in Nebraska in recent years from the Legislature, DHHS, and others. Efforts to improve the child welfare workforce through better training, education, recruiting, and retention show promise. However, these efforts are being undermined by Nebraska's persistently high caseloads, which have been shown to increase worker turnover and limit a worker's ability to achieve good outcomes for children and families.[28]

In 2012, the Legislature required DHHS caseloads not be greater than 17.[29] At the end of July 2015, the actual caseload for ongoing cases in all DHHS Service Areas was between 20 and 30 families for each worker. The caseload limits set forth in statute are mandates, not goals. With the significant changes in funding available for frontline child welfare staff due in large part to the shifts of case management between DHHS, private child welfare agencies, and Probation before and since 2012, it

[27] Nebraska Revised Statute 43-4302 "determine if individual complaints and issues of investigation and inquiry reveal a problem in the child welfare system, not just individual cases, that necessitates legislative action for improved policies and restructuring of the child welfare system."
[28] Social Work Policy Institute. "High Caseloads: How Do They Impact Delivery of Health and Human Services." January 2010.
[29] Nebraska Revised Statute 68-1207

is impossible to know whether enough funding was ever or is currently allocated to allow DHHS to meet statutory compliance.[30]

DHHS CFS administrators have been diligent in efforts to address workforce challenges – expanding opportunities for front line staff and working closely with HR to refine hiring practices and promote retention. However, these efforts have not reduced caseloads. A national consultant brought in to assist Nebraska with caseloads by Casey Family Programs in July 2015 shared that to successfully meet caseload standards it was important to appropriately account for both turnover rates and leave that employees take (maternity leave, sick and vacation time) in determining how many positions are necessary. Building in a cushion or forward fill of approximately 20% is often recommended.

Going forward, if caseload standards in law are actually to be implemented rather than aspirational, the Legislature and DHHS must work together to ensure that funding levels are appropriate and that resources are being expended where the Legislature intended. Additionally, the Legislature must assess whether Probation, which has no statutorily mandated caseload standards, has enough staff to function appropriately and whether caseloads should also be mandated for juvenile Probation.

MENTAL HEALTH AND TRAUMA

Experiencing certain traumatic events in childhood, among them abuse, neglect, parental separation, and witnessing violence, has been shown to adversely impact children's development and brain functioning. Research shows a remarkable prevalence of trauma in our systems-involved children. A national study of adult foster care alumni found that 25.2% had PTSD, nearly double the rate of US war veterans. Other research offers evidence that the number for juvenile offenders could be nearly twice as high. Childhood trauma increases the likelihood of mental and behavioral health challenges.[31]

Given the prevalence of trauma and mental and behavioral health challenges for youth in the child welfare and juvenile justice systems, the OIG identified the implementation of "trauma informed care" in Nebraska's child serving systems as one of its key recommendations in the OIG Annual Report 2013-2014.[32] Nebraska's child welfare system must have the policies, procedures, resources, and training to provide trauma informed care. This includes efforts to identify children and youth who are suffering the effects of acute and chronic traumatic experiences, to ensure proper treatment.

[30] Memo from Liz Hruska, Legislative Fiscal Office. The Legislature also provided DHHS with approximately $4.8 million (SFY 11-12) and $13.5 million (SFY 12-13) solely for hiring additional staff and reducing caseload ratios. With juvenile justice reform efforts, DHHS transferred $1.9 million (SFY13-14) and $5.5 million (SFY14-15) in administrative funding used for salaries to the Administrative Office of Probation. Probation has no caseload requirements in statute

[31] Gerrity, Ellen and Cynthia Folcarelli. "Child Traumatic Stress: What Every Policy Maker Should Know." The National Child Traumatic Stress Network: 2008. http://www.nctsn.org/sites/default/files/assets/pdfs/PolicyGuide_CTS2008.pdf.

[32] Office of the Inspector General of Nebraska Child Welfare Annual Report 2013-2014, pages 17-21, http://nebraskalegislature.gov/FloorDocs/103/PDF/Agencies/Inspector_General_of_Nebraska_Child_Welfare/285_20140915-233256.pdf, (September 15, 2014).

When a court orders a juvenile to the care of DHHS and becomes a ward of the state, that child is subject to the legal custody and care of DHHS.[33] DHHS is then responsible for making decisions regarding medical care and treatment, including mental health treatment and any psychotropic medications prescribed, involving the parent as much as possible.[34] DHHS plays a crucial role in ensuring that the children it serves get the care that they need.

Though Juvenile Probation does not have the same strict burden of providing informed consent for mental health treatment, Juvenile Probation is tasked with case management, supervision, and services of youths placed on probation. Probation officers act as "agents of change" rather than only "enforcers" of orders, thereby developing juveniles and their service delivery to help them and influence behavioral change,[35] which oftentimes includes mental health treatment. In addition, when youth on probation are in out-of-home placement, they continue to be supervised by a probation officer who monitors the juvenile's progress, behavior, treatment, and continued need for placement.[36] Understanding the trauma effects of every change of placement is key to successful probation supervision. Juvenile probation officers have great influence not only on the youth they supervise, but also in the communication and recommendations they make to decision-makers such as prosecutors and judges.

While DHHS efforts to make the child welfare system more trauma informed have continued, much more remains to be done. The OIG identified a number of shortcomings in Nebraska's approach to trauma and mental health for those in the child welfare system over the course of the past year. An OIG death investigation of a state ward found that DHHS's lack of clear policies and procedures for mental health and oversight of psychotropic medication for those in foster care, contributed to a lack of coordination which the resulted in the delivery of insufficient, ineffective care, and likely played a role in the youth's eventual suicide.[37]

To remedy these concerns, the OIG proposed a number of recommendations including the prompt adoption of policies on appropriate use and oversight of psychotropic medications and processes for informed consent, mental health trauma screening and treatment, and the sharing and updating of all aspects of a youth's medical (including mental health) information among medical professionals and caretakers. The OIG also recommended expanded training for DHHS staff and others who work directly with children and youth in the state's care and an expansion of data measures and quality assurance processes on mental health. All recommendations were accepted and details on their implementation status can be found in Appendix A.

CONCERNS WITH RESIDENTIAL FACILITIES

Research on child development consistently shows that children do best in families. Despite this research and federal mandates that children live in the least restrictive (most family-like) setting, many

[33] Neb. Rev. Stat. §43-285.
[34] 390 Nebraska Administrative Code (NAC) 11-002.04F
[35] https://supremecourt.nebraska.gov/10805/juvenile-case-managementsupervision-and-services
[36] https://supremecourt.nebraska.gov/10807/juvenile-placement
[37] See Appendix A

children in the child welfare and juvenile justice system are placed in group residential facilities, often referred to as congregate care. These placements are more expensive than foster care and have been shown to have especially negative effects on young children and children who do not have mental or behavioral health needs that might justify such a placement. [38]

Nationally, about 20% of children in the child welfare system will experience congregate care placement at some point during their time in care. Available Nebraska data seem to show similar numbers.[39] Youth in the juvenile justice system are also frequently placed in congregate care facilities. Nebraska in particular places juvenile justice youth in residential facilities (including detention and YRTCs) at the 3rd highest rate in the nation.[40] Like most other states, Nebraska has more work to do to appropriately reduce the use residential facilities for vulnerable children and youth.

Ideally, residential facilities should be used rarely – only in cases where children have significant needs that cannot be met in a family setting in the community. These facilities must have high standards of care and well-trained staff to ensure children's safety and well-being. Facilities should do everything possible to minimize the potential harm that congregate placement can bring. Unfortunately, a number of specific concerns about the inappropriate use of residential facilities and confusion about facility requirements and standards have come to the OIG's attention over the past year.

The OIG received a number of complaints about Nebraska youth being sent to out-of-state facilities. In looking into many of these complaints, the OIG found that most of these facilities did not offer intensive mental health treatment, but instead were usually privately run facilities, more equivalent to either group homes or Nebraska's YRTCs. The OIG did not have jurisdiction to open investigations on the complaints, so it was unclear why youth were sent there instead of equivalent facilities in Nebraska, closer to their community and family. In an effort to address concerns, the OIG is currently participating in a legislative interim study examining these issues and hopes more can be done reduce the unnecessary use of out-of-state facilities.

The OIG is also aware of general uncertainty about how Nebraska residential facilities should be licensed. Nebraska has two entities that license or inspect residential facilities for children - the Jail Standards Board of the Crime Commission and the Division of Public Health of DHHS. The Legislature made a general distinction between facilities run by counties (licensed by Jail Standards) and those run by private providers (licensed by DHHS) in 2013. However, questions persist about whether facility standards established by the entities meet the needs of the children housed there and whether facilities can or should be licensed by both entities. An example that came to the OIG's

[38] The Adoption and Safe Families Act of 1980 adopted the "least restrictive setting" standard. For research on potential negative outcomes see Wulczyn, Fred et al. "Within and Between State Variation in the Use of Congregate Care." Chapin Hall, The Center for State Child Welfare Data: June 2015. https://fcda.chapinhall.org/wp-content/uploads/2015/07/Congregate-Care_webcopy.pdf.

[39] *Ibid.* Available Nebraska data showed that approximately 20% of DHHS wards on December 31, 2013 were placed in congregate care. *Kids Count in Nebraska 2014 Report.*

[40] Youth Residing In Juvenile Detention, Correctional And/Or Residential Facilities. *Kids Count Data Center.* http://datacenter.kidscount.org/data/Tables/42-youth-residing-in-juvenile-detention-correctional-and-or-residential-facilities?loc=1&loct=2#detailed/2/2-52/false/867,133,18/any/319,17599.

attention this year is the Northeast Nebraska Juvenile Services Center, a non-profit, that runs a detention center but also has a staff-secure detention wing that is now licensed by Public Health as well. This means the same wing that primarily serves youth in the juvenile justice system who have committed crimes is allowed to house abused and neglected youth as young as 8 as a shelter. There is also confusion about what the difference is between both secure and staff-secure detention and staff-secure detention and other congregate care facilities.

Generally, licensing and inspection standards are intended to be minimum standards that ensure children's safety and well-being in facilities and compliance with any state or federal requirements. Jail Standards requirements for juvenile detention facilities were last updated in 1993 and Public Health regulations governing Residential Child Caring Facilities (group homes and shelters) were last updated in 2003, although new legislation was passed in 2013. Currently, both DHHS licensing standards and Jail Standards for both secure and "staff-secure detention" are being updated or created. The OIG is hopeful that these updated standards help increase children's safety and also clear up confusion about the intended purpose of different types of facilities and the types of children that are appropriate to be placed in each facility. However, additional legislative clarification may be helpful to these agencies.

YOUTH REHABILITATION AND TREATMENT CENTERS

Nebraska has two youth rehabilitation and treatment centers (YRTCs) that serve as the placement of last resort for children in our juvenile justice system. The facility for girls is located in Geneva (YRTC-G) and the boys' facility is in Kearney (YRTC-K). The population at both YRTCs has been declining, most recently due to the legislative requirement within Legislative Bill 561 (2013) which requires that, during a hearing, the court finds that all available community-based resources were exhausted; all levels of probation supervision be exhausted; and placement at a YRTC is of immediately necessary to protect the juvenile or the person or property of another or it appears that the juvenile is likely to flee.[41]

Nebraska will always need youth placements of last resort. Because best practice dictates that residential treatment facilities need to be therapeutic, these facilities belong within CFS or Behavioral Health rather than Corrections or Probation. Without the YRTCs, Nebraska would likely send more youth to out-of-state facilities, place more youth in county detention facilities, or try more youth as adults. None of these are desired outcomes.

Despite the shrinking population at both YRTCs, challenges such as:

- Managing low risk youth with high risk youth;
- Establishing evidence-based treatment programs for a wide variety of youth, from those who are violent and aggressive to those with other deviant behaviors to those with developmental disabilities;

[41] Neb. Rev. Stat. §43-286(1)(b)(ii)

- Multiple psychotropic medications being taken by a number of youth; and
- Elopements from the facilities, which many times results in additional criminal charges for youth.

Prison Rape Elimination Act

In 2003, the federal government passed the Prison Rape Elimination Act (PREA), intended to create basic standards to address sexual violence and victimization in confinement. In June 2012, the Department of Justice released the final standards facilities must follow, including specific standards for juvenile facilities - facilities which are, "primarily used for the confinement of juveniles pursuant to the juvenile justice system or criminal justice system."[42] These facilities include detention centers, correctional facilities, and group homes and other congregate placements where youth in the juvenile justice system are placed. While compliance with PREA standards is not mandatory for state and local governments, failure to implement PREA does result in a loss of federal funding. Additionally, failure to comply with PREA may increase the likelihood of civil litigation against states and local governments, since these standards are now widely accepted as minimum requirements for ensuring safety of those housed in confinement facilities.[43]

PREA implementation is important to youth safety and well-being. National research by the Bureau of Justice Statistics (BJS) estimated that in 2012, 9.5% of youth in juvenile facilities experienced sexual victimization while confined. In general, youth at all-male facilities were more likely to experience victimization by staff, while youth in all-female facilities were more likely to be victimized by other youth. YRTC-Geneva, an all-female facility, did have a number of youth who participated in the BJS survey in 2012. Results showed that 4.2% of youth reported experiencing sexual victimization at the facility, all by other youth. The BJS survey also indicated that youth who experienced sexual victimization prior to admission were significantly more likely to be victimized while in confinement at that facility.[44] This is particularly important to note because at YRTC-Geneva, staff interviewed by the OIG estimated that between 70 and 95 percent of youth admitted to the facility have experienced prior sexual victimization. This places them at heightened risk of victimization at the facility.

While Nebraska is not yet fully compliant with PREA, the Governor's office has given assurances to the Department of Justice (DOJ) that at least five percent of Nebraska's DOJ funding is being used to bring all facilities under the control of the executive branch in Nebraska into compliance.[45] Accordingly, DHHS has taken steps to implement new policies at both Youth Rehabilitation and Treatment Centers (YRTCs). Staff have been designated as PREA coordinators, new training has

[42] "Understanding the Impact of the Prison Rape Elimination Act (PREA) Standards on Facilities That House Youth." Center for Children's Law and Policy: http://www.cclp.org/documents/PREA/PREA%20Quick%20Ref.pdf.
[43] "Analysis of the Prison Rape Elimination Act (PREA) Implementation in Texas." Texas Criminal Justice Coalition.
[44] *Sexual Victimization in Juvenile Facilities Reported by Youth, 2012.* US Department of Justice: Bureau of Justice Statistics: June 2013. http://www.bjs.gov/content/pub/pdf/svjfry12.pdf.
[45] FY 2015 List of Certification and Assurance Submissions. https://www.bja.gov/Programs/15PREA-AssurancesCertifications.pdf.

been provided, and new policies on identifying and responding to sexual abuse have been adopted. Additionally, DHHS has designated a statewide PREA Manager for both YRTCs and is planning independent PREA audits.

An OIG investigation revealed that staff and administration at YRTC-Geneva were struggling to understand and comply with PREA. DHHS Central Office is making changes in its staff structure for PREA implementation efforts. Central Office will need to ensure adequate resources exist to support and oversee PREA at YRTC-Geneva and better engage staff in PREA implementation. Staff and youth training on PREA and sexual abuse should be expanded.

Central Office Oversight, Culture & Programming Changes. YRTCs house and care for some of Nebraska's highest need and highest risk youth. The OIG cannot express enough how important it is that DHHS Central Office provide proper support and foundation for intense problem-solving and improvements to YRTC administration. Staff oftentimes struggle to establish a therapeutic and trauma-informed environment. Many staff have a "correctional" mentality, and do not understand youth trauma, seeing all behaviors as a form of delinquency. The OIG recommends that DHHS Central Office provide additional guidance to and oversight of YRTC-Geneva to help implement needed culture change and ensure staff and management adhere to newly implemented policies and programs intended to better serve youth. Based on current capacity, the OIG believes additional Central Office staff may be necessary to ensure appropriate oversight of and support for the YRTCs.

Sustainable evidence-based practice implementation at the YRTCs must have DHHS Central Office committed and engaged. Unless top management provides strong leadership and support, changes to improve the workplace, culture, and treatment for youth at YRTCs will be for naught.

REPORTING CHILD ABUSE AND NEGLECT

Nebraska law requires anyone with, "reasonable cause to believe that a child has been subjected to child abuse or neglect," to make a report to either Nebraska's child abuse and neglect hotline, administered by DHHS, or law enforcement.[46] The law further specifies that DHHS and local law enforcement agencies must share reports and coordinate with each other.[47] Ensuring that professionals and the public appropriately report concerns and that law enforcement and DHHS respond correctly is an important tool for connecting families with needed resources and keeping children safe.

In 2014, the DHHS hotline received over 33,000 reports, 93% of which were related to child abuse and neglect. However, only 38%, or 12,221 reports were accepted for assessment by DHHS.[48] The majority of reports currently being referred to the hotline do not meet Nebraska's child abuse and

[46] Neb. Rev. Statute §28-711
[47] Neb. Rev. Statute §28-713
[48] "Child Abuse and Neglect: Annual Data Calendar Year 2014." NE DHHS. http://dhhs.ne.gov/children_family_services/Documents/2014CANReport.pdf.

neglect definition. These data suggest that there can be more done to ensure appropriate child abuse reporting in our state.

The OIG made three recommendations to DHHS to improve child abuse reporting hotline operations. These recommendations dealt with creating training for professionals who frequently report to the hotline, like law enforcement, school employees, and medical personnel; establishing a policy for how photographs should be handled by the hotline; and clarifying procedures for notifying law enforcement when serious incidents like sexual assault are reported. All of the recommendations were accepted and more details on their implementation status can be found in Appendix A. While DHHS has a key role to play, the OIG believes that long-term improvements to accurate and efficient child abuse reporting will require cooperation and leadership across agencies and with many different professional groups.

FOSTER HOME SAFETY

Children deserve to grow up in safe, loving homes. When families are not able to keep their own children safe, Nebraska's child welfare system is tasked with stepping in and taking appropriate action to ensure that child's safety. This often includes temporary placement in a foster family home.

Children in foster care have already experienced traumatic events – the maltreatment that caused them to be removed from the family home and the removal itself. The traumatic history of those in the child welfare system makes safe, quality foster care even more essential. Recent increases in the reimbursement given to foster parents, funded by the Legislature, illustrate that the need for quality foster care is recognized and supported across branches.

Unfortunately, complaints and critical incidents received and investigated by the OIG in the past year have made it clear that Nebraska has not yet taken all the necessary steps to ensure child safety and well-being in foster care. Some Nebraska children in foster care have been physically or sexually abused by their foster parents. The OIG has seen numerous instances where foster parents have not been adequately prepared to work with children's families or meet the needs of the children in their care (especially mental and behavioral health needs), resulting in placement disruption or worse.

In Nebraska, private agencies do most of the work to recruit, license, prepare, and support both traditional foster homes and kinship and relative foster homes.[49] This work is financed and overseen through Agency Supported Foster Care contracts with DHHS and voucher payments through Probation. As our state seeks to improve foster care safety, private agencies, DHHS, and Probation must work together to fix shortcomings and achieve better outcomes for children.

The OIG made a number of recommendations related to foster care safety to DHHS in the past year. These have included changes to Nebraska's home study process, the provision of better supports to kinship and relative families, and changes to ensure that an assessment of foster homes is completed whenever law enforcement responds to a call at the house. The OIG is also aware of a number of

[49] Relative and kinship foster homes are those which have a prior significant relationship or familial relationship with the child in their care.

initiatives that DHHS is working on to improve foster home safety. DHHS recently reorganized Resource Development (RD) – those within the division of Children and Family Services (CFS) who oversee contracts and foster home work – to make it easier to standardize practice across service areas and monitor outcomes.

More information on DHHS' recent actions related to implementation of the OIG's recommendations is available in Appendix A. It should be noted that full implementation of many of these recommendations depends on both negotiations and successful, thorough oversight of private foster care providers. The OIG is hopeful that recent and forthcoming changes will improve foster care safety in Nebraska.

RACIAL & ETHNIC DISPARITIES

Nebraska's children and families of color are overrepresented in our state's child welfare and juvenile justice systems. In 2013, children of color made up less than 30% of Nebraska's child population, but over 40% of those receiving child welfare services from DHHS or supervised by Probation, and over 50% of those detained or sent to the Youth Rehabilitation and Treatment Centers (YRTCs).[50] Given the large numbers of children of color in Nebraska's child welfare and juvenile justice system, the success of these systems will depend on how effectively they are able to meet the needs of children, families, and communities of color.

This year, the OIG recommended in a report of investigation that DHHS conduct an assessment of the availability of child abuse prevention initiatives in diverse communities, with a specific focus on immigrant, refugee, and limited English proficient households. DHHS accepted the recommendation and is working with prevention partners to assess and expand services (see details in Appendix A). Much more work will need to be done going forward across systems and agencies to identify strategies that can achieve better outcomes for children of color and consequently our child welfare system as a whole.

DUE PROCESS FOR CHILDREN & FAMILIES

Developmental Disability Application Appeals. It came to the attention of the OIG that the policy of the DHHS is that caseworkers under the Division of Children and Family Services are not allowed to appeal or assist in an appeal of developmental disability (DD) eligibility denials on behalf of children who are state wards. DHHS has care, custody, and control of state wards. The OIG is concerned that this policy leaves state wards without an adequate opportunity to appeal, especially when parental rights have been terminated. The OIG understands that DHHS has drafted a process that provides notice of eligibility denial to the juvenile court to then decide whether to appoint an attorney to handle the appeal. Vulnerable children in the state's care should be ensured a fair opportunity to appeal any denial of benefits.

Court Issues. Scheduling problems in juvenile cases continue to be a problem. Individual cases out have come to the attention of the OIG, and upon further inquiry, the biggest systems issue is that

[50] Voices for Children in Nebraska. *Kids Count in Nebraska 2014 Report*.

even though a motion has been filed by one of the parties, because of full dockets, it may not be heard for months. In some situations, hearings on one issue cannot be heard in a timely manner, and the hearing is set for different days, months apart. This causes delays in permanency. By the time a motion is heard in the case of a 6-month old, for example, waiting 6 months to hear the motion is half of the child's life.

Dually Adjudicated Youth. At the present time, many youth continue to be dually adjudicated, meaning that they are both a state ward and supervised on juvenile probation. Clarifying roles and services provided when a child either becomes a state ward and is served by DHHS, or is placed on probation and is supervised by Juvenile Probation. The creation of 2 parallel child-serving systems is not the intent of the reform, but rather each system is to be expert in serving their respective populations. This includes educating all stakeholders in the systems about which cases should properly belong under the jurisdiction of DHHS or under Juvenile Probation supervision. Neb. Rev. Stat. §43-247 lays forth the juvenile court's jurisdiction and the category each juvenile case fits into. Some have suggested that the "(3)(a) No-Fault" category which states that "the child is homeless or destitute, or without proper support through no fault of his or her parent, guardian, or custodian"[51] is the category local jurisdictions make cases "fit" when they do not want Juvenile Probation to supervise the case.

Juvenile Court Quality Representation. The OIG has identified two major concerns with attorney representation in juvenile court. First, there is concern when the OIG is reviewing a case and the juvenile has waived his/her right to an attorney, so proceeds through the process with no legal representation. Weighty decisions about a youth's future are made in juvenile court and without legal representation, not all information available may be presented properly to the court or the youth to make the most informed decisions possible. In one case reviewed by the OIG, a youth had been involved in the juvenile justice system for 6 years and sent to the YRTCs multiple times without any legal representation.

Second, the Supreme Court adopting new practice standards for guardians ad litem is a very *positive* step in the right direction, but all juvenile court attorneys—whether the youth's attorney, the parent's attorney, or the county attorney—could benefit from enhanced juvenile court specific practices and standards knowledge. Some attorney offices in Nebraska—whether it is county attorney or public defender or other—assign their most inexperienced attorneys to juvenile court, essentially using juvenile court as a proving ground for future trial attorneys, who hope to "move up" to be criminal prosecutors or defenders. This undermines the rehabilitative intent of juvenile court in Nebraska and diminishes the status of juvenile court practice.

DATA & TRANSPARENCY

Quality data is essential to measuring how the systems that serve Nebraska's children and families are performing and identifying where improvements need to be made. As the OIG pointed out in last year's report, DHHS CFS has consistently focused on improving the quality of its data over the past

[51] Neb. Rev. Stat. §43-247 (3)(a).

few years and makes detailed data reports publically available on a monthly basis. CFS has also integrated data more effectively into decision-making and policy and practice improvements through its monthly Continuous Quality Improvement (CQI) meetings.

Over the last year, the OIG made three recommendations to DHHS through reports of investigation on capturing and reporting data and expanding quality assurance (QA) efforts in specific areas: mental health and medications, maltreatment in foster homes, and home studies. DHHS has accepted all of the recommendations and full details on their implementation status can be found in Appendix A. The OIG is particularly impressed with changes to the DHHS database, NFOCUS, in March 2015 which now allow medical appointments, diagnoses, and medications to be entered more easily. These changes will allow DHHS to more closely monitor the medical and mental health care children are receiving.

Outside of formal investigations, the OIG also identified an issue where a number of children were listed as "Non-Court" in the DHHS data system but had active court cases. This data error occurred due to a court practice common in the Southeast Service Area (especially Lancaster County) where children's cases are supervised by the court for long periods of time, but they are not made state wards. DHHS changed its "Non-Court" label on the point in time report to "Non-Ward In-Home Families," to ensure that these cases were more accurately represented.

Going forward, the OIG looks forward to a continued and increasingly effective use of data and robust quality assurance processes to improve child welfare operations in Nebraska. A piece of this is ensuring appropriate use of and fidelity to tools used by agencies, like Structured Decision Making (SDM), the Youth Level of Service (YLS), and Detention Risk Assessment Instrument (RAI). It is the OIG's hope that Probation and other juvenile justice agencies follow DHHS' lead in making detailed performance data more accessible to the public on a frequent basis and incorporating data into quality improvement efforts.

APPENDIX A: OIG INVESTIGATION RECOMMENDATIONS

The Office of the Inspector General of Nebraska Child Welfare (OIG) is tasked with making recommendations in all its reports of full investigation. Recommendations may focus on systemic reform or case-specific action (Neb. Rev. Stat. §43-4327). The following contains brief, anonymized summaries of the investigations completed by the OIG during the past year, the general recommendations made to the Department of Health and Human Services (DHHS) and each recommendation's implementation status.

The OIG made a total of 14 recommendations to DHHS. DHHS accepted 13 of the recommendations and requested a modification on one recommendation related to changing Nebraska's home study format and process. The OIG issued a modified recommendation. The OIG did not make any formal recommendations to other state government entities or their contractors during the past year.

The following tables give an abbreviated version of the OIG formal recommendations, DHHS responses, and the recommendations' general status of implementation. No recommendations have been fully implanted. Several of the recommendations have been acted on and progress has been made, but action remains for full implementation. "DHHS" generally refers to the Division of Children and Family Services (CFS).

OIG has been impressed by the overall attitude and seriousness that DHHS receives and contemplates these reports, however, there remains frustration that accepted recommendations are not acted on in a timelier manner, for many reasons. Cautious optimism remains that DHHS will continue to implement the recommendations, improving their processes, finding efficiencies, and identifying barriers to implementation. Only by addressing the barriers can we move forward for a better system.

CHILD DEATH INVESTIGATION 1

Summary: A 17-year-old, diagnosed with developmental disabilities and mental health disorders, and placed in the custody of the Office of Juvenile Services (OJS), committed suicide.

Findings: The OIG found a number of systemic failures that contributed to the youth's death – inadequate provision of mental and behavioral health care; a lack of DHHS policies, procedures, and training to help staff manage mental health and psychotropic medications; and a failure to focus on and provide services around child and family needs identified in evaluations.

Recommendations: DHHS accepted all recommendations contained in the report on January 23, 2015.

OIG Recommendation	DHHS Actions	Overall Status
Adopt federally mandated mental & behavioral health policies, including those on: • Use and oversight of psychotropic medications (informed consent process, mandatory review of special cases, compliance monitoring) • Mental health and trauma screening and treatment (health screening protocol, identification of needs in case plan) • Guidelines on sharing and updating of medical information	• A plan to develop and adopt required policies was included in the Health Care Oversight Committee (HCOC) Strategic Plan 2015-2019 finalized in May 2015. • Program Memo 18-2015 adopted in May 2015, which includes minimum standards for health visits and documentation.	**Incomplete – no anticipated date of completion** DHHS reports its progress has been slow due to staffing issues. There have been challenges working across Divisions. The OIG will continue to monitor this area and attempt speed along development and implementation of these critical policies.
Expand training on mental and behavioral health • Ensure all CFS staff have training • Develop guide/provide information to medical professionals serving system-involved children and youth • Review training content to ensure suicide, developmental disabilities, and psychotropic medication are covered adequately	• The Trauma Informed Care Strategic Plan 2015-2019 includes expanding trauma training to CFS staff beginning in February 2015 • CFS Deputy Director has provided training to staff on substance abuse	**Incomplete – no anticipated date of completion** DHHS provides its training through a contract with the Center for Children, Families, and the Law (CCFL). Since a contract is already in effect, adding content comes with a cost. There is not flexibility to quickly adapt. DHHS discussed concerns about adding training requirements before caseloads and workloads are manageable.

CHILD DEATH INVESTIGATION 1, CONTINUED

Expand quality improvement and assurance related to mental and behavioral health and psychotropic medications	• NFOCUS was updated in March 2015 to allow for easy input and tracking of medical appointments, diagnoses, and medication information. • Drug Use Review (DUR) for wards on Medicaid with 4+ psychotropic medications completed.	**Progress** DHHS is seeking national technical assistance to improve its continuous quality improvement (CQI) process. Once enough data is available, DHHS will incorporate it into CQI meetings.

CHILD DEATH INVESTIGATION 2

Summary: A 22-month-old died after suffering abusive head trauma, including a brain bleed, skull fracture, and other bruising, while in the care of his relative foster parent.

Findings: The OIG found that DHHS did follow policy in placing the child in the relative foster home. However, a number of systemic failures that contributed to the child's death – the home study approval process was inadequate, needed supports were not provided to the relative foster home, and DHHS was slow to react to indications that a new placement was needed. The OIG also found that the way DHHS calculates maltreatment in foster care meant that the child's death was not reflected in data reports.

Recommendations: DHHS accepted OIG recommendations on providing supports for kinship and relative families and changing the calculation of absence of maltreatment in foster care on March 24, 2015. DHHS requested a modification of the OIG recommendation on home studies, and the OIG issued its final version on April 14, 2015.

OIG Recommendation	DHHS Actions	Overall Status
Improve Home Study Process • Adopt uniform, standardized home study process and questionnaires • Create additional mandatory fields for home studies on relative and kinship homes • Expand quality assurance and improvement processes related to home studies	• Program Memo 9-2015 adopted clarified current home study format and requires that kinship/relative placements should be asked specific questions and information on needed supports documented. • Workgroup of agency providers and CFS staff meet to discuss potential modifications to home studies. • CFS working to identify how to expand quality assurance and conduct CQI	**Incomplete** DHHS feels it has made significant improvements in home studies already and will continue to monitor progress through Resource Development (RD) which was reorganized in 2014. Most home studies in Nebraska are conducted by private contractors. Any changes must be negotiated with providers, which can slow progress.
Provide stronger supports for kinship and relative families • Develop a protocol for providing supports to kinship families in all service areas • Expand availability of kinship-specific resources and training	• Protocol for kinship support established in all service areas • RD administrators reviewing training curricula for relative/kinship homes • Program Guidance Memo drafted for release in November 2015	**Progress** Most support to kinship and relative families is provided by private agencies through contracts with DHHS. Any additional changes will have to be negotiated with providers, which can slow progress.

CHILD DEATH INVESTIGATION 2, CONTINUED

Ensure "Absence of Maltreatment in Foster Care" is as accurate as possible	• DHHS cannot agency-substantiate abuse while awaiting court action, so cases awaiting trial are not included. • DHHS is switching to a new calculation in the updated federal measures. This will capture data 18-months at a time.	**Progress** In order for cases to be included in the measure, there must be substantiated abuse or neglect. The OIG will continue to work with DHHS to see if other data can be published to make up for the measure's shortcomings.

CHILD DEATH INVESTIGATION 3

Summary: A developmentally-delayed, 19-month-old died due to blunt force trauma to the head less than two weeks after law enforcement investigated and unfounded a child abuse report made by hospital staff. The report was shared with Child Abuse Hotline which decided not to accept it for initial assessment.

Findings: The OIG found that state law was followed in the reporting possible abuse and that DHHS followed policy in choosing not to accept the report. However the OIG also found that not all available information was available to the hotline when making its screening decision. The OIG also found that cultural and language barriers between professionals and the family were not fully assessed.

Recommendations: DHHS accepted all recommendations contained in the report on June 8, 2015.

OIG Recommendation	DHHS Actions	Overall Status
Develop and provide training to frequent reporters and law enforcement on Child Abuse and Neglect Hotline. Specifically provide information on: • Definition of abuse and neglect • When to report cases that do not meet definition • Information to include in child abuse reports	• Assisted League of Municipalities in putting together training modules for law enforcement • Providing Child Abuse Hotline & Emergency Placement training at Nebraska State Patrol new investigator training • Provided contact cards for hotline to Nebraska Law Enforcement Training Center (NLETC)	**Progress** DHHS reports they always accept invitations to present on the hotline and provide information when requested. The OIG will continue to work with DHHS to ensure training is made widely available to frequent reporters (e.g. - educators and medical professionals.)
Create a protocol for asking for and receiving photos at the child abuse and neglect hotline.	• DHHS developed research questions to be addressed by a Program Guidance Memo	**Incomplete – anticipated progress by January 2016** CFS will work to develop a comprehensive memo with Legal Services.
Assess availability of training, information, and programs designed to prevent child abuse within immigrant communities.	• Facilitated focused conversations with the Child Abuse Prevention Fund on prevention efforts in immigrant communities. The Fund voted in July to develop Spanish language materials	**Progress** DHHS-CFS will explore cooperative strategies with the Division of Public Health, Office of Health Disparities and Equity, to measure additional needs and identify ways to ensure (con't)

CHILD DEATH INVESTIGATION 3, CONTINUED

	• Planned review of CCFL study on immigrant and refugee children in the system with prevention partners in Fall 2015	prevention efforts are reaching all communities.

General Investigation 1

Summary: A 17-year-old committed to YRTC-Geneva alleged she had been sexually assaulted by another youth in a transportation van. On initial inquiry, there was no documented follow up to the incident report by DHHS, YRTC, or law enforcement.

Findings: The OIG found that current transportation arrangements to and from the YRTCs do not ensure youth safety, that YRTC-Geneva did not follow protocols established to comply with the Prison Rape Elimination Act (PREA), and that the child abuse hotline did not properly screen the report of sexual assault or notify law enforcement correctly. The OIG also found challenges with implementing PREA at YRTC-Geneva including a pattern of delaying or failing to report allegations made by youth.

Recommendations: DHHS accepted all recommendations contained in the report on July 27, 2015.

OIG Recommendation	DHHS Actions	Overall Status
Adopt and implement standards for transporting youth to and from YRTCs	• DHHS has developed draft contracts with transportation companies for its services, including child welfare and YRTCs. Negotiations are ongoing.	**Incomplete –anticipated completion October 2015** DHHS is in the process of negotiating contracts with sufficient standards, while attempting to ensure appropriate financial resources to cover the cost of new requirements.
Increase and improve resources, tools, and support for PREA implementation at YRTC-Geneva. • Increase Central Office oversight of and support for PREA efforts • Better engage YRTC-Geneva staff in PREA implementation • Revise and expand staff and youth training on PREA and sexual abuse	• New Statewide PREA Manager began July 1, 2015. • New full-time compliance specialist position at both YRTCs in charge of PREA • Training revisions taking place under guidance of Statewide PREA Manager	**Progress** DHHS has taken a number of steps to better support the YRTCs with PREA implementation. The OIG will continue to monitor whether Central Office has enough staff, time, and leadership to ensure effective implementation.
Provide increased guidance for culture change at YRTC-Geneva	• Review of supervisory structure at both YRTCs complete. More responsibility for direct care staff supervision will be placed under psychologists instead of security supervisors	**Progress Made** DHHS is moving forward slowly with initiatives to improve performance at both YRTCs. DHHS cites general system confusion about the desired role of YRTC as a continued obstacle.

General Investigation 1, Continued

	• DHHS Human Resources is providing an independent facilitator to engage staff • New evidence-based programs are being implemented at YRTC (e.g. - Thinking for a Change, Aggression Replacement Therapy)	
Make clarifications to policies governing sexual abuse and harassment • Coordination with Law Enforcement • Notifying child abuse hotline of reports • Reporting of abuse, harassment, and assault • Preservation of evidence	• AR 115.17 was issued to cover PREA issues at both YRTCs in August 2015. • Revision of Operating Memoranda for both facilities with additional details is underway	**Progress** DHHS is making changes to ensure both YRTCs have uniform policies and approaches to incidents which fall under PREA
Clarify hotline policy and procedure when receiving a report of sexual assault	• State Patrol Troop region map distributed to all hotline staff • Explored possible NFOCUS changes to automate which law enforcement agency was notified, but this was not possible to achieve without major changes	**Incomplete – no anticipated date of completion** DHHS is currently reviewing its process for notifying law enforcement to determine which situations require an immediate phone call.

APPENDIX B: LEGISLATIVE HISTORY & AUTHORITY

COMMITTEE MEMBERSHIP & PARTICIPATION

LEGISLATIVE HISTORY & AUTHORITY

In 2011, the Nebraska Legislature adopted Legislative Resolution 37, which directed the Health and Human Services Committee to review, investigate and assess the effects of child welfare reform which began its implementation by the Department of Health and Human Services in July 2009. One of the 18 significant recommendations by the Health and Human Services Committee was to create the position of Inspector General of Nebraska Child Welfare to enhance accountability and facilitate reform in the child welfare system, by being given jurisdiction to investigate state and private entities that serve children.

Office of Inspector General of Nebraska Child Welfare Act.[52] The Office of Inspector General of Nebraska Child Welfare Act (Act) was enacted by Legislative Bill 821 during the 2012 Legislative Session. The most significant change in the Act occurred during the 2015 Legislative Session—Nebraska's juvenile justice system was add the office's subject matter jurisdiction. The Act, Neb. Rev. Stat. §§43-4301 to 43-4331, sets forth that the Office of Inspector General of Nebraska Child Welfare (Office) is to:

- Provide increased accountability and legislative oversight of the Nebraska child welfare system (child protection and safety as well as juvenile justice);
- Assist in improving operations of all Nebraska's child-serving agencies;
- Offer an independent form of inquiry for concerns—specifically regarding the actions of individuals and agencies responsible for the care and protection of children and youth in the Nebraska child welfare system and juvenile justice system;
- Provide a process for investigation and review to determine whether individual complaints and issues inquiries reveal a system problem, which then necessitates legislative action; and
- Conduct investigations, audits, inspections, and other reviews of the system.

Julie L. Rogers was appointed to serve as the first Inspector General of Nebraska Child Welfare (IG). She is a certified inspector general (CIG) through the Association of Inspectors General. The Office of Inspector General of Nebraska Child Welfare (OIG) was deemed "opened" when the appointed IG began her duties at the end of July 2012.

Operation within the Ombudsman's Office. The OIG was established within the Division of Public Council (Ombudsman's Office) within the Nebraska Legislature. The Ombudsman's Office handles individual complaints about the actions of administrative agencies of state government, including those state agencies serving children and state wards. The Ombudsman's Office

[52]The text of the Office of Inspector General of Nebraska Child Welfare Act appears in Appendix C of this report.

investigates and resolves complaints informally by working with parties involved, all the while promoting accountability in public administration. It makes sense, then, that the OIG's establishment be within the Ombudsman's Office in order to most efficiently work towards a shared goal: promoting the accountability of Nebraska's child welfare system.

Specifically, the OIG relies on the Ombudsman's Office for operations—physical space, equipment, office supplies, travel, and the like. Moreover, the OIG relies on the Ombudsman's Office for staffing cases to pinpoint and recognize systems issues within the child welfare system based on their complaint handling; mediating complaints made to the OIG, but that do not rise to the level of a full investigation and are then referred to the Ombudsman's side; and giving input on recommendations to improve the child welfare system based on their experience in working child welfare, mental health, and developmental disability-related individual cases.

COMMITTEE MEMBERSHIP & PARTICIPATION

In addition to investigations, reviews, and evaluations, the OIG participates in several initiatives created to elevate the workings of various areas in serving children and youth in the state's care. Most notably, these include:

- Nebraska Supreme Court Commission on Children in the Courts
- Statewide Juvenile Detention Alternatives Initiative
- Division of Children & Family Services Director's Alternative Response Steering Committee
- LB 265 Data Advisory Group
- Child and Maternal Death Review Team
- CQI and Operational Meetings at DHHS
- Cross System Collaboration Meetings
- Barriers to Permanency Project
- Out of State Placements Project
- Nebraska Children's Commission:
    - Juvenile Services Committee
    - Lead Agency Taskforce
    - Legal Parties Taskforce/GAL Subcommittee
    - Foster Care Reimbursement Rate Committee
    - Workforce Development Workgroup
    - Structure Sub-Committee
    - Data , Technology, Accountability, and Reporting Workgroup

APPENDIX C: OFFICE OF INSPECTOR GENERAL OF NEBRASKA CHILD WELFARE ACT

Effective Date: August 30, 2015

43-4301. Act, how cited.

Sections 43-4301 to 43-4331 shall be known and may be cited as the Office of Inspector General of Nebraska Child Welfare Act.

43-4302. Legislative intent.

(1) It is the intent of the Legislature to:

(a) Establish a full-time program of investigation and performance review to provide increased accountability and oversight of the Nebraska child welfare system;

(b) Assist in improving operations of the Nebraska child welfare system;

(c) Provide an independent form of inquiry for concerns regarding the actions of individuals and agencies responsible for the care and protection of children and youth in the Nebraska child welfare system. Confusion of the roles, responsibilities, and accountability structures between individuals, private contractors, branches of government, and agencies in the current system make it difficult to monitor and oversee the Nebraska child welfare system; and

(d) Provide a process for investigation and review to determine if individual complaints and issues of investigation and inquiry reveal a problem in the child welfare system, not just individual cases, that necessitates legislative action for improved policies and restructuring of the child welfare system.

(2) It is not the intent of the Legislature in enacting the Office of Inspector General of Nebraska Child Welfare Act to interfere with the duties of the Legislative Auditor or the Legislative Fiscal Analyst or to interfere with the statutorily defined investigative responsibilities or prerogatives of any officer, agency, board, bureau, commission, association, society, or institution of the executive branch of state government, except that the act does not preclude an inquiry on the sole basis that another agency has the same responsibility. The act shall not be construed to interfere with or supplant the responsibilities or prerogatives of the Governor to investigate, monitor, and report on the activities of the agencies, boards, bureaus, commissions, associations, societies, and institutions of the executive branch under his or her administrative direction.

43-4303. Definitions; where found.

For purposes of the Office of Inspector General of Nebraska Child Welfare Act, the definitions found in sections 43-4304 to 43-4316 apply.

43-4304. Administrator, defined.

Administrator means a person charged with administration of a program, an office, or a division of the department or administration of a private agency or licensed child care facility, the probation administrator, or the executive director.

43-4304.01. Child welfare system, defined.

Child welfare system means public and private agencies and parties that provide or effect services or supervision to system-involved children and their families.

43-4304.02. Commission, defined.

Commission means the Nebraska Commission on Law Enforcement and Criminal Justice.

43-4305. Department, defined.

Department means the Department of Health and Human Services.

43-4306. Director, defined.

Director means the chief executive officer of the department.

43-4306.01. Executive director, defined.

Executive director means the executive director of the commission.

43-4307. Inspector General, defined.

Inspector General means the Inspector General of Nebraska Child Welfare appointed under section 43-4317.

43-4307.01. Juvenile services division, defined.

Juvenile services division means the Juvenile Services Division of the Office of Probation Administration.

43-4308. Licensed child care facility, defined.

Licensed child care facility means a facility or program licensed under the Child Care Licensing Act, the Children's Residential Facilities and Placing Licensure Act, or sections 71-1901 to 71-1906.01.

43-4309. Malfeasance, defined.

Malfeasance means a wrongful act that the actor has no legal right to do or any wrongful conduct that affects, interrupts, or interferes with performance of an official duty.

43-4310. Management, defined.

Management means supervision of subordinate employees.

43-4311. Misfeasance, defined.

Misfeasance means the improper performance of some act that a person may lawfully do.

43-4312. Obstruction, defined.

Obstruction means hindering an investigation, preventing an investigation from progressing, stopping or delaying the progress of an investigation, or making the progress of an investigation difficult or slow.

43-4313. Office, defined.

Office means the office of Inspector General of Nebraska Child Welfare and includes the Inspector General and other employees of the office.

43-4314. Private agency, defined.

Private agency means a child welfare agency that contracts with the department or the Office of Probation Administration or contracts to provide services to another child welfare agency that contracts with the department or the Office of Probation Administration.

43-4315. Record, defined.

Record means any recording, in written, audio, electronic transmission, or computer storage form, including, but not limited to, a draft, memorandum, note, report, computer printout, notation, or message, and includes, but is not limited to, medical records, mental health records, case files, clinical records, financial records, and administrative records.

43-4316. Responsible individual, defined.

Responsible individual means a foster parent, a relative provider of foster care, or an employee of the department, the juvenile services division, the commission, a foster home, a private agency, a licensed child care facility, or another provider of child welfare programs and services responsible for the care or custody of records, documents, and files.

43-4317. Office of Inspector General of Nebraska Child Welfare; created; purpose; Inspector General; appointment; term; certification; employees; removal.

(1) The office of Inspector General of Nebraska Child Welfare is created within the office of Public Counsel for the purpose of conducting investigations, audits, inspections, and other reviews of the Nebraska child welfare system. The Inspector General shall be appointed by the Public Counsel with approval from the chairperson of the Executive Board of the Legislative Council and the chairperson of the Health and Human Services Committee of the Legislature.

(2) The Inspector General shall be appointed for a term of five years and may be reappointed. The Inspector General shall be selected without regard to political affiliation and on the basis of integrity, capability for strong leadership, and demonstrated ability in accounting, auditing, financial analysis, law, management analysis, public administration, investigation, or criminal justice administration or other closely related fields. No former or current executive or manager of the department may be appointed Inspector General within five years after such former or current executive's or manager's period of service with the department. Not later than two years after the date of appointment, the Inspector General shall obtain certification as a Certified Inspector General by the Association of Inspectors General, its successor, or another nationally recognized organization that provides and sponsors educational programs and

establishes professional qualifications, certifications, and licensing for inspectors general. During his or her employment, the Inspector General shall not be actively involved in partisan affairs.

(3) The Inspector General shall employ such investigators and support staff as he or she deems necessary to carry out the duties of the office within the amount available by appropriation through the office of Public Counsel for the office of Inspector General of Nebraska Child Welfare. The Inspector General shall be subject to the control and supervision of the Public Counsel, except that removal of the Inspector General shall require approval of the chairperson of the Executive Board of the Legislative Council and the chairperson of the Health and Human Services Committee of the Legislature.

43-4318. Office; duties; reports of death or serious injury; when required; law enforcement agencies and prosecuting attorneys; cooperation; confidentiality.

(1) The office shall investigate:

(a) Allegations or incidents of possible misconduct, misfeasance, malfeasance, or violations of statutes or of rules or regulations of:

(i) The department by an employee of or person under contract with the department, a private agency, a licensed child care facility, a foster parent, or any other provider of child welfare services or which may provide a basis for discipline pursuant to the Uniform Credentialing Act;

(ii) The juvenile services division by an employee of or person under contract with the juvenile services division, a private agency, a licensed facility, a foster parent, or any other provider of juvenile justice services;

(iii) The commission by an employee of or person under contract with the commission related to programs and services supported by the Nebraska County Juvenile Services Plan Act, the Community-based Juvenile Services Aid Program, juvenile pretrial diversion programs, or inspections of juvenile facilities; and

(iv) A juvenile detention facility and staff secure juvenile facility by an employee of or person under contract with such facilities;

(b) Death or serious injury in foster homes, private agencies, child care facilities, juvenile detention facilities, staff secure juvenile facilities, and other programs and facilities licensed by or under contract with the department or the juvenile services division; and

(c) Death or serious injury in any case in which services are provided by the department or the juvenile services division to a child or his or her parents or any case involving an investigation under the Child Protection and Family Safety Act, which case has been open for one year or less and upon review determines the death or serious injury did not occur by chance.

The department, the juvenile services division, each juvenile detention facility, and each staff secure juvenile facility shall report all cases of death or serious injury of a child in a foster home, private agency, child care facility or program, or other program or facility licensed by the department or inspected through the commission to the Inspector General as soon as reasonably possible after the department or the Office of Probation Administration learns of such death or serious injury. For purposes of this subsection, serious

injury means an injury or illness caused by suspected abuse, neglect, or maltreatment which leaves a child in critical or serious condition.

(2) Any investigation conducted by the Inspector General shall be independent of and separate from an investigation pursuant to the Child Protection and Family Safety Act. The Inspector General and his or her staff are subject to the reporting requirements of the Child Protection and Family Safety Act.

(3) Notwithstanding the fact that a criminal investigation, a criminal prosecution, or both are in progress, all law enforcement agencies and prosecuting attorneys shall cooperate with any investigation conducted by the Inspector General and shall, immediately upon request by the Inspector General, provide the Inspector General with copies of all law enforcement reports which are relevant to the Inspector General's investigation. All law enforcement reports which have been provided to the Inspector General pursuant to this section are not public records for purposes of sections 84-712 to 84-712.09 and shall not be subject to discovery by any other person or entity. Except to the extent that disclosure of information is otherwise provided for in the Office of Inspector General of Nebraska Child Welfare Act, the Inspector General shall maintain the confidentiality of all law enforcement reports received pursuant to its request under this section. Law enforcement agencies and prosecuting attorneys shall, when requested by the Inspector General, collaborate with the Inspector General regarding all other information relevant to the Inspector General's investigation. If the Inspector General in conjunction with the Public Counsel determines it appropriate, the Inspector General may, when requested to do so by a law enforcement agency or prosecuting attorney, suspend an investigation by the office until a criminal investigation or prosecution is completed or has proceeded to a point that, in the judgment of the Inspector General, reinstatement of the Inspector General's investigation will not impede or infringe upon the criminal investigation or prosecution. Under no circumstance shall the Inspector General interview any minor who has already been interviewed by a law enforcement agency, personnel of the Division of Children and Family Services of the department, or staff of a child advocacy center in connection with a relevant ongoing investigation of a law enforcement agency.

43-4319. Office; access to information and personnel; investigation; procedure.

(1) The office shall have access to all information and personnel necessary to perform the duties of the office.

(2) A full investigation conducted by the office shall consist of retrieval of relevant records through subpoena, request, or voluntary production, review of all relevant records, and interviews of all relevant persons.

(3) For a request for confidential record information pursuant to subsection (5) of section 43-2,108 involving death or serious injury, the office may submit a written request to the probation administrator. The record information shall be provided to the office within five days after approval of the request by the Supreme Court.

43-4320. Complaints to office; form; full investigation; when; notice.

(1) Complaints to the office may be made in writing. The office shall also maintain a toll-free telephone line for complaints. A complaint shall be evaluated to determine if it alleges possible misconduct, misfeasance, malfeasance, or violation of a statute or of rules and regulations pursuant to section 43-4318. All complaints shall be evaluated to determine whether a full investigation is warranted.

(2) The office shall not conduct a full investigation of a complaint unless:

(a) The complaint alleges misconduct, misfeasance, malfeasance, or violation of a statute or of rules and regulations pursuant to section 43-4318;

(b) The complaint is against a person within the jurisdiction of the office; and

(c) The allegations can be independently verified through investigation.

(3) The Inspector General shall determine within fourteen days after receipt of a complaint whether it will conduct a full investigation. A complaint alleging facts which, if verified, would provide a basis for discipline under the Uniform Credentialing Act shall be referred to the appropriate credentialing board under the act.

(4) When a full investigation is opened on a private agency that contracts with the Office of Probation Administration, the Inspector General shall give notice of such investigation to the Office of Probation Administration.

43-4321. Cooperation with office; when required.

All employees of the department, the juvenile services division, or the commission, all foster parents, and all owners, operators, managers, supervisors, and employees of private agencies, licensed child care facilities, juvenile detention facilities, staff secure juvenile facilities, and other providers of child welfare services or juvenile justice services shall cooperate with the office. Cooperation includes, but is not limited to, the following:

(1) Provision of full access to and production of records and information. Providing access to and producing records and information for the office is not a violation of confidentiality provisions under any law, statute, rule, or regulation if done in good faith for purposes of an investigation under the Office of Inspector General of Nebraska Child Welfare Act;

(2) Fair and honest disclosure of records and information reasonably requested by the office in the course of an investigation under the act;

(3) Encouraging employees to fully comply with reasonable requests of the office in the course of an investigation under the act;

(4) Prohibition of retaliation by owners, operators, or managers against employees for providing records or information or filing or otherwise making a complaint to the office;

(5) Not requiring employees to gain supervisory approval prior to filing a complaint with or providing records or information to the office;

(6) Provision of complete and truthful answers to questions posed by the office in the course of an investigation; and

(7) Not willfully interfering with or obstructing the investigation.

43-4322. Failure to cooperate; effect.

Failure to cooperate with an investigation by the office may result in discipline or other sanctions.

43-4323. Inspector General; powers; rights of person required to provide information.

The Inspector General may issue a subpoena, enforceable by action in an appropriate court, to compel any person to appear, give sworn testimony, or produce documentary or other evidence deemed relevant to a matter under his or her inquiry. A person thus required to provide information shall be paid the same fees and travel allowances and shall be accorded the same privileges and immunities as are extended to witnesses in the district courts of this state and shall also be entitled to have counsel present while being questioned.

43-4324. Office; access to records; subpoena; records; statement of record integrity and security; contents; treatment of records.

(1) In conducting investigations, the office shall access all relevant records through subpoena, compliance with a request of the office, and voluntary production. The office may request or subpoena any record necessary for the investigation from the department, the juvenile services division, the commission, a foster parent, a licensed child care facility, a juvenile detention facility, a staff secure juvenile facility, or a private agency that is pertinent to an investigation. All case files, licensing files, medical records, financial and administrative records, and records required to be maintained pursuant to applicable licensing rules shall be produced for review by the office in the course of an investigation.

(2) Compliance with a request of the office includes:

(a) Production of all records requested;

(b) A diligent search to ensure that all appropriate records are included; and

(c) A continuing obligation to immediately forward to the office any relevant records received, located, or generated after the date of the request.

(3) The office shall seek access in a manner that respects the dignity and human rights of all persons involved, maintains the integrity of the investigation, and does not unnecessarily disrupt child welfare programs or services. When advance notice to a foster parent or to an administrator or his or her designee is not provided, the office investigator shall, upon arrival at the departmental office, bureau, or division, the private agency, the licensed child care facility, the juvenile detention facility, the staff secure juvenile facility, or the location of another provider of child welfare services, request that an onsite employee notify the administrator or his or her designee of the investigator's arrival.

(4) When circumstances of an investigation require, the office may make an unannounced visit to a foster home, a departmental office, bureau, or division, a licensed child care facility, a juvenile detention facility, a staff secure juvenile facility, a private agency, or another provider to request records relevant to an investigation.

(5) A responsible individual or an administrator may be asked to sign a statement of record integrity and security when a record is secured by request as the result of a visit by the office, stating:

(a) That the responsible individual or the administrator has made a diligent search of the office, bureau, division, private agency, licensed child care facility, juvenile detention facility, staff secure juvenile facility, or other provider's location to determine that all appropriate records in existence at the time of the request were produced;

(b) That the responsible individual or the administrator agrees to immediately forward to the office any relevant records received, located, or generated after the visit;

(c) The persons who have had access to the records since they were secured; and

(d) Whether, to the best of the knowledge of the responsible individual or the administrator, any records were removed from or added to the record since it was secured.

(6) The office shall permit a responsible individual, an administrator, or an employee of a departmental office, bureau, or division, a private agency, a licensed child care facility, a juvenile detention facility, a staff secure juvenile facility, or another provider to make photocopies of the original records within a reasonable time in the presence of the office for purposes of creating a working record in a manner that assures confidentiality.

(7) The office shall present to the responsible individual or the administrator or other employee of the departmental office, bureau, or division, private agency, licensed child care facility, juvenile detention facility, staff secure juvenile facility, or other service provider a copy of the request, stating the date and the titles of the records received.

(8) If an original record is provided during an investigation, the office shall return the original record as soon as practical but no later than ten working days after the date of the compliance request.

(9) All investigations conducted by the office shall be conducted in a manner designed to ensure the preservation of evidence for possible use in a criminal prosecution.

43-4325. Reports of investigations; distribution; redact confidential information; powers of office.

(1) Reports of investigations conducted by the office shall not be distributed beyond the entity that is the subject of the report without the consent of the Inspector General.

(2) Except when a report is provided to a guardian ad litem or an attorney in the juvenile court pursuant to subsection (2) of section 43-4327, the office shall redact confidential information before distributing a report of an investigation. The office may disclose confidential information to the chairperson of the Health and Human Services Committee of the Legislature or the chairperson of the Judiciary Committee of the Legislature when such disclosure is, in the judgment of the Public Counsel, desirable to keep the chairperson informed of important events, issues, and developments in the Nebraska child welfare system.

(3) Records and documents, regardless of physical form, that are obtained or produced by the office in the course of an investigation are not public records for purposes of sections 84-712 to 84-712.09. Reports of investigations conducted by the office are not public records for purposes of sections 84-712 to 84-712.09.

(4) The office may withhold the identity of sources of information to protect from retaliation any person who files a complaint or provides information in good faith pursuant to the Office of Inspector General of Nebraska Child Welfare Act.

43-4326. Department, juvenile services division, and commission; provide direct computer access.

(1) The department shall provide the Public Counsel and the Inspector General with direct computer access to all computerized records, reports, and documents maintained by the department in connection with administration of the Nebraska child welfare system.

(2) The juvenile services division and the commission shall provide the Inspector General with direct computer access to all computerized records, reports, and documents maintained by the juvenile services division in connection with administration of juvenile justice services.

43-4327. Inspector General's report of investigation; contents; distribution.

(1) The Inspector General's report of an investigation shall be in writing to the Public Counsel and shall contain recommendations. The report may recommend systemic reform or case-specific action, including a recommendation for discharge or discipline of employees or for sanctions against a foster parent, private agency, licensed child care facility, or other provider of child welfare services or juvenile justice services. All recommendations to pursue discipline shall be in writing and signed by the Inspector General. A report of an investigation shall be presented to the director, the probation administrator, or the executive director within fifteen days after the report is presented to the Public Counsel.

(2) Any person receiving a report under this section shall not further distribute the report or any confidential information contained in the report. The Inspector General, upon notifying the Public Counsel and the director, the probation administrator, or the executive director, may distribute the report, to the extent that it is relevant to a child's welfare, to the guardian ad litem and attorneys in the juvenile court in which a case is pending involving the child or family who is the subject of the report. The report shall not be distributed beyond the parties except through the appropriate court procedures to the judge.

(3) A report that identifies misconduct, misfeasance, malfeasance, or violation of statute, rules, or regulations by an employee of the department, the juvenile services division, the commission, a private agency, a licensed child care facility, or another provider that is relevant to providing appropriate supervision of an employee may be shared with the employer of such employee. The employer may not further distribute the report or any confidential information contained in the report.

43-4328. Report; director, probation administrator, or executive director; accept, reject, or request modification; when final; written response; corrected report; credentialing issue; how treated.

(1) Within fifteen days after a report is presented to the director, the probation administrator, or the executive director under section 43-4327, he or she shall determine whether to accept, reject, or request in writing modification of the recommendations contained in the report. The Inspector General, with input from the Public Counsel, may consider the director's, probation administrator's, or executive director's request for modifications but is not obligated to accept such request. Such report shall become final upon the decision of the director, the probation administrator, or the executive director to accept or reject the recommendations in the report or, if the director, the probation administrator, or the executive director requests modifications, within fifteen days after such request or after the Inspector General incorporates such modifications, whichever occurs earlier.

(2) Within fifteen days after the report is presented to the director, the probation administrator, or the executive director, the report shall be presented to the foster parent, private agency, licensed child care facility, or other provider of child welfare services or juvenile justice services that is the subject of the report and to persons involved in the implementation of the recommendations in the report. Within forty-

five days after receipt of the report, the foster parent, private agency, licensed child care facility, or other provider may submit a written response to the office to correct any factual errors in the report. The Inspector General, with input from the Public Counsel, shall consider all materials submitted under this subsection to determine whether a corrected report shall be issued. If the Inspector General determines that a corrected report is necessary, the corrected report shall be issued within fifteen days after receipt of the written response.

(3) If the Inspector General does not issue a corrected report pursuant to subsection (2) of this section, or if the corrected report does not address all issues raised in the written response, the foster parent, private agency, licensed child care facility, or other provider may request that its written response, or portions of the response, be appended to the report or corrected report.

(4) A report which raises issues related to credentialing under the Uniform Credentialing Act shall be submitted to the appropriate credentialing board under the act.

43-4329. Report or work product; no court review.

No report or other work product of an investigation by the Inspector General shall be reviewable in any court. Neither the Inspector General nor any member of his or her staff shall be required to testify or produce evidence in any judicial or administrative proceeding concerning matters within his or her official cognizance except in a proceeding brought to enforce the Office of Inspector General of Nebraska Child Welfare Act.

43-4330. Inspector General; investigation of complaints; priority and selection.

The Office of Inspector General of Nebraska Child Welfare Act does not require the Inspector General to investigate all complaints. The Inspector General, with input from the Public Counsel, shall prioritize and select investigations and inquiries that further the intent of the act and assist in legislative oversight of the Nebraska child welfare system and juvenile justice system. If the Inspector General determines that he or she will not investigate a complaint, the Inspector General may recommend to the parties alternative means of resolution of the issues in the complaint.

43-4331. Summary of reports and investigations; contents.

On or before September 15 of each year, the Inspector General shall provide to the Health and Human Services Committee of the Legislature, the Judiciary Committee of the Legislature, the Supreme Court, and the Governor a summary of reports and investigations made under the Office of Inspector General of Nebraska Child Welfare Act for the preceding year. The summary provided to the committees shall be provided electronically. The summaries shall detail recommendations and the status of implementation of recommendations and may also include recommendations to the committees regarding issues discovered through investigation, audits, inspections, and reviews by the office that will increase accountability and legislative oversight of the Nebraska child welfare system, improve operations of the department, the juvenile services division, the commission, and the Nebraska child welfare system, or deter and identify fraud, abuse, and illegal acts. Such summary shall include summaries of alternative response cases under alternative response demonstration projects implemented in accordance with sections 28-710.01, 28-712, and 28-712.01 reviewed by the Inspector General. The summaries shall not contain any confidential or identifying information concerning the subjects of the reports and investigations.

Nebraska State Legislature

Agenda Item IX

SENATOR KATHY CAMPBELL

District 25
6111 Chartwell Lane
Lincoln, Nebraska 68516
(402) 423-3311

Legislative Address:
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PO Box 94604
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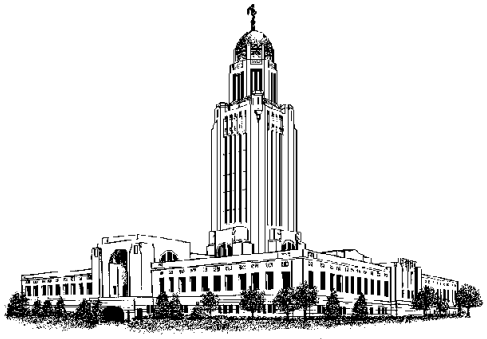


COMMITTEES

Chairperson - Health and Human Services
Banking, Commerce and Insurance
Committee on Committees
Executive Board
Reference
Legislature's Planning

November 17, 2015

Members of the Nebraska Children's Commission:

At the September 15, 2015 meeting of the Nebraska Children's Commission, I requested responses to questions to determine necessary legislative action for the reauthorization of the Commission. Responses are included below in Appendix 1. Some highlights of the responses include:

- Unanimous support for the reauthorization of the Commission.
- The Commission has accomplished its statutory goals.
- Suggested expanding the jurisdiction of the commission into areas of juvenile justice, alternative response, and behavioral health.
- More specific tasks be given to the Commission from the Legislature.
- Clarify whether Commission is advisory, has oversight authority, or should take action on items.
- Avoid duplication with work of other groups.
- Allow the Commission to facilitate research and reports to make recommendations on best practices.

Discussion is welcome on the length of extension and additional tasks for the commission.

Sincerely,

Kathy Campbell
District 25

KC:jdl

Appendix 1: Responses

Regarding the Nebraska Children's Commission:

1. Please evaluate the Commission's progress. Has the Commission successfully addressed the statutory responsibilities and mission statement? How or how not?

Yes, 'but' is my answer to this. I wanted to be on the Commission to make a difference for kids; to take action to improve outcomes. Knowing what I do now, I do not think the NCC is the best way for me to do that. Our progress feels slow to me. My background is business, not child welfare. I have a heart for it but no expertise. I am task-oriented and efficient by nature and this commission is not those things. In conclusion, I believe we have met our statutory responsibilities. I think there is more we could do by setting SMART goals.

I believe that the NCC has fulfilled most of its original responsibilities specified in LB 821 with the exceptions of the following:
Recommend either the establish of a new division within DHHS or establishing of a new state agency….and
Provide a permanent forum for collaboration among…stakeholders in child welfare programs and services.
In particular, the NCC Committees and workgroup have had significant accomplishments since the creation of the commission with perhaps the most notable accomplishment being the stabilization of Nebraska's foster care system. While it is my belief that Nebraska's child welfare and juvenile system are stabilizing, it also is extremely fragile and easily disrupted. It is for this reason that I would not support the creation of a new child welfare entity or any other major system change at this time. As one state senator recently said to me, we need to focus on making things work rather than moving the work from place to place.
Regarding the NCC's charter of being a permanent forum, I am not sure that this is necessary in the long-term, but it probably would be prudent to re-authorize the NCC for two more years with its current membership to monitor the child welfare and juvenile systems and to prepare a plan for either the continuation of the NCC or the discontinuation of the NCC in 2018.

I think the Commission has done a good job of attending to the statutory responsibilities while being responsive to emerging issues. The combination of work groups created through the Commission's strategic planning process and the committees created by statute have worked well.

The Commission has addressed many of the statutory responsibilities assigned through the original statute LB821 (2012) and subsequent legislation passed in 2013 and 2014 including developing a strategic plan (both Phase I and Phase II); providing oversight and assistance to various legislatively mandated committees including Young Adult Voluntary Services and Support (Bridge to Independence), IV-E Demonstration Committee (Alternative Response Stakeholders Group), Foster Care Reimbursement Rate

Committee, Juvenile Justice Services Committee, and Psychotropic Medication Committee; employing a Policy Analyst, facilitated conferencing through the Community Ownership of Child Well-Being Workgroup, monitoring of the Crossover Youth Program, and the Nebraska Juvenile Service Delivery Project; formal reports addressing DHHS operations and structure, the utilization of Lead Agencies in the delivery of child welfare services, quality evidence-based prevention and early intervention services, child welfare indicators, child welfare financing, Cross System Analysis, and status reports to the Legislature. The Commission needs to do further work with the DHHS Service Areas to strengthen the continuum of services available to child welfare agencies and provide resources for children and juveniles outside the child welfare system, and assist in strategic planning to address the uniques needs of each service area.

The Commission has made progress in addressing the statutory responsibilities but it has been a struggle to stay on task. The many changes in leadership positions have slowed progress but that is not meant as a negative because fresh viewpoints are good. The work is slow due to many parties still being somewhat protective of their turf, but cooperation has been growing in addressing the mission statement.

I feel that the State of Nebraska is taking a progressive approach to analyzing the health of the Child Welfare system and infrastructure. The focus on interdepartmental cooperation to identify gaps, research best practices, define success, work on technology tools, and bring a wide array of constituents/stakeholders to the table to provide feedback and direction is incredibly impactful. We cannot facilitate child welfare in a vacuum - we need to objectively view what is working/not working as well as best practices in other states to continue to improve our children's futures in Nebraska.

2. Should the Legislature re-authorize the Nebraska Children's Commission? Please explain.

Sure. The NCC has fantastic people (and legislators) who care deeply about Nebraska's children and who have the expertise to contribute in important ways. I would be curious to know if the governor is supportive of the commission. Governor Heinemann attended multiple meetings. We have not heard or seen anything from Governor Ricketts. His presence is not necessary but, since the commission is to bring together all three branches of government, I think it's important to determine how he feels about the commission's composition, purpose and achievements prior to re-authorizing. In addition, his office receives and approves the applications so I think that is another reason to see where he stands.

I recommend the re-authorization for two years with no change in the composition of the NCC’s current membership. Since most of the NCC’s work can be accomplished through its committees and workgroups, I believe the commission should move to a quarterly meeting format that would allow for oversight of the committees/workgroups and monitoring on a high level of child welfare and juvenile services.

Yes, I think it should be reauthorized. The Commission provides a structure to provide oversight to the child welfare system and to advise the Governor and Legislature on what is going well and areas needing improvement and to provide input and recommendations on issues. It also provides a structure to provide feedback and recommendations to key state agencies, i.e. DHHS, Probation, NDE.

Yes. LB821 identified the need and foresaw the benefits of establishing a permanent forum for collaboration among state, local, community, public and private stakeholders and I believe this is a continued need. The Children's Commission has been vital in strengthening and providing stability to the child welfare system in Nebraska. There continues to be the need for a group of broad based stakeholders to review the activities of child welfare and juvenile justice and I believe the Legislature will continue to look to the Children's Commission to provide and in-depth look into issues within the both the child welfare and juvenile justice systems. Juvenile justice reform is facing challenges that the Children's Commission can assist, help address and improve stability of the system as it has done with child welfare.

The work of the commission while it has been slow has been meaningful and thoughtful. If the Commission was re-authorized it could continue the discussion of the responsibilities it was given because further discussion is needed and if not continued with the commission it would take place in another forum and would entail backing up and duplicating the effort that has already been put in.

I believe the Legislature should definitely re-authorize the Nebraska Children's Commission. It is only via clear and objective feedback from all stakeholders that we will clearly understand where we have significant gaps. We cannot afford to jeopardize the future of the children impacted by all facets of our child welfare system in NE by not being open to the expertise and recommendations of those that work in the system every day. We also have to look outside our state to identify best practices that we can implement in efforts to aim for best in class service to our children.

3. What responsibilities or tasks should be included in the new legislation to re-authorize?

Expect the commission to set SMART goals: Specific, measurable, attainable, relevant, time bound or set them for us. The commission is loaded with people who are important to the child welfare community. It only has one or two of us that are taking a vacation day from work to be there. When I am volunteering an entire day, I want it to be worthwhile. I expect to get stuff done. It is really important to get a lot of information in order to make informed decisions but I feel like we look at so much data and we take so little action. I have heard these same issues (about permanency, for example) for the 10 years that I've been involved in child welfare. We need to think big (strategically) as a commission but it is time to start small; start someplace.

In addition to ongoing monitoring of the child serving systems, I recommend that the NCC should review all of the monitoring and oversight organizations or systems that are currently in place in Nebraska to determine:
How are these bodies/systems functioning?
Is there overlap between these other bodies/systems with each other and/or the NCC?
And given the assessment of this, should any changes be made to any of these bodies including the NCC?
My concern is that the Nebraska system actually has considerable oversight, but I am not sure that our oversight bodies or systems are efficient and/or contributing to a continuous quality improvement and accountability culture that we need to have to create a system of care that really works for children and families.

I think the best role for the Commission to play is in an advisory capacity to the Legislature, the Governor and DHHS. It can provide a forum to explore issues and to develop recommendations for how the child welfare system could be improved. It could also track data on child well-being, highlight successful efforts to improve child well-being, and barriers that impede progress. I do think it is important to be clear on whether the Commission is an advisory body or is expected to take some sort of action. And I think it is important that the Commission not duplicate the efforts of other state level commissions and committees. The current structure where workgroups and subcommittees take a deep dive into issues and bring recommendations to the full Commission works well in my opinion.

Oversight and support of Juvenile Justice reform, continuation of monitoring of Alternative Response, child welfare financing, insure Nebraska moves forward in implementing the system of care strategic plan developing by DHHS Division of Behavioral Health.

The need to meet and discuss the tasks/responsibilities is important and while the members of the commission are all busy with other tasks, it seems that there has been a push to have less meetings. Less meetings if they are more meaningful is a good thing but not meeting and not engaging with the various entities leaves some on the commission out of the loop if we are not part of a day to day entity that deals with these issues as a main part of our jobs. The State agencies and NFC have been discussed, researched and have had reports given to them and at times it seems the reports go in to them but the commission is not given follow up. The Commission has been courteous to all of its members but it seems that there is something that is missing because some of the frustrations of the system that were expressed very early are still there and the commission for whatever reason does not seem to be able to get the discussion of some of these matters going in greater detail. Maybe the items are potentially critical of some of the agencies and due to courtesy the members are a bit fearful to be open but it still seems that the Commission at times struggles. The Commission has tried to cover the initial tasks and has made an effort to give back to the Legislature comments on the items needed but the Senators who have attended and spoken to the Commission at times seemed to have wanted more. If the Legislature wants more input from the Commission,

it may help all involved if more specific tasks were given going forward to assist the Legislature in its work.

Focus on researching other states - we should not recreate the wheel if strong approaches that are outcome based are working elsewhere. We should implement technology and efficiencies wherever possible to drive maximum service levels for the children and their families. We should authorize the commission to facilitate all of the research necessary to bring the best in class recommendations to the State of Nebraska to ensure we all have done our due diligence to improve and drive positive outcomes for the children impacted by the many systems that touch child welfare.

Nebraska Children's Commission
521 South 14th Street
Lincoln, NE 68508

November 10, 2015

Beth Baxter, Chairperson
Nebraska Children's Commission

Dear Beth Baxter,

Please accept the attached report from the Foster Care Reimbursement Rate Committee ("FCRRC") for the November 2015 Nebraska Children's Commission ("Commission") meeting. The Foster Care Reimbursement Rate Committee has had one meeting since the last update to the Commission on September 25, 2015.

This meeting focused on planning for the report due to the Legislature in July 2016, and receiving reports from the various subcommittees and workgroups of the FCRRC. The Foster Care Rate Subcommittee, Level of Care Workgroup, and Group Home Rate Subcommittee have been active.

The Group Home Subcommittee has completed the task assigned by the Commission to calculate the actual costs of providing group home services using the methodology established to unbundle the rates. The group's report is attached. During the course of the review and discussion of the report, it became apparent that there are additional topics surrounding the provision of group home services that should be thoroughly reviewed. The FCRRC is pleased to advance this report for the Commission's consideration in addition to the recommendation that a legislative review be undertaken to measure the quality of care, cost of care, and performance outcomes of group home services.

Respectfully,

Peg Harriot

Peg Harriot
Chairperson
Foster Care Reimbursement Rate Committee

Enclosures: Report to the Nebraska Children's Commission; Group Home Report

Foster Care Reimbursement Rate Committee

Report to the Nebraska Children's Commission

November 17, 2015

Required Legislative Report

Pursuant to Neb. Rev. Stat. §43-4217(4), the FCRRC must provide a report to the Health and Human Services Committee of the Legislature on July 1, 2016. The report is anticipated to be completed by March 2016 so that the Commission may make any necessary alterations to the report.

Base Rate Workgroup

The Foster Care Rates Sub-Committee met to discuss the efficacy of the current rates implemented in July of 2014. Group members include representation from the three agencies that utilize the rates, DHHS – Division of Children and Family Services (DCFS), and Probation, as well as the Nebraska Foster and Adoptive Family Association (NFAPA). The agencies utilizing the rates note that there have been no indications from the foster parents they serve that the rates are unreasonable or unfair. A foster parent survey is under development to provide data on the foster parent's experiences with the current rates. The Foster Care Rates Subcommittee will further develop recommendations following the completion of the foster parent survey.

Level of Care Workgroup

The Level of Care Workgroup continues meeting to develop recommendations surrounding the Nebraska Caregiver Responsibility (NCR) tool. Recently, the Workgroup has worked to form recommendations to increase clarity surrounding transportation responsibility, youth transitions to permanency and/or independent living, the disparity between children's level of need and placement, and the possibility of creating an additional level of care. The workgroup is now working to include language from the Strengthening Families Act into the tool and more specifically address caregiver responsibilities that fall off of the NCR tool such as extracurricular activities.

Group Home Rate Sub-Committee

The Group Home Rate Sub-Committee was convened at the request of the Department of Health and Human Services (DHHS) to develop a methodology for DHHS to unbundle group home rates for the purposes of Title IV-E reporting. The sub-committee completed this task and the Commission directed the sub-committee to further advance the work on group home rates by using the agreed upon methodology to establish recommendations for group home rates. The sub-committee continued to meet to work on this task and developed the attached report as an educational document intended to highlight the difference between the rates paid and the

provider's actual expense to begin the process of bringing payment in line with cost. The FCRRC commends the work of the sub-committee, and recommends the following:

Recommendation:

1. That the Commission accepts the attached report of the Group Home Rate Sub-Committee.
2. There is a need for the issue of group home care to be looked at further through a legislative review, in order to measure the quality of care, cost of care, and performance outcomes. Additionally, it is important to identify the acuity of children and youth served when considering outcome based performance measures.

The next meeting has been scheduled for Wednesday, December 9, 2015.

Group Home Rate Sub-Committee

Report to the Foster Care Reimbursement Rate Committee

Sep 25, 2015

The Group Home Rate Sub-Committee was created by the Nebraska Children's Commission ("Commission") and Foster Care Reimbursement Rate Committee ("FCRRC") for the purposes of developing a methodology for unbundling group home rates at the request of the Department of Health and Human Services. The Sub-Committee completed this task and presented its report to the FCRRC on July 7th and to the Commission on July 21st. The Commission requested the Sub-Committee to continue their work and calculate the actual costs of providing group home services using the methodology established to unbundle the rates. The Sub-Committee presents this report as an educational document intended to highlight the difference between the rates paid and the provider's actual expense to begin the process of bringing payment in line with cost.

Group Home Definitions

Emergency Shelter: Services are provided by trained staff that are awake and providing supervision to youth 24 hours a day and 7 days a week

Group Home A: Services are provided by trained staff that are awake and providing supervision to youth 24 hours a day.

Group Home B: Services are provided by trained staff that provide supervision during awake hours.

Process

The group's first step was to review the variables used in the recent work of establishing methodology for unbundling current group home rates for Title IV-E reporting purposes. The group home providers were in agreement that the most significant gap was in staffing ratios. During the group's initial work to review Title IV-E adjustments, the staffing ratios that were utilized reflected *minimum licensing standards* as follows:

Average ratio in 24 hour period

Staff	Clients	Hours	Note	Calculation
1	6	18	Awake hours	108
1	12	6	Sleep hours	72
		24		180
				180 / 24 = 7.5

Since minimum licensing standards are the same for Emergency Shelter, Group Home A, and Group Home B, the same ratio of 1 staff to every 7.5 clients was used in previous work for all services.

The current DHHS-CFS Contracts require Service Providers to meet the minimum Direct Care Staff to Youth ratios required by licensing standards. All providers involved in the sub-committee feel that the current ratios of one staff to six clients during awake hours, and one staff to twelve clients during sleep hours are too low, and have chosen to employ direct care staff at significantly higher levels than called for by licensing standards.

The group homes represented at the Sub-Committee ranged from large organizations with approximately 400 beds to community based homes with six beds. Ultimately the group chose to use a weighted average to reach the staffing ratios found in the report. The group discussed their staffing ratios, and arrived at the weighted average as follows:

Emergency Shelter	1 staff to every 4.25 clients
Group Home A	1 staff to every 4.7 clients
Group Home B	1 staff to every 5.06 clients

Clarification on Hourly Pay Rate

The Sub-Committee arrived at the average hourly rate of pay for a direct care worker after gathering input from providers based on their actual experience. While it might appear at first glance that the staff at Group Home B would have a reduced hourly wage due to sleep hours, the Sub-Committee found that the difference between the services is found not necessarily in the hourly rate of pay for a direct care worker, but in the staffing ratio.

Provider Survey Tool

The group recognized that the survey tool used to collect non salary costs contains a minor flaw in collecting data from different agencies that utilize different models of providing services. Due to the relatively small (+ or - $5 a day) range of error, the group chose not to delve deeper to rectify this minimal error.

Results of Cost Calculation

The Sub-Committee's calculation of actual costs is attached to this report. The current group home payment rate and calculated actual costs are below:

	Current DHHS Payment Rate Per Day	Current Probation Payment Rate Per Day	Current NFC Payment Rate Per Day	Calculated Actual Costs Per Day
Emergency Shelter	$ 146.00	$ 150.00[1]	$ 153.00	$ 276.48
Group Home A	$ 116.00	$ 135.00	$ 115.00	$ 268.75
Group Home B	$ 89.50	$ 100.00	$ 92.50	$ 254.41

The Group Home Sub-Committee presents this information as a first step in the process of bringing awareness to the significant gap between current payment rates and current costs of providing care.

Foster Care Reimbursement Rate Committee Recommendations

The Group Home Rate Committee Co-chairs presented these findings to the FCRRC on September 25, 2015. The FCRRC commended the work of the group and moved to advance the findings to the Commission, with the recommendation that the provision of group home services should be reviewed through a legislative study in order to measure quality of care, cost of care, and performance outcomes. Additionally, the FCRRC noted the importance of identifying the acuity of the children and youth served when considering outcome based performance measures.

[1] Probation additionally utilizes "Enhanced Shelter Care," a residential service that provides 24 hour awake staff and increased structure, supervision and security. Probation pays providers $180.00 per day to provide this service. The group did not calculate the costs of providing this service as it was outside the scope of the original charge to the group.

Group Home Rate Sub-Committee Members

Name	Organization
Doug Kreifels, Co-Chair	DHHS
Cindy Rudolph, Co-Chair	CEDARS
Sue Baumert	Child Saving Institute
Mike Cantrell	Rite of Passage
Robin Chadwell	Nebraska Families Collaborative
John Danforth	Probation
Jeff DeWispelare	Omaha Home for Boys
Corrie Edwards	Mid-Plains Center for Behavioral Healthcare Services
Mariana Johnson	Nebraska Families Collaborative
Kendra Leonhardt-Driggs	Nebraska Youth Center
Ross Manhart	DHHS
Randy Ptacek	Boystown
Kari Rumbaugh	Probation
Nanette Simmons	DHHS
Garrett Swanberg	Release Ministries
Michaela Young	CEDARS

GROUP HOME RATE SUBCOMMITTEE

8/12/2015

Direct Care Specialist

a	b (a * %)	c	d	e	f (d * e)	g (f * %)	h ((f + g) * %)	i (f + g + h)	j (i / b / 365)
				8760/2080=4.21fte's		+6/52			
				365*24 = 8760		11.5%	Ann + Adj * .34	Total	
Wghttd Avg Provider Act	85%			4.212 fte		(6 wks =2 hol+4 vac ill &train)	0.34	Wages	Per Placement
Avg ratio per 24 hr	Adj for occupancy %		Hourly $	Hrs per year	Annual $	Adj for pd leave	Benefits	Taxes Bens	Per Day Calc
4.250	3.61	**Shelter**	13.50	8,760	118,260	13,645	44,848	176,753	134.05
4.700	4.00	**Group Home A**	13.50	8,760	118,260	13,645	44,848	176,753	121.22
5.059	4.30	**Group Home B**	13.50	8,760	118,260	13,645	44,848	176,753	112.62

Direct Care Supervisor

7*7.5*.85/(4.21*1.115)									
								Total	(i / a / 365)
Ratio	Ratio						0.34	Wages	Per Placement
to children	to dir care wrkrs		Hourly $	hrs per year	Annual $		Benefits	Taxes Bens	Per Day Calc
5.39	7.00	**Shelter**	23.30	2,080	48,464		16,478	64,942	33.04
5.96	7.00	**Group Home A**	23.30	2,080	48,464		16,478	64,942	29.88
6.41	7.00	**Group Home B**	23.30	2,080	48,464		16,478	64,942	27.76

	Direct Care IV E Maintenance Staffing	Supervisor IV E Mnt Staffing	provider survey non-sal IV E Maint	provider survey non-sal IV E Facility Operations	(d+e+f+g) **IV E Sub Total**	h * 20% **0.2 Indirect**	(h + i) **TOTAL**
Shelter	134.05	33.04	53.28	10.03	**230.40**	**46.08**	**$ 276.48**
Group Home A	121.22	29.88	68.24	4.63	**223.96**	**44.79**	**$ 268.75**
Group Home B	112.62	27.76	63.72	7.91	**212.01**	**42.40**	**$ 254.41**

[1*] sup ratio * dir care ratio * occ % /(dir care fte's * (1+pd leave %))

Letting Kids Be Kids:

Nebraska's Implementation of the Strengthening Families Act

October 2015
Compiled by the Nebraska Strengthening Families Act Stakeholder Group

Letting Kids Be Kids:
Nebraska's Implementation of the Strengthening Families Act

Executive Summary

Growing up in foster care can often mean not having access to typical life experiences that are an essential part of the childhood and adolescent years. These activities and experiences range from simply being able to hang out with friends, attend school dances, and participate in school and sports teams, to learning the skills needed to transition into a successful adulthood. The Preventing Sex Trafficking and Strengthening Families Act (also known as the Strengthening Families Act or SFA) was passed by the United States Congress in September 2014, and is designed to promote safety, permanency, well-being and normalcy for youth in foster care. Several specific provisions of the Act are focused on ensuring that children and youth in foster care have access to these same childhood experiences as their non-foster care peers or "normalcy." Research has shown that these experiences are crucial to development, building social capital and creating positive relationships.

Specifically, with regard to normalcy, the SFA instructs states to:

- Implement the reasonable and prudent parent standard to allow foster parents to use their best judgment in making day-to-day decisions including what activities youth can take part in
- Limit the use of APPLA or Another Planned Permanent Living Arrangement (known as independent living in Nebraska) as a permanency goal for youth under 16
- Involve youth ages 14 and older in their case plan and provide them with a list of rights
- Provide youth at age 18 with important documents (e.g., birth certificate, social security card, etc.) before they leave foster care

This report further summarizes the provisions of the SFA that are related to normalcy and outlines recommendations from a broad group of Nebraska stakeholders on how our state can fully implement the law to achieve its intended goals. This process has included the input and feedback from over 300 stakeholders and young people across Nebraska, through two stakeholder meetings, as well as surveys and focus groups.

The stakeholder recommendations include:

<u>Reasonable and Prudent Parent Standard (RPPS)</u>

- The RPPS and normalcy should be applied to all children and youth (including those in the system due to child welfare, juvenile justice, status offense or mental health) in all placements and levels of care.
- Nebraska statute should state that children in care have the right to take part in age- and developmentally-appropriate activities.

- A grievance process should be available for youth who feel they have not been heard or are facing consistent disagreement about normalcy activities.
- The Department of Health and Human Services (DHHS) and the juvenile courts should work collaboratively to remove or reduce barriers to youth's participation in age- and developmentally-appropriate activities.
- Nebraska statute should include a description that the legal rights of biological parents are not impacted by the RPPS (meaning parents whose rights have not been terminated still retain their constitutional and other existing rights with respect to their children and that those rights and their important role must be respected).
- Nebraska statute should require the juvenile court to provide oversight (i.e., make court findings) to ensure that, for all youth (not just those age 16 and older, as required by the SFA), the caregiver is following the RPPS and that the youth has regular, ongoing opportunities to engage in age- or developmentally-appropriate activities.

<u>Youth Notice of Rights</u>

- The notice of rights to youth should include all rights under state and federal law, not just those enumerated in the SFA.

<u>Case Planning</u>

- The case plan should document *what efforts were made* to engage the youth in case planning (this should be required to be documented) and *how* the youth participated in the case planning process (but this should not be required to be documented).
- Nebraska statute should require the juvenile court to ask the youth if they participated in the development of their case plan and make findings about whether they were involved in case planning.

The report also details stakeholder group recommendations around ensuring older youth that still have a permanency plan of APPLA have supportive connections and requiring a more comprehensive "discharge packet" of documents and having the juvenile court provide oversight to make sure the youth has received pre-discharge documents before the case is closed.

While some work has already been done to comply with the provisions of the SFA, there are steps yet to be taken to fully implement the SFA in Nebraska. These recommendations will help ensure that Nebraska kids in foster care can be kids, and successful adults.

Introduction

There are important opportunities and efforts underway in Nebraska and nationally to improve "normalcy" for children and youth in foster care. In particular, in September 2014, Congress passed and President Obama signed the Preventing Sex Trafficking and Strengthening Families Act (also known as the Strengthening Families Act or SFA). In Nebraska, a broad group of stakeholders, with young people at the forefront, have come together to determine how to best implement the SFA in our state. This report summarizes those recommendations.

"Normalcy" is about ensuring children are able to participate in the age-and developmentally- appropriate activities and experiences that are essential to the development of children and youth.[1] Childhood and adolescence for many people involves fun and enriching activities such as spending time at summer camp, participating in sports, music, debate or other extra-curricular and community activities, having sleepovers, hanging out with friends and finding a job. These activities help children and youth to build lasting relationships and social capital with peers, adults and their communities. Normalcy activities are also important to youth in the complicated process of self-identity as they develop interests and eventually transition into adulthood. In addition to the benefits of building social capital and self-identity, age-and developmentally- appropriate activities are also essential to the healthy development of children and youth. Adolescent brain research confirms that these experiences and relationships are critical to a youth's development as they try out adult roles, responsibilities and explore new experiences.[2] It is also normal for youth to take risks, and with the involvement of supportive adults, these activities, importantly, allow youth to make and learn from their mistakes in a safe environment.[3] It turns out that being allowed to be a kid is very important to becoming a healthy adult.

While some may take these activities for granted, youth in foster care often do not have the same opportunities for "normal" childhood experiences and face barriers to their participation in these activities. These barriers often have to do with seeking to ensure safety – such requiring background checks for sleepovers or prohibiting photographs to be taken of children in foster care or preventing youth from participating in activities that may involve some degree of risk. While ensuring the safety of children and youth in foster care is important, it shouldn't overwhelm their need for normalcy and well-being.

It is also important to note that, too often, there is an over-reliance on long-term congregate care for young people instead of placing them with a family. Except for very short-term shelter care that meets therapeutic standards, "normalcy" for children and youth means living with a family.

As the Jim Casey Youth Opportunities Initiative notes in their issue brief on resilience, "Many young people in foster care have experienced considerable challenges that place them at risk of negative adult outcomes: poverty, separation, abuse, neglect, loss, and disruption. Yet with the right support systems, they can

develop resilience in the face of adversity."[4] The normalcy provisions of the Strengthening Families Act are intended to ensure that essential activities, opportunities and connections are accessible to children and youth in foster care.

Acknowledgments
We would like to acknowledge the many partners who have made contributions to the recommendations in this report.

- The Jim Casey Youth Opportunities Initiative of The Annie E Casey Foundation
- The State Policy Advocacy and Reform Center (SPARC)
- Jennifer Pokempner from the Juvenile Law Center
- Nebraska State Senator Kathy Campbell and Joselyn Luedtke
- The Nebraska Department of Health and Human Services (DHHS)
- The Strengthening Families Act stakeholder group
- Most importantly, the young adults who gave their time to inform this process and ensure the voices of their peers were heard by sharing their experiences and perspectives

The Preventing Sex Trafficking and Strengthening Families Act
The Preventing Sex Trafficking and Strengthening Families Act (SFA) is groundbreaking legislation that was passed unanimously by Congress on September 18, 2014, and signed into law by President Obama on September 29, 2014.[5] Many of the key provisions went into effect on September 29, 2015, but some provisions went into effect upon enactment and others are phased in over a period of time up to seven years after enactment. The SFA is designed to promote safety, permanency, well-being and normalcy for youth in foster care. Specifically, the SFA instructs states to:

- Implement the reasonable and prudent parent standard to allow foster parents to use their best judgment in making day-to-day decisions including what activities youth can take part in
- Limit the use of APPLA or Another Planned Permanent Living Arrangement as a permanency goal
- Involve youth ages 14 and older in their case planning and provide them with a list of their rights
- Provide youth at age 18 with important documents (birth certificate, social security card, etc.) before they leave foster care
- Protect children and youth at risk of becoming sex trafficking victims, including requiring state child welfare agencies to screen, document, and assist children who are at-risk for being trafficking or are survivors of sex trafficking
- Develop and implement protocol to expeditiously locate any child who is missing from foster care and among other processes, screen the child for sex trafficking
- Reauthorize adoption incentives with improvements to promote guardianships and the extension of funding for Family Connections Grants[6]

Normalcy Provisions of the SFA
The work of the stakeholder group and the recommendations in this report are focused on the provisions of the SFA pertaining to normalcy. Specifically, the stakeholder group and this report focus on recommendations regarding the following provisions: the reasonable and prudent parent standard, APPLA (Another Planned Permanent Living Arrangement), youth participation in case planning, rights notification, and pre-discharge documents. All of these provisions went into effect on September 29, 2015.

In this report, the term "normalcy" will be used throughout, as it is the term that is used in the federal law. However, many of the young people and stakeholder expressed concerns about the use of this word and the benefits of finding another term to encompass these essential activities and opportunities for children and youth. Therefore, the use of the term in this report does not seek to imply that there is a single typical childhood experience. Activities that children and youth wish to be involved in will vary greatly by individual. The stakeholder group will continue working on identifying another term.

The section below provides additional background information about each of the provisions, which are the focus of this report and the stakeholder recommendations.

Reasonable and Prudent Parent Standard (RPPS)
Pursuant to the SFA, the "reasonable and prudent parent standard" (RPPS) is "the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interest of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the State to participate in extracurricular, enrichment, cultural, and social activities."[7] This is intended to allow caregivers to use their best judgment in deciding what activities youth can participate in and to remove the unnecessary barriers that youth in foster care often face. This applies to foster family homes as well as child care institutions, such as group homes, which are required to have an individual on-site who can make RPPS decisions.[8] The Act also requires states to implement policies to provide caregivers appropriate liability protection when exercising the RPPS and to certify that caregivers have the skills and knowledge to use the standard.[9]

Another Planned Permanent Living Arrangement (APPLA)
The permanency goal of Another Planned Permanent Living Arrangement APPLA was created by Congress to replace "long term foster care" and encourage agencies to better meet the individual needs of a particular child for whom other permanency goals – like returning home, adoption or guardianship – are not appropriate. However, too often, APPLA has provided an easy way out for states: rather than continuing to look for planned permanent living arrangements for children and youth who they think will not or cannot be returned home, adopted, or placed with guardians, agencies often turn to independent living or residential placements

rather than attempting to reengage family members or other important people in the youths' lives who could be permanent connections. As a result of these concerns, this provision attempts to limit the use of APPLA to only those youth for whom other permanency goals are truly not appropriate.

Specifically, the SFA requires states to eliminate the use of the permanency goal of "Another Planned Permanent Living Arrangement" or "APPLA" for youth under age 16.[10] This is known as independent living in Nebraska. In addition to eliminating the use of APPLA for youth under age 16, the SFA also includes specific requirements and protections for youth 16 and older who do have a plan of APPLA, including requiring the state agency to document their intensive and ongoing efforts to find a family placement and requiring the juvenile court to consult with the youth about their desired permanency plan and to provide oversight of the use of this permanency objective.[11]

Youth Participation in Case Planning

To strengthen the case planning process, the SFA requires states to involve youth ages 14 and older in the development of their case plan. Youth are allowed to select two individuals who will be involved in the case planning team, one of whom can serve as the youth's advisor on normalcy activities. The SFA also requires that the case plan must describe the services needed for the youth to transition to "a successful adulthood."[12]

Rights Notification

The SFA also includes provisions that require youth to be provided with a list of their rights to help them better understand the system, beginning at age 14. It must be documented in their case plan (along with the youth's signature) that they received a copy of their rights that was explained to them in an age-appropriate manner. This list of rights must at least include their rights with respect to education, health, visitation, court participation, the right to be provided with their credit report, birth certificate, social security card, health insurance information, medical records, State ID, and the right to stay safe and avoid exploitation. [13]

Pre-Discharge Documents

Lastly, as a part of the case review system, agencies must provide youth leaving care at 18 or older, who have been in foster care for at least six months, the following (if they are eligible to receive such document):

- Birth certificate
- Social security card
- Health insurance information
- Medical records
- State ID or driver's license[14]

Existing Nebraska Law and Policy
In some ways, Nebraska is already ahead of the curve in our existing law and policy related to these issues. For example, in 2011, the Nebraska Legislature passed LB 177, introduced by Senator Kathy Campbell, which, among other things, put into place state statutory requirements for transition planning for youth in foster care at age 16 or older. This statute, Neb. Rev. Stat. § 43-1311.03, implemented the requirements of federal law at the time and additional best practices, but should be amended to reflect some changes from the SFA, such as requiring transition planning to begin at age 14 instead of 16. In addition, this same state statute already requires DHHS to provide pre-discharge documents to youth, but it should be modified slightly to reflect changes made in the SFA. Similarly, existing Nebraska statute Neb. Rev. Stat. § 43-1312 allows APPLA as a permanency objective of last resort, but there is no age requirement.

The Nebraska Department of Health and Human Services (DHHS) has an obligation to ensure the agency is in compliance with the SFA and, therefore, in advance of the SFA provisions going into effect on September 29, 2015, DHHS issued a policy memo on the Reasonable and Prudent Parent Standard[15] and another policy memo on Transitional Living Planning.[16] The RPPS policy memo includes an application guide for use of the RPPS and examples of areas where the RPPS may be applicable, such as sleepovers, youth employment, driver's licenses, and youth participation in social media. The Transitional Living Planning policy memo outlines documentation that must occur at each age and includes a Nebraska Foster Youth Bill of Rights. In addition to these policy memos, existing DHHS regulations, such as 390 NAC 11 which relates to decision-making for a range of activities that now fall within the RPPS, will need to be amended. DHHS has proposed regulations regarding the reasonable and prudent parent standard, which is scheduled for a public hearing on October 29, 2015.

In addition to these modifications, there is more work that needs to be done to fully implement the SFA in Nebraska and improve outcomes as the federal law intends for children and youth. This report focuses on that additional work, and how Nebraska law and policy can be amended to make sure baseline requirements are met and to continue Nebraska's path of instituting best practices in this area.

Stakeholder Process
This report is the result of input and feedback from a broad range of stakeholders through a number of methodologies.

First, a stakeholder group was convened for two initial meetings: one half-day meeting with an introduction and overview of the SFA and an update on implementation efforts in Nebraska in July 2015 and a second day-long facilitated meeting to develop initial recommendations in August 2015. The stakeholder group included young people, foster parents, biological parent representatives, providers, attorneys and other advocates. At the second recommendation meeting, the stakeholders self-selected into three groups focusing on: 1) normalcy and the

reasonable and prudent parent standard, 2) case planning and 3) APPLA. Within the three breakout groups, the stakeholders worked through a series of questions based on the provisions and developed an initial set of recommendations in these three areas. While many recommendations on the SFA provisions were agreed upon, there were other areas where there were gaps needing more information and continued input to develop.

Following the stakeholder meetings, two surveys, one for a broad population of child welfare stakeholders and another for system-involved young people, were sent out and responses were collected. Focus groups were also held with youth and young adults with experience in foster care and/or the juvenile justice system as well as with foster parents and biological parents to further inform the recommendations.

This report compiles the initial recommendations with the feedback from these focus groups and survey responses. It is expected that stakeholder meetings will continue in the coming months of implementation to further develop recommendations and monitor the implementation process.

Youth and Young Adult Focus Groups

To ensure that the implementation of the SFA is guided and led by the experiences of youth in Nebraska's foster care system and young adults with experience in the system, focus groups were held throughout the state during July 2015. Thirty-three young people between the ages of 14 and 24 who were involved in either the child welfare and/or juvenile justice system participated in four focus groups in Lincoln, Fremont, Curtis and the Youth Rehabilitation and Treatment Center (YRTC) in Geneva. The youth and young adult focus group participants were from ten towns in Nebraska with 19 identifying as female, 11 as male and one as transgender. Of the thirty-three young people in the focus groups, thirteen had been involved in the system between five and nine years while four youth indicated they had been in the system between 15 and 19 years. Placements included foster homes, group homes, guardianship homes, with their biological families, independent living settings and at the YRTC at Geneva (see further demographics, attachment A). Young people in the focus groups were asked five questions on the provisions of the SFA that were similar to the stakeholder breakout groups mentioned above (i.e., RPPS, case planning and APPLA). Questions sought feedback on the types of activities the young people were not able to take part in, what barriers exist to these activities, those individuals who helped them access normalcy activities, how useful they would find a "bill of rights," and if they felt their voice was being heard throughout their time involved in the system (see focus group questions, attachment B).

When asked what normalcy means to them and what types activities were important to them that they did not have access to, young people often shared being told "no" or that they didn't ask to participate in them because they assumed the answer would be no. Young people also listed school activities including attending a regular school or school of their choice, graduating with their class, going on field

trips and taking senior pictures, as activities they were commonly prevented from doing. The young adults also mentioned a wide variety of extracurricular activities in which they could not participate including but not limited to: participating in sports, cheerleading, debate and other clubs, traveling with teams to camps, mission trips and competitions, and participating in other community involvement activities.

Nearly all of the young people provided feedback about not being able to spend as much time as they would like with family and friends. Time with friends included hanging out, going to sleepovers, movies, sporting events and attending school dances with friends. With frustration and strong emotions, the young people also shared stories of not being able to spend enough time with their families and to see parents and siblings, even on holidays and birthdays. Another common theme that emerged was a lack of access to opportunities to learn life skills such as having a job, taking drivers education, learning transitioning skills, having a cell phone and accessing personal documents. The barriers they faced to participating in these activities mainly came from their relationships with foster parents and caseworkers and/or were due to transportation, financial costs or lack of community resources.

Additionally, young people in the focus groups were asked if they felt a youth "bill of rights" would be helpful to them in terms of understanding and navigating the system. Many felt confusion with the system, and did not understanding the court process, their options, and why they received certain placements. Some young people did not know what system(s) they were involved in, whether they were involved in the foster care or juvenile justice system. When asked in what format would be most beneficial to receive these rights, the young people indicated that they wanted them to be shared through their supportive individuals and for the information to be provided throughout their time in the system. The majority also wanted the rights information to be shared in a hard copy format that they could keep and refer back to.

When asked what rights were most important to be informed on, the young people in the focus groups identified the following:

- A right to understand the system
- A right to have their voices heard in their case
- A right to maintain family connections
- A right to access personal information
- A right to honest and clear communication
- A right to have their basic needs met
- A right to learn life skills and to successfully transition to adulthood

The main themes that emerged from the youth and young adult focus groups included:

- Youth in foster care do not have access to the same activities as their non-foster care peers. These activities are essential to development and building relationships as young adults grow and find their self-identity.

- Young people need supportive people they trust and with whom they can communicate honestly and openly. Who these supportive individuals were varied greatly for individual focus group participants.
- Lack of time spent with family and friends was echoed by nearly all of the focus group participants.
- Implementing normalcy in Nebraska will look differently depending on the placement of youth and should be implemented to include even the most restrictive placements, like the Youth Rehabilitation and Treatment Centers.
- There was enthusiasm for a foster care bill of rights that would be shared with youth in a hard copy format as a part of a meeting. There were many rights discussed that could be included in the bill of rights, but a majority of the participants expressed their need to understand how the system works.

Youth and Young Adult Survey

Coinciding with the stakeholder survey, an additional survey was created to gather further youth and young adult feedback on the stakeholder group's recommendations. Questions focused on youth's ability to participate in thirty-seven separate normalcy activities, barriers to involvement, grievance procedures, bill of rights provisions, and use of APPLA. Surveys were distributed electronically to youth serving agencies and community organizations, as well as via social media through Project Everlast (a program of Nebraska Children and Families Foundation working with system-involved youth and young adults).

Twenty-eight young people (n=28) responded to the survey, ranging in age from 15 to 37 years old with 82% between 17 and 20 years old. A majority (60% or 17 youth) were white as well as a majority identifying as women (83% or 20 youth). State ward status varied greatly, with eleven having aged out of care, six finding another form of permanency, four currently on probation, and four currently state wards. Approximately a third, or nine participants lived independently, five lived in a group setting, four with family, two in dorms, two in foster homes, and one identified as homeless.

Questions were asked about youths' ability to participate in normalcy activities and the barriers they faced related to this participation. Transportation, safety, and background check requirements constituted the most commonly listed barriers to participation in normalcy activities.

While responses ranged across all thirty-seven activities listed, options to which more than one-third of respondents identified not being allowed to participate included:

Participating in activities outside of school (e.g. music lessons, dance, etc.)	34.6%
Staying the night at a friend's house	48%
Hanging out with friends unsupervised (e.g. going to the movies, getting food, going shopping, etc.)	40%
Going on a date	57%
Attending a camp (e.g. summer camp)	48%
Being able to babysit	50%
Traveling out of the state with your foster parents	40%
Having free access to food	34%
Getting an allowance	46%
Attending school-related overnight activities (e.g. for band, a club, a sports team, etc.)	36%
Riding in cars with licensed teen drivers (your friends)	46%
Having friends sleep over at your house	52%
Going to a party with friends	65%
Having a cell phone	46%
Learning/practicing to drive (legally)	39%
Spending unsupervised time with siblings	35%

Participants were also asked to list important components of culture that should be considered in normalcy activities. All answers centered on a need to understand the unique characteristics, values, morals, and living situation of each young person. This focus on individuality mirrors results from the youth focus groups and from the feedback provided by young people present at the two SFA stakeholder meetings.

Additional youth and young adult survey results are included in the sections below with the corresponding recommendation and stakeholder survey responses.

Overall, this additional round of youth voice underscored a number of themes that arose in the focus groups and from the youth present at the stakeholders meetings. It became clear that individuality, access to information, opportunities for supported and safe risk-taking, and a desire to just be a teenager are essential take-aways as implementation of the SFA continues.

For additional input from young adults formerly in foster care nationally, see the SFA implementation recommendations and survey feedback from The National Foster Care Youth and Alumni Policy Council (NFCYAPC) (see recommendations, attachment C). In this document, the NFCYAPC states the importance that, "many of the provisions of the legislation [SFA] originated from or included the voice of youth, and that youth voices continues to be heard in the implementation of this important legislation."[17]

Nebraska Foster and Adoptive Parent Association Survey
A survey created and shared by the Nebraska Foster and Adoptive Parent Association (NFAPA) was taken by 33 foster parents in Nebraska to further inform the recommendations process. These results are included in attachment D.

Nebraska Federation of Families for Children's Mental Health Focus Group
Additionally, the Nebraska Federation of Families for Children's Mental Health is holding focus groups with biological family members. Details on these focus groups are included in attachment E.

Child Welfare Stakeholder Survey
An online survey was sent out to a broad range of child welfare stakeholders across the state. The survey including 17 questions, the majority on the Likert scale, asking respondents to agree or disagree with the initial recommendations and remaining issues identified by the stakeholder group. Two hundred and six individuals (n=206) responded to the survey, with representation from across the state. The respondents included:

- Attorney/guardian ad litem (28 - 16%)
- Judge (6 - 3.4%)
- CASA volunteer (9 - 5.1%)
- Parent (12 - 6.9%)
- Foster parent (23 - 13.1%)
- Caseworker DHHS (4 - 2.3%)
- Caseworker NFC (7 - 4%)
- Supervisor DHHS (3 - 1.7%)
- Supervisor NFC (7 - 4%)
- Administrator DHHS (3 - 1.7%)
- Administrator NFC (4 - 2.35)
    - Or total DHHS and NFC Staff (including caseworkers, supervisors and administrators (28 - 16%)
- Probation officer (1 - 0.6%)
- Foster Care Review Office local board member (4 - 2.3%)
- Foster Care Review Office staff (2 - 1.1%)
- Other (82 - 46.9%) – including nonprofit service providers, educators, social workers, mental and behavioral health professionals, staff of child advocacy centers, adoption support staff, and other providers and advocates for families and children in care

Stakeholder Recommendations
This section provides additional applicable details related to the requirements and opportunities within each of the provisions of the SFA examined in this report and through the stakeholder process. Following the SFA overview for each provision, this section summarizes stakeholder recommendations from the facilitated stakeholder meeting as well as results from the stakeholder survey and additional results from the youth and young adult survey. While the same general topics were discussed among the stakeholder group and included in the surveys, the exact same

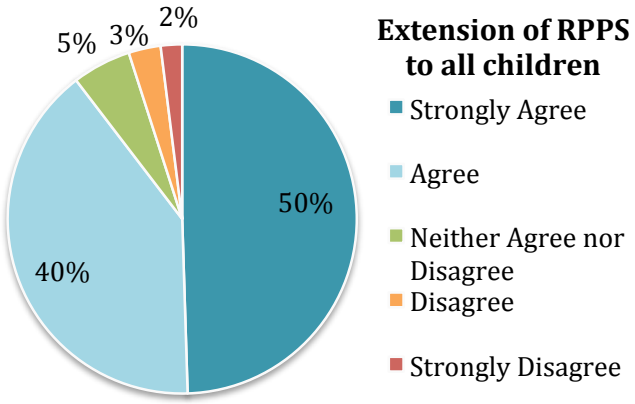
questions were not asked of all three groups (see attachments F, G, and H). In addition, in some cases, the recommendations varied somewhat between the groups. Therefore, the section below summarizes the results for each of the three groups (the stakeholder group, the stakeholder survey and the youth survey) separately within each topic as applicable.

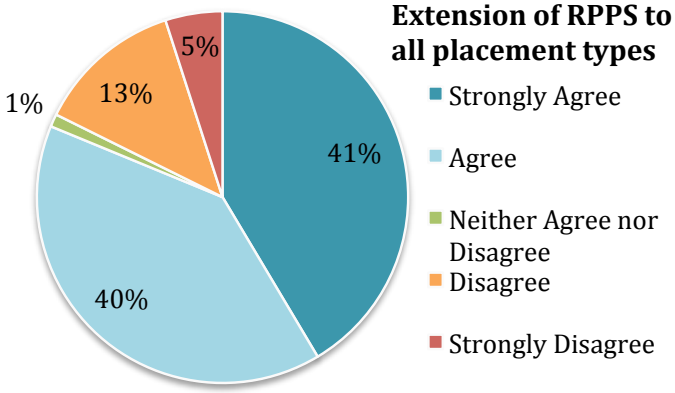
Normalcy and Reasonable and Prudent Parent Standard

The Reasonable and Prudent Parent Standard establishes a new guideline allowing foster parents and designated caregivers to use their best judgment in determining what age- and developmentally- appropriate activities youth in their care may participate in.

Application of RPPS to all children

As noted previously, under the SFA, the RPPS applies only to children in foster family homes and childcare institutions. "Child care institution" is the federal term for group homes and other congregate care settings with less than 25 children licensed by the state.[18] The stakeholder group recommended the RPPS should be applied to *all* children (including dependent or delinquent, status offense, and mental health) in any placement or level of care in state statute. The feedback from the stakeholder survey strongly mirrored this recommendation. Nearly ninety percent (89.6%) of respondents strongly agreed or agreed that the RPPS should be implemented in Nebraska for all children and youth (i.e, not only youth who came into care because of abuse/neglect, but also youth who came into care because of delinquency, status offence or because of mental health issues). A smaller majority, 73.1% strongly agreed or agreed that the RPPS should be applied to all placements and levels of care, including youth in locked detention center and in substance abuse or mental health treatment facilities. Only 15.9% disagreed or strongly disagreed with this recommendation.





The young adult survey echoed this recommendation, with every youth respondent agreeing that the SFA provisions on normalcy should apply to children and youth with all types of cases.

Right to RPPS
Under the federal law, the term "age- or developmentally-appropriate" means "activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally-appropriate for a child, based on development of cognitive, emotional, physical and behavioral capacities that are typical for an age or age group."[19] A strong majority, 90.9%, of stakeholder survey respondents agreed with the stakeholder group that Nebraska statute should state that children in foster care have the right to take part in age- and developmentally-appropriate activities. This question was not asked in the youth survey.

Qualifications for designated decision maker
As noted above, the SFA requires that contracts with child care institutions (such as group homes) must contain the requirement that each facility always has an on-site individual who can act as a "reasonable and prudent parent" to make decisions.[20] The stakeholder group was asked to make a recommendation regarding any qualifications that should be required for these designated decision makers in congregate care settings. The stakeholder group recommended that DHHS policy state that the designated RPPS decision maker must know the child and/or have access to their information, and must have received training on the RPPS. This question was not asked in the stakeholder or youth survey.

Types of activities
As mentioned previously, strong feedback was gathered from young people about the types of activities that are important to them and to which they often they did not have access. As mentioned above, these activities generally fell into categories such as school, extracurricular activities, spending time with family and friends, and activities to gain skills to transition into adulthood. The stakeholder group took this into consideration and recommended that there be broad categories to which the RPPS applies set forth in state statute to define the scope of the activities that the RPPS applies to and those activities and decisions that are excluded. The group also recommended that a well-represented follow-up group of youth and stakeholders should have continued discussions to further consider specific activities that might be included for regulation and policy, including a list of certain factors that a caregiver should consider in exercising the standard. This question was not asked in the stakeholder survey, but was asked in the youth survey as described above.

Cultural considerations
When asked what cultural considerations should be reflected in the recommendations for normalcy activities, responses to an open-ended question in the stakeholder survey took several different themes:

- Considerations of diversity in racial and ethnic backgrounds
- Access to religious and spiritual activities
- The cost of activities as a barrier for low-income families (and the transitions in and out of these activities that can result with reunification or a change in placement)

- Cultural considerations of Native children (especially with regard to religious beliefs, haircuts, and the importance of Tribes being consulted in the case plan)
- Gender identity and sexual orientation freedoms
- Language specific activities
- Specific dietary limitations due to beliefs, religions or personal choice

The last theme that emerged from this open-ended response to cultural considerations in normalcy activities was the concern of balancing differing cultural views from foster parents, biological parents, Tribes, and youth.

Respecting and balancing rights

Balancing the rights and wishes of all parties invested in the well-being of children and youth will be an area where strong state policy, practice and law and collaborative implementation is critical. The goal of the RPPS is to provide normalcy for children and youth, but in so doing it gives more discretion to foster parents and shifts the balance of decision-making between DHHS, foster parents and biological parents.

Considering this balance, the SFA stakeholder group recommended that Nebraska statute include a description that biological parents' legal rights are not impacted by this law, meaning a clarification that biological parents otherwise retain their constitutional rights. Additionally, 74% of survey respondents strongly agreed or agreed that Nebraska statute should include a statement that biological parents' legal rights are not impacted by the RPPS, meaning biological parents, whose rights have not been terminated, still retain their constitutional and other rights with respect to their children and that these rights and their important role must be respected. Also considering the rights of biological parents, the stakeholder group recommended that state statute specify that parents will be consulted to the extent possible about their views on participation in age-appropriate activities in the case planning processes and that this be documented by DHHS for the court. A majority of survey respondents (80.5%) also agreed with this recommendation. These questions were not asked in the youth survey.

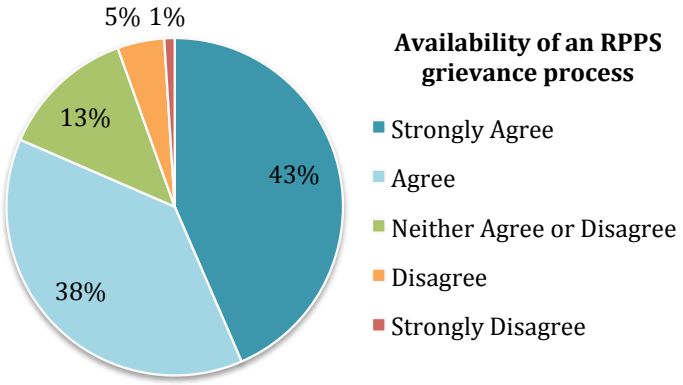
RPPS training

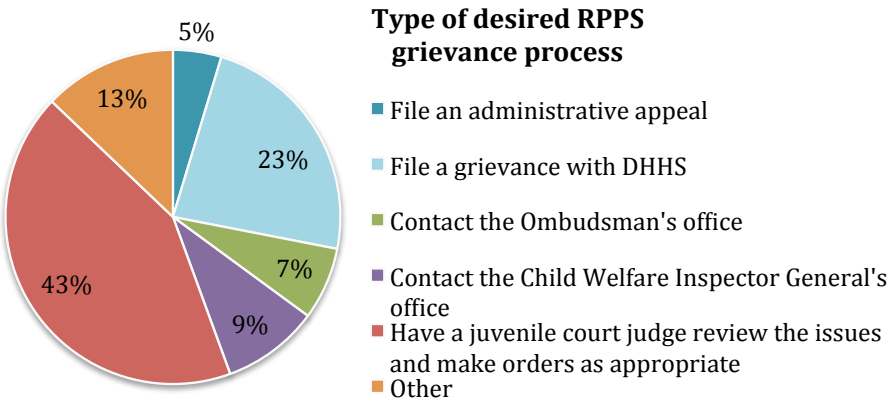
Training of foster parents and agency staff on the RPPS and normalcy is a key part of this process. The SFA requires that states must certify that caregivers have the skills and knowledge to use the standard.[21] The stakeholder group recommended that DHHS regulations detail the requirement that caregivers are trained on how to exercise the RPPS and link this training to the issuance of standards and licensing and approval of caregivers of all types of foster homes (including kinship homes that are approved but not licensed, in addition to licensed homes). They also recommended that RPPS training be split into two categories under DHHS regulation, the first for those that are already licensed and approved to be trained and the second for inclusion in the existing curriculum for initial training. This should also include annual updates and someone to be identified to ensure that the training of current licensed foster parents and kinship families is completed.

Additionally, they recommended that DHHS regulations specify what must be included in the training curriculum and that there be consideration of if and how youth, caregivers, and parents will be involved in its development and roll out, and how assistance will be provided to caregivers and agencies. This question was not asked in the stakeholder or youth survey.

Grievance process for RPPS

The stakeholder group recommended that youth, who feel they are not being heard or who are facing consistent disagreement about access to RPPS activities, have a grievance process available. In the stakeholder survey, 43.4% of respondents strongly agreed, and 37.8% agree there should be a grievance process in place for children and youth when the system does not meet normalcy requirements. A slight majority (43.1%) believed this process should be a juvenile court judge reviewing the issue and making orders as appropriate, while 24% of respondents indicated that grievances should be filed with DHHS.

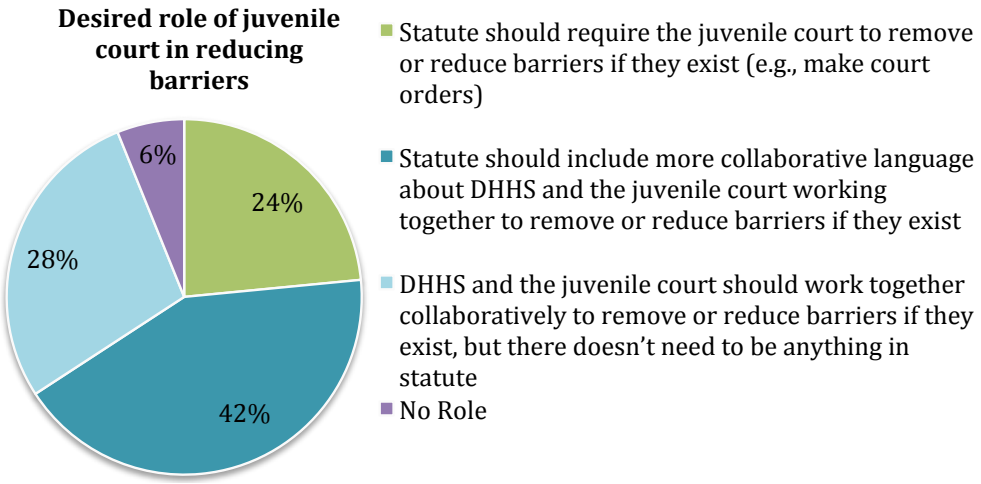




The majority of the young people also believed that a grievance process should be available for children and youth when the system does not meet normalcy requirements. On the youth survey, they selected an administrative appeal or judicial review as the most common suggestions for such process.

To further ensure that youth have the opportunity to participate in normalcy activities, the stakeholder group discussed a potential requirement to have the court issue any orders to remove or reduce barriers to the youth's participation in age- and developmentally-appropriate activities. The stakeholder group recommended

that DHHS work more with the juvenile court system to remove or reduce barriers, but that the court not be required to issue orders. When survey respondents were asked what role the juvenile court should play in this process, the greatest number of respondents (42.3%) selected the option that state statute should include more collaborative language about DHHS and the juvenile court working together to remove or reduce barriers to youth's participation in age- and developmentally-appropriate activities. Additionally, 28.1% believe that DHHS and the juvenile court should work together collaboratively to remove or reduce barriers if they exist, but there doesn't need to be anything in statute and 23.4% wanted statute to require the juvenile court to remove or reduce barriers if they exist (e.g., make court orders).



Case Planning

The case planning provisions of the SFA create a more youth-driven process to improve transition planning to a successful adulthood. The SFA requires that this transition planning begin at age 14 (instead of age 16 under previous federal law) and requires that youth at this younger age be involved in the case planning process. The age was lowered to 14 and older in recognition that youth at this age can and should inform their own case planning process and that doing so can lead to better permanency outcomes and case plan compliance. It is also required that youth are given the option to select up to two members of the case planning team. These members are chosen by the youth but cannot be a foster parent of, or a caseworker for, the youth. One of these individuals may be designated as the child's advisor and as necessary, advocate, with respect to the application of the RPPS and for the child on normalcy activities. The SFA allows the state to reject an individual who is selected by the child if they have good cause to believe the individual would not act in the best interests of the child. The SFA also requires that this case plan, developed in consultation with the youth, must also describe the services needed for the youth to transition to "a successful adulthood," previously called "independent living." [22]

Participation in case planning for younger children
The stakeholder group recommended that youth of all ages (not just 14 and older as the SFA requires) be offered, in a developmentally appropriate manner, the *opportunity to be consulted* in the development of their case plan. However, the stakeholder group did not think that involving youth of all ages in case planning should be *required*. This question was not asked in the youth or stakeholder survey.

Documentation and court oversight of youth involvement in case planning
The stakeholder group also recommended that the case plan should document *how* the youth participated in the case planning process, but the stakeholder group did not recommend that this documentation be a required part of the case plan. A large majority (90.7%) of stakeholder survey respondents strongly agreed or agreed that the case plan should document how the youth participated in the development of the plan.

While the stakeholder group did not recommend *requiring* that the case plan document *how* the youth participated in case planning, the stakeholder group did recommend requiring that the case plan document *what efforts were made to engage the youth* in case planning and 90% of stakeholder survey respondents agreed with this. The stakeholder group also recommended that state statute require the juvenile court to ask the youth if they participated in the development of the case plan and have statute require that the court make findings on whether the youth was involved in case planning. Seventy-nine percent of stakeholder survey respondents agreed that the juvenile court should ask the youth if they participated in the development of their case plan and make findings about whether they were involved in case planning. These questions were not asked in the youth survey.

<u>Youth Notice of Rights</u>
Beginning at age 14, the state must document in the case plan, along with the youth's signature, that they have been provided a list of their rights, or a "bill of rights" that is explained to them in a developmentally-appropriate way. The rights that must at least be provided to the child include rights with respect to education, health, visitation, court participation, and the right to be provided with their credit report and assistance in repairing any problems, and to be provided with a copy of their birth certificate, social security card, health insurance information, medical records and State ID or driver's license, as well as the right to stay safe and avoid exploitation.[23]

Notice of rights to younger children
The stakeholder group did not recommend that these rights be required to be provided to youth of all ages (only 14 and above, as the SFA requires). This was an area of disagreement between the stakeholder recommendations and the survey responses from both stakeholders and youth. The youth survey showed that 52% believed these rights should be available and explained to all youth in foster care. Nearly 81% of those who replied to the stakeholder survey agreed that the SFA requirement that youth age 14 and older should be provided with a specific list of

rights, should be extended to youth younger than 14 as well. But there was not a strong agreement as to the age cutoff for this. Of stakeholder survey respondents, 29.7% believed rights should be provided to youth 12 years and older, 28.5% selected 10 years and older and 18.4% selected 8 years and older. Additionally, 15.8% believed the rights should be shared with youth of all ages.

Notice of additional rights
The stakeholder group recommended that the notice of rights should include all rights under state and federal law, not just those enumerated in the SFA. The stakeholder survey respondents were in agreement with this recommendation, with 77.1% agreeing that this list of rights should not be limited to what is required by the SFA. Nearly all of the youth survey respondents (96% or twenty-two young people) also believed that all rights should be included.

Enforcement of youth rights
An area of disagreement surrounds an enforcement mechanism for these rights. The stakeholder group did not recommend that there be an enforcement mechanism in statute or otherwise to enforce these rights, although some stakeholders thought there were existing mechanisms in place. However, the majority of stakeholder survey respondents (86.6%) and the majority of the youth survey (87%) indicated that there should be an enforcement mechanism for these rights, meaning a way for youth to challenge it if they think these rights have been violated (such as through an administrative appeal, review by a juvenile court, or others).

<u>Another Planned Permanent Living Arrangement</u>
The SFA directs states to eliminate the use of Another Planned Permanent Living Arrangement (APPLA) for youth under age 16, or independent living in Nebraska.[24] However, for youth ages 16 or older (who under the SFA *may* still have a plan of APPLA), the SFA puts in place additional mechanisms to ensure permanent connections and support are still pursued.[25] These are more specifically described below within each recommendation.

Eliminating APPLA for all youth
When considering the extension of this provision to eliminate the use of APPLA for *all* youth (i.e., also eliminate APPLA for youth ages 16-19), the stakeholder group and survey respondents did not recommend this. A majority (63.4%) of the survey respondents agreed that APPLA should *not* be eliminated for youth 16 and older. Of the 36.1% of the survey respondents that *did* believe APPLA should be eliminated for older youth, 32 respondents or 42.7% believed it should be eliminated for youth of all ages.

Responses on this question were nearly split in the youth survey. Forty-three percent (or 10 young people) felt casework should be done to reach permanency, rather than independent living at all ages. Another thirty-nine percent (or 9 young people) felt that APPLA should remain a permanency plan option for those 18 and 19 years of age. Youth were asked to explain their response. Some felt freedom was

important, especially for those that were ready to "be on their own." Others recognized a need for dual planning, where youth learn independent living skills, while permanency is sought. A need to ensure that DHHS and foster parents would "be the parent to us as you would your own children" by never giving up on a youth was expressed by a few voices. Finally, the importance of individuality was emphasized in some answers.

Efforts for older youth with plans of APPLA

Establishing supportive connections
The stakeholder group recommended redefining the fifth permanency plan option as "APPLA with a significant supportive connection to an identified adult willing to be consistently involved in the youth's life as the youth transitions to adulthood that is formalized and approved by the court," in order to ensure that all youth have a support system. Additionally, the stakeholder group recommended that, as part of DHHS policy, the individuals identified as supportive connections should formalize the type of relationships they will have with the youth through the case plan and that each case plan should describe the services that the agency will provide to assist in maintaining the relationship. These questions were not asked in the stakeholder or youth survey.

Court oversight of permanency for youth age 16 and older
The SFA requires that, for youth ages 16 and older, the juvenile court make findings that the agency has made "intensive, ongoing, and unsuccessful efforts" to achieve more preferred permanency objectives, such as reunification, adoption or guardianship.[26] The stakeholder group considered whether Nebraska should go beyond the federal law and require the juvenile court to make findings about the specific permanency services that were provided to be sufficient. However, the stakeholder group declined to recommend that the juvenile court make findings about specific services. This question was not asked in the stakeholder or youth survey.

The SFA also requires that the juvenile court ask youth 16 and older about his or her desired permanency plan if the proposed plan is APPLA.[27] The stakeholder group considered whether Nebraska should go beyond federal law and require the court to inquire of all children as to their desired permanency plan. The stakeholder group declined to make this recommendation. However, 68.5% of stakeholder survey respondents thought that the juvenile courts should be required by statute to ask children and youth of all ages their desired permanency plan. For the 31.5% that did not believe that children of all ages should be asked, 34.4% (44 individuals) selected 14 and older, 22.7% (29 individuals) selected 12 and older, and 22.7% (29 individuals) selected 10 and older. This question was not asked in the youth survey.

Court oversight of RPPS within permanency reviews
The SFA also requires that, for youth who have a plan of APPLA (i.e., only youth ages 16 and older), the juvenile court make findings of the steps being taken to assure

that the caregiver is following the RPPS and that the youth has regular, ongoing opportunities to engage in age- or developmentally-appropriate activities.[28] The stakeholder group recommended requiring these inquiries and findings for *all* youth regardless of permanency plan or age. A strong majority of the stakeholder survey respondents (83.5%) agreed that Nebraska statute should require these court findings regarding normalcy are made for all children, regardless of age and regardless of their permanency plan. The youth survey respondents also agreed (79%) that juvenile courts should ensure that youth of all ages are getting normalcy experiences.

Pre-Discharge Documents

As a part of the case review system, the SFA requires that agencies provide youth leaving care at age 18 or older (who have been in foster care for at least six months) the following: birth certificate, social security card, health insurance information, medical records and state ID or driver's license.[29]

The stakeholder group recommended requiring a more comprehensive "discharge packet" to be shared with youth that will include the documents mandated by the SFA, but also additional information on siblings, relatives, after-care services and benefits and on the opportunity to re-enter care (the Bridge to Independence program). Lastly, the stakeholder group recommended that the case plan document that the youth has received these documents and that juvenile court make a finding at the last court review before discharge that the youth had access to the required documents before the youth's case can be dismissed. The stakeholder group determined that this should be an area for additional workgroup discussion, as to which additional documents might need to be included in a discharge packed, such as paperwork regarding citizenship and immigration status. There were no questions regarding pre-discharge documents in the stakeholder or youth survey.

Summary of Recommendations

The following is a summary of the recommendations where there was consensus identified through this process and among the stakeholder group and the stakeholder and youth surveys.

Reasonable and Prudent Parent Standard (RPPS)

- The RPPS and normalcy should be applied to all children and youth (including those in the system due to child welfare, juvenile justice, status offense or mental health) in all placements and levels of care.
- Nebraska statute should state that children in foster care have the right to take part in age- and developmentally-appropriate activities.
- A grievance process should be available for youth who feel they have not been heard or are facing consistent disagreement about normalcy activities.
- DHHS and the juvenile courts should work collaboratively to remove or reduce barriers to youth's participation in age- and developmentally-appropriate activities.

- Nebraska statute should include a description that the legal rights of biological parents are not impacted by the RPPS (meaning parents whose rights have not been terminated still retain their constitutional and other existing rights with respect to their children and that those rights and their important role must be respected).
- Nebraska statute should require the juvenile court to provide oversight (i.e., make court findings) to ensure that, for all youth (not just those age 16 and older, as required by the SFA), the caregiver is following the RPPS and that the youth has regular, ongoing opportunities to engage in age- or developmentally-appropriate activities.

Youth Notice of Rights

- The notice of rights to youth should include all rights under state and federal law, not just those enumerated in the SFA.

Case Planning

- The case plan should document *what efforts were made* to engage the youth in case planning (this should be required to be documented) and *how* the youth participated in the case planning process (but this should not be required to be documented).
- Nebraska statute should require the juvenile court to ask the youth if they participated in the development of their case plan and make findings about whether they were involved in case planning.

There was also consensus around ensuring older youth that still have a permanency plan of APPLA have supportive connections and requiring a more comprehensive "discharge packet" of documents and having the juvenile court provide oversight to make sure the youth has received pre-discharge documents before the case is closed.

Next Steps

The stakeholder group suggested several areas where further workgroup consideration is needed, including addressing the following issues:

- Research any increase in funding that is needed to meaningfully facilitate the participation of children in activities. This should include a discussion of increasing access to already available resources and developing additional resources to provide more access to normalcy activities for youth in foster care.
- Develop training on the reasonable and prudent parent standard, including the necessary stakeholders to be involved in the creation of training content, a structure for ensuring existing foster parents and staff at child care institutions are trained, and that the training is incorporated into the training for new foster parents and staff.
- Further develop a foster care, and possibly a juvenile justice, "bill of rights" through a young adult-driven process to ensure that the rights enumerated

within in the SFA, as well as others under state and federal law, are presented to youth in the system in a way that is developmentally-appropriate.

There is also a need to further discuss and develop additional details regarding the recommendation that the RPPS and normalcy should be applied to all children and youth (including those in the system due to child welfare, juvenile justice, status offense or mental health) in all placements and levels of care. For instance, one issue to be considered is that in the juvenile justice and mental health systems, parental rights are not impacted in the same manner as they are in the child welfare system, and therefore the authority of the state and placements regarding decision-making in these cases is also different. However, there is a need for these other systems and levels of care to also implement normalcy practices and standards, because of the important role of normalcy in development. There was strong consensus around this recommendation and as a result stakeholders will need to further develop the recommendation about what this should look like.

The full stakeholder group and smaller workgroups will be meeting in the coming months to consider these and other issues. There will also be consideration of how the stakeholder group, with young people at the forefront, can continue to monitor implementation and improve normalcy for youth in foster care going forward in Nebraska.

Conclusion

The Strengthening Families Act provides an important opportunity for children and youth in foster care. The recommendations in this report are the result of input of young people with foster care experience and a broad range of stakeholders. In Nebraska, implementation has already begun and we have a number of best practices already in place. But there is more work to be done including amending Nebraska law, policy and practice, to fully implement the SFA to ensure that Nebraska kids in foster care can be kids.

[1] Promoting Normalcy for Children and Youth in Foster Care, Jennifer Pokempner, Kacey
[2] *Id.* at 5.
[3] *Id.* at 5.
[4] Promoting the Development of Resilience Among Young People in Foster Care, Jim Casey Youth Opportunities Initiative, (2006), *available at* http://www.jimcaseyyouthengagement.org/sites/default/files/documents/Issue%20Brief%20-%20Resilience.pdf.
[5] P.L. 113-183.
[6] Implementing the Preventing Sex Trafficking and Strengthening Families Act (P.L 113-183) To Benefit Children and Youth, Children's Defense Fund, Child Welfare League of America, First Focus, Generations United, Foster Family-based Treatment Association and Voice for Adoption, (2014), *available at* http://www.childrensdefense.org/library/data/implementing-the-preventing.pdf.
[7] 42 U.S.C. 675(10(A).
[8] 42 U.S.C. 675(10)(B); 42 U.S.C. 671(a)(10).
[9] 42 U.S.C. 671(a)(10)(C); 42 U.S.C. 671(a)(24)(C).
[10] 42 U.S.C. 675(5)(C)(i).
[11] *See* P.L. 113-183, Sec. 112.
[12] *See* P.L. 113-183, Sec. 113.
[13] 42 U.S.C.§ 675a(b).
[14] *See* P.L. 113-183, Sec. 114.
[15] Division of Children and Family Services, Protection and Safety Procedure # 28-2015, *available at* http://dhhs.ne.gov/children_family_services/Documents/PSP%2028-2015.pdf.
[16] Division of Children and Family Services, Protection and Safety Procedure # 30-2015, *available at http://dhhs.ne.gov/children_family_services/Documents/PSP%2030-2015.pdf.*
[17] Recommendations For Implementation of Public Law 113-183, The National Foster Care Youth and Alumni Policy Council, (November 2014), *available at* http://nfyapc.drupalgardens.com/sites/g/files/g773666/f/201501/Public%20Law%20113_183%20Recommendations_0.pdf.
[18] 42 USC 672(c)(2).
[19] 42 U.S.C. 675(11)(A).
[20] 42 U.S.C. 671(a)(10).
[21] 42 U.S.C. 671(a)(24)(C).
[22] *See* P.L. 113-183, Sec. 113.
[23] 42 U.S.C.§ 675a(b).
[24] 42 U.S.C. 675(5)(C)(i).
[25] *See* P.L. 113-183, Sec. 112.
[26] 42 U.S.C. 675a(a)(1).
[27] 42 U.S.C. 675a(a)(2)(a).
[28] 42 U.S.C. 675a(a)(3)(a) & (b).
[29] *See* P.L. 113-183, Sec. 114.

Normalcy and the Strengthening Families Act
Youth & Young Adult Focus Group Results

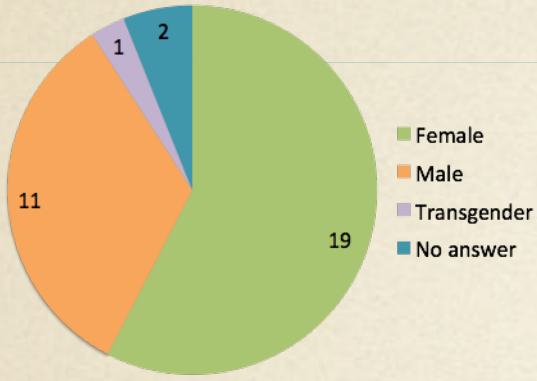
A

Normalcy is a key part of the Strengthening Families Act, passed by Congress in 2014, which requires states to provide a more normal childhood experience for youth in foster care. Through statewide focus groups, young people with foster care experience voiced their opinions on what normalcy means to them.

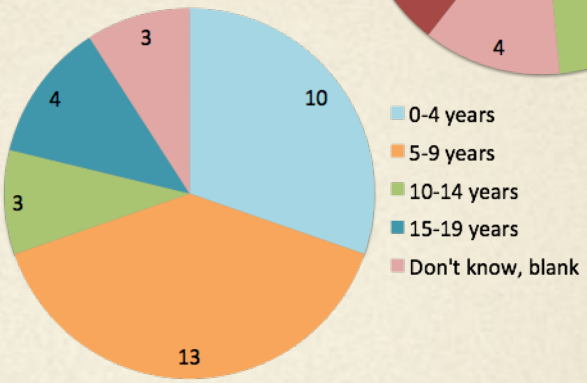
Who did we hear from?

33 young people between the ages of 14 and 24, from 10 cities in Nebraska with involvement in the child welfare and juvenile justice systems

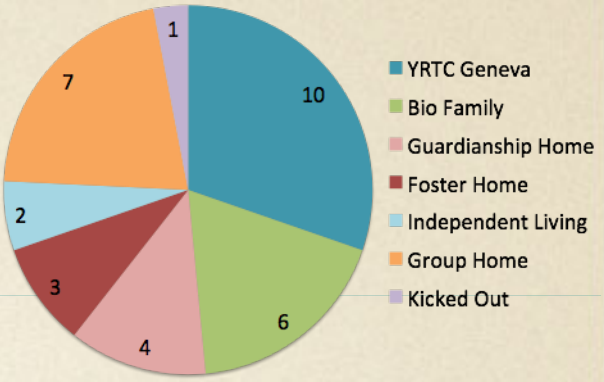
Gender



Length of system involvement



Type of placement



What did they say?

Activities young people could not do

School - Going to a regular school or their school of choice, graduating with their class, going on field trips, and taking senior pictures

Extracurriculars- Participating in sports, cheerleading, debate, and clubs, traveling with teams, to camps, to mission trips, and participating in other community involvement activities

Friends - Hanging out, going to sleepovers, movies, sporting events, and attending school dances

Family time - Seeing parents and siblings is often limited or not allowed, even for holidays and birthdays

Life skills - having a job, taking drivers ed, learning transitioning skills, having a cell phone, and accessing personal documents

What does normalcy mean to you?

"I feel like kids in the system need more freedom. Feeling trapped can be a trigger."

"Being able to enjoy the things that everyone around me are enjoying."

Normalcy and the Strengthening Families Act
Youth & Young Adult Focus Group Results

Foster care bill of rights

Nearly all of the young people participating in the focus groups felt a foster care and juvenile justice bill of rights would be beneficial. Here are some of the rights that young people identified:

- A right to understand the system
- A right to have their voice heard in their case
- A right to maintain family connections
- A right to access personal information
- A right to honest and clear communication
- A right to have their basic needs met
- A right to learn life skills and to successfully transition to adulthood

Barriers to normalcy

The young people participating in the focus group identified several barriers to normalcy that they faced when they were in the system.

- Transportation
- Financial costs
- Lack of community resources
- Foster parents & caseworkers

Main themes

1. Youth in foster care often do not have access to the same activities as their non-foster care peers. These activities are essential to development and building relationships as young adults grow and find their self-identity.
2. Young people need supportive people they trust and with whom they can communicate honestly and openly. Who these supportive individuals varied greatly for individual focus group participants.
3. Lack of time spent with family and friends was echoed by nearly all of the focus group participants.
4. Implementing normalcy in Nebraska will look differently depending on the placement of youth and should be implemented to include even the most restrictive placements, like the Youth Rehabilitation and Treatment Centers.
5. There was enthusiasm for a foster care bill of rights that would be shared with youth in a hard copy format as a part of a meeting. There were many rights discussed that could be included in this bill of rights, but a majority of the participants expressed their need to understand how the system works.

B

Strengthening Families Act (SFA) Young Adult Focus Group Questions

Instructions
Spending time or growing up in foster care should not make it harder to be involved in everyday childhood and teenage experiences (like field trips, sleepovers, sports, etc.). The SFA is a federal law that was passed in 2014 that does lots of things focused on keeping children and youth in foster care safe, involved in school, community and cultural activities, and prepared for the transition to adulthood. Because you know what foster care is like, we want your help!

Below you'll find questions to help make the law work in the best way possible. Your answers will be combined with everyone else's answers and presented to foster parents, policy makers, service professionals and other youth at a meeting on August 21st to help make recommendations to DHHS and the Nebraska Legislature about how Nebraska should make SFA work. Your personal answers will not be connected back to you, so feel free to be honest. ***Answering any question and/or speaking during the focus group is COMPLETELY YOUR CHOICE. You can choose to skip any (or all questions) both on this handout and in the group.***

Questions
1. What does normalcy mean to you?

2. Tell me about a "normalcy" activity you wished you could have done/do?

   a) What things did you want to do, but couldn't?

   b) What were activities that you assumed you would be told no about participating? If yes, what were they?

3. What could your support people (caseworkers, parents, foster family, judge, GAL, etc.) do to help?

   a) Who would be easiest to ask?

4. The act requires Nebraska to have a Bill of Rights for young adults in foster care. What rights should be included?

   a) How should young adults learn about it?

5. Is there anything else you want to share?

Strengthening Families Act – Youth Feedback
About You

Age: _____ Town you live in currently: _____

1. Are you currently in foster care (a ward of the state under the legal responsibility of the Department of Health and Human Services or NFC)?
   - ❑ Yes
   - ❑ No
   - ❑ Don't Know

2. Check your current living situation.
   - ❑ Biological Family
   - ❑ Adoptive Home
   - ❑ Foster Home
   - ❑ Guardianship Home
   - ❑ In My Own Apartment/House
   - ❑ Homeless/Couch-surfing
   - ❑ Group Home
   - ❑ YRTC
   - ❑ Treatment Program
   - ❑ Other (please specify): _____

3. Please check which system(s) you are (or were) involved in?
   - ❑ Child Welfare
   - ❑ Developmental Disabilities
   - ❑ Early Childhood
   - ❑ Education
   - ❑ Healthcare
   - ❑ Mental Health
   - ❑ Substance Abuse
   - ❑ Vocational Rehabilitation
   - ❑ Juvenile Justice/Judiciary
   - ❑ Other (please specify) _____

4. How long have you been involved, or were you involved?
   - ❑ 0-4 years
   - ❑ 5-9 years
   - ❑ 10-14 years
   - ❑ 15-19 years
   - ❑ 20 years or longer

5. What is your gender?
   - ❑ Male
   - ❑ Female
   - ❑ Trans or Transgender
   - ❑ Other (please specify):_____

6. Laws, policies and programing may come about to put normalcy into action. What's the best way to keep youth informed? (check all that apply)
   - ❑ Email
   - ❑ Social Media
   - ❑ Texting
   - ❑ Web Site
   - ❑ In-person Meetings
   - ❑ Other (Please Specify) _____

7. If you said that Social Media was the best way to keep you informed which social media do you prefer? (check all that apply)
   - ❑ Twitter
   - ❑ Facebook
   - ❑ Pinterest
   - ❑ Google+
   - ❑ Linked In
   - ❑ Other? (Please Specify) _____

8. In terms of racial background, how do you identify yourself?
   - ❑ White
   - ❑ African American/Black
   - ❑ Hispanic/Latino
   - ❑ Asian
   - ❑ Native Hawaiian/Pacific Islander
   - ❑ Native American/Alaskan Native
   - ❑ Other (please specify): _____

9. In terms of your ethnicity, how do you identify yourself?
   - ❑ Latino/Hispanic
   - ❑ Non-Latino/Non-Hispanic

10. There may be opportunities to be involved. If you'd like to be involved, please list your name and contact information below.
    Name: _____ Contact Information: _____

C

Recommendations For Implementation of Public Law 113-183

Adopted November 2014

Overview

Last year, the National Foster Care Youth & Alumni Policy Council drafted one of it's first sets of recommendations, titled Recommendations to Reduce the Vulnerability of Foster Youth to Predators and Sex Trafficking. We are pleased that leaders from both the executive and legislative branch incorporated so many provisions in Public Law 113-183 that aligned with the recommendations from the Council.

As the Administration begins to examine strategies for implementation of Public Law 113-183, the Council has decided to offer input about effective strategies from the perspective of youth who have personal experience in the foster care system. It is important to the Council that many of the provisions of the legislation originated from or included the voice of youth, and that youth voice continues to be heard in implementation of this important legislation.

When Congress began to show interest in addressing the growing number of youth entering into domestic sex trafficking, particularly youth who were in foster care, the Council determined it was important to advocate for policies that would address the causal forces of foster youth becoming vulnerable to predators or sex trafficking. Children are brought into a system designed to protect them, yet this system allows them to fall victim to predators and others who desire to prey upon vulnerabilities. While research has yet to show the exact cause of why foster youth are disproportionately victims of sex trafficking, young people have begun to provide their own perspective about why the system designed to protect them has instead made them more vulnerable.

The Council proposes the following recommendations for implementation of Public Law 113-183 to ensure a youth-driven approach from the top down, as well as the bottom up. Involving youth is not only best practice, but is an integral component of an effective child welfare system. As such, the Council makes one comprehensive recommendation:

> *Strongly advise and support States, tribes, and jurisdictions to involve the Council in the implementation.*
>
> The Council proposes that as the ACF provides regulations and guidance to states, the ACF continue to have ongoing conversations with the Council. Council members are excited to provide input and technical assistance as States and jurisdictions put plans into place to implement normalcy, prudent parenting, and notification of youth rights into

place. Furthermore, we ask that the ACF strongly encourage states to involve *their own* young people in the implementation of the new law's provisions, just as young people have been consulted at the federal level. This will help to ensure the new law's provisions are carried out in the spirit intended – and in a way that is youth and alumni informed — to improve outcomes for foster youth by reducing their vulnerability to predators and traffickers.

Other Council recommendations have been categorized according to the Pub. L. 113-183 provisions as they apply to: youth rights, prudent parenting and normalcy, participation in case planning, documents when exiting care, and preventing long-term foster care.

Recommendations

1. **Encourage states to include our input in the development of foster youth rights.**
   Current and former foster youth must be included in discussions regarding their rights while in care. While states may take varied approaches to the development of these rights, youth deserve to be present during these important discussions. Youth involvement will help ensure every right – no matter the content – is explained in a way that makes sense to young people.

   Youth speak: "Including the voice of youth and alumni will give current foster youth inspiration and hope. I know first hand from working with attorneys and social workers as an advocate that what I say to the youth will trump whatever they say to the youth. So, we take the team approach, which consists of the attorney for the child, social worker and myself (the youth advocate), and by taking this approach we truly get the best results. I strongly feel a team approach should be applied in the development of Foster Youth Rights"

2. **Provide specific guidance about how – and how often – rights must be provided to us.**
   While the law requires youth to be notified at their case plan hearings, much happens in a youth's case before these plans are finalized. In addition, many youth are not aware case plan hearings exist, let alone their right to attend. We urge the ACF to provide specific guidance to states about dissemination requirements of rights. In too many states, a list of youth rights exists – somewhere – but youth are not aware of the list's existence. The foster care system must do a better job at communicating rights to youth in care, as well as provide access to a complaint or appeals process. The Council strongly urges the ACF to provide guidance to states that include:
   - Youth must receive their rights within 72 hours of entering foster care.
   - Youth should acknowledge receipt of rights with every placement change *and* at every case hearing.
   - States should require that rights are publicly posted in all congregate care facilities, and readily accessible to youth in foster homes.

3. **Provide requirements about items that must be included in a list of rights.**
   A list of rights should be required to provide information about a youth rights in specific areas, such as education, health, family connections, case plan participation, etc. Council members would be pleased to provide a comprehensive list of items that States should include in a list of rights.

Too many times, youth are limited by "mythical rules", which may or may not be grounded in fact. For example, it is common for young people to be told that they are not allowed to stay over at a friend's house without background checks. In some cases, however, there is not written guidance or policy that states this rule. In other cases, policies like this are buried in bureaucratic policies that are not accessible to young people. Requiring States to address specific items in a list of rights will help to ensure that youth are not defenseless against uninformed or myth-guided rule makers, including foster parents and workers. This will also help us communicate our rights to other systems we must work with, including education, health and mental health.

Youth speak: "Access to youth rights is necessary. There is so much curriculum and information for providers to do their job, but youth are not given anything to really know what foster care is. The system is set up to console and help transition the foster parents and providers and not the youth who is the one that experienced the trauma."

4. **Encourage states to educate other stakeholders about our rights.**
   Supportive adults (foster parents, biological family members, educators, attorneys, counselors, advocates, etc.) should be regularly informed of the rights of youth in foster care. Information regarding the rights of youth as well as reporting procedures should be incorporated in trainings and hearings, so that supportive adults may act as advocates for youth in foster care.

   Youth speak: "Providing outreach to youth as well as supportive adults allows the child welfare system to assist the youth in a more helpful way. Let's be honest, young adults in foster care are going through a lot. They are given a plethora of information from many sources. It will be best if all the individuals that the youth feels most connected to are all on the same page. For example, I had a mentor from the Boys & Girls Club that was provided with very little information regarding my foster care case because he was not a family member or my foster parent. I would have loved for my mentor to be a part of the planning team for my well being."

5. **Require states to include a youth-friendly grievance process with every list that is distributed to us.**
   Foster youth may be hesitant to report any violation of rights, even if they are informed of their rights and reporting procedures. Foster youth need multiple opportunities to report any violation of rights and feel safe in doing so. If a violation occurs in the foster home, foster youth will need an opportunity at school as well as other child serving agencies to make a report, and vice versa. Every foster child needs to feel that there are multiple places and people to be safe and feel protected.

   Youth speak: "Clarifying what rights youth in care have is an amazing advancement, but without multiple enforcement procedures available to the youth, the rights virtually mean nothing. Showing that violators of youth's rights can be safely reported is key to a youth feeling empowered, ultimately allowing them to realize they have a level of control over their lives that many do not feel they have."

   Requiring youth rights serves no purpose if youth have no way to report it. Many Council members recount fears of retaliation from either an agency or a foster parent if they

disclosed abuse. Procedures should be developed to protect youth who elevate grievances. Grievance procedures should also allow a young person to proactively check on the progress of handling of a complaint.

Youth speak: "Foster youth should feel safe in knowing that their right are valid and not just a pretty document but something that is enforced and that they can count on to protect them and meet their needs."

Youth speak: "By having a reporting system not only easily accessible the youth, but to all ensures more eyes and ears will be able to make sure youth are safe. Additionally, by including youth rights in the definition of "child maltreatment," there will be an even better chance that any violation of a youth right will be reported."

While violations may get reported by adults via child abuse hotlines, these hotlines are often not set up to be grievance hotlines. Instead, progressive states have set up foster youth ombudsman hotlines with trained staff to handle grievances. These hotlines are posted on all materials related to youth rights and provide a clear message that the state protects the rights of children. We propose that these hotlines are suggested as a best practice model.

6. **Adopt a formal, federal definition of normalcy.**
Normalcy is a concept that is often discussed in foster care circles, is nearly always named as a top priority when foster youth advocates assemble, yet lacks a formal definition which can guide child welfare stakeholders. The Council seeks a definition of normalcy that recognizes the role of normalcy in youth development.

The Council defines normalcy as the opportunity for children and youth in and out- of- home placement to participate in and experience age and culturally appropriate activities, responsibilities and life skills that promote growth and development.

Youth Speak: "I believe normalcy is allowing foster care youth to have the same opportunities as those children living with biological parents. Too often there is a stigma attached to the term "foster care" and the children that come from it. The world seems to believe that foster care is where the difficult or criminal children go but that is far from the truth. Normalcy is trying to let these foster care youth to live as close to a regular and normal life as they can with the situation they are in."

7. **Do not allow states to disqualify us from extracurricular or other activities based solely on our foster care status.**
Foster youth cultivate meaningful connections by participation in extracurricular and other activities, and often times have to give up activities they are involved with, including sports or religious commitments. Every youth in foster care is at risk of losing these connections every time they move to a new placement. Discussion about prudent parenting and the right to continue to engage in these activities should be discussed during placement decisions so that foster youth are placed in families that are able and willing to respond to their needs. For some youth, these extracurricular activities serve as a lifeline to supportive adults, peers we trust, and even to connections that could provide permanence.

Youth speak: "Starting the basketball Varsity team as a freshman in high school was amazing. I probably had a pretty good chance of becoming an even better player and maybe getting a scholarship. However, when I entered care at 15, the group home I was at did not allow us to play basketball or football at the local high school - which was a different school than what I originally played at when I lived at home. Blanket rules against continuing with activities that a youth may use as a coping mechanism leads to more harm than good. Each youth should have the opportunity to sit down and discuss whether or not they should be allowed to participate in extracurricular activities, especially contact sports."

8. **Include us in developing and providing technical assistance to states regarding prudent parenting decisions.**
According to PL 113-183, HHS will provide technical assistance to state to implement the Prudent Parenting standard. The Council urges HHS to partner with young people in developing and providing this technical assistance.

Both the foster parent and youth should be empowered to make decisions. While this standard reduces liability for participation in activities it does not set a standard for the expectations of allowable activities. There have been many instances where foster parents and caseworkers have denied normalcy opportunities to foster youth. Foster youth are not told why they are denied these opportunities. If a decision is made about the participation in normalcy activities, and the youth does not agree, they should have access to a grievance process.

Youth speak: "The standard needs to allow for discretion, so that the foster parent can parent in a way that provides the most "normalcy" for the individual youth. I remember at my first meeting with the policy council we tried to explain to Bryan Samuels why normalcy is so important, and he very tactfully pointed out that "normalcy" is different for everyone. For him, it was a boarding school growing up with structure, school uniforms, etc. For me, it meant being able to participate in the same extra curricular activities as my friends and being able to stay at friends' houses overnight. For adolescents, normalcy can mean the world, but the definition of normalcy will vary based on individual experiences."

The Council's very first set of recommendations, titled FIVE IDEAS, asks that the empowerment and engagement of young people be legitimized and supported. Idea #2 specifically requests support for youth engagement in case planning. The Council applauds the provision in the new law that requires youth be given the opportunity to become involved in the development of their case plan and transition plan, starting at age 14. We additionally appreciate that youth will have the option to invite two people of their choice to attend planning meetings.

9. **Provide training & technical assistance to States so they are able to meaningfully engage youth.**
   We must ensure that 'youth engagement' means that a youth is provided the opportunity to provide his/her wishes, strengths, challenges and concerns, and must be involved in the development of the case plan from the start.
   - Youth must be provided with training or support to make their participation meaningful.
   - Each jurisdiction should build capacity to ensure that adults guiding the case planning process are well versed in meaningful youth engagement.
   - Training for the two youth-selected team members – we know that there are many youth involved in a young person's life whom are not necessarily well-versed in how the child welfare system works.

10. **Instruct HHS Court Improvement Programs to provide training and technical assistance to state and tribal court systems about our participation in the case planning process.**
    The Council also highly encourages the ACF to provide guidance to states that quality youth engagement in case planning should include timely notice. Youth must be provided adequate notice as well as a method to be excused from school or other activities (or accommodation of a new meeting time) if they are to be engaged in case planning.

Acknowledgements
Members of the council that led the work in developing these recommendations include: Vivian Dorsett, Chelsea Faver, and Charlie McNeely. Staff support includes: Jamie Hinsz, Alex McFarland, and Celeste Bodner (FosterClub).

About the Council
The National Foster Care Youth and Alumni Council convenes to provide federal stakeholders with relevant and timely information as policies and procedures are created that will affect children and families throughout the country. The Council represents a collective viewpoint of youth and alumni who have personal experience in the child welfare system.

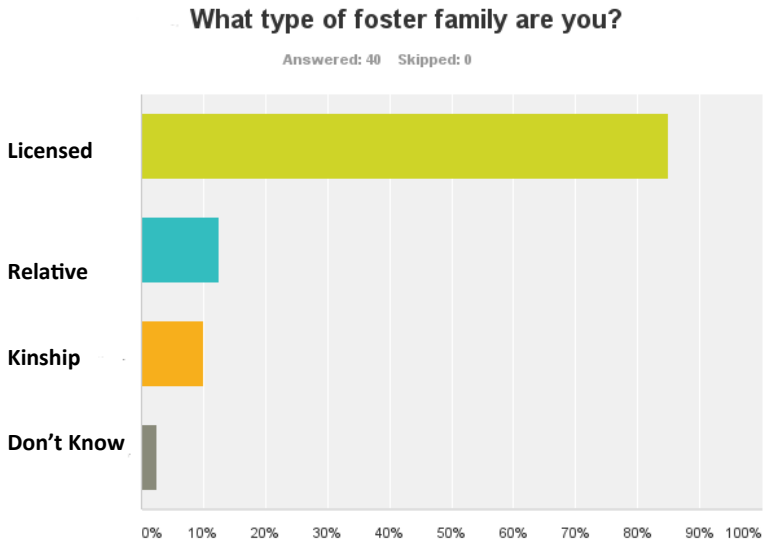
The Council is a partnership between Foster Care Alumni of America and FosterClub, with generous support from Casey Family Programs. Advisory organizations include the Congressional Coalition on Adoption Institute, Foster Care to Success, Jim Casey Youth Opportunities Initiative, National Foster Youth Action Network, Young Adult Training and Technical Assistance Network (a project of the National Resource Center for Youth Development), and Youth Communications.

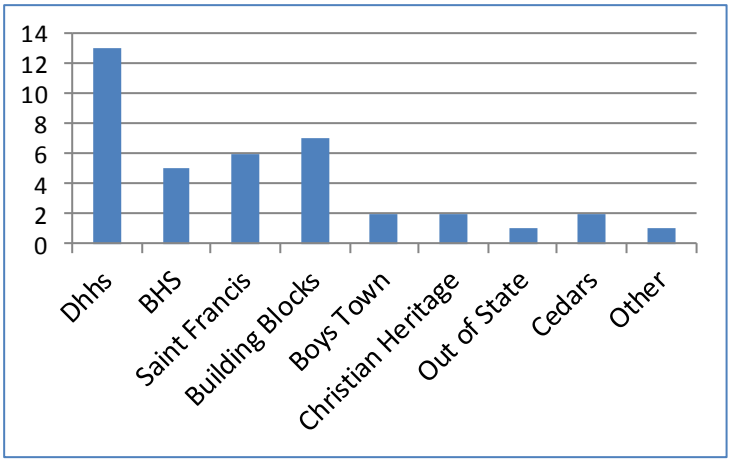
The Nebraska Foster and Adoptive Parent Association

D

Strengthening Families Act Foster Parent Survey Results

This survey was conducted by NFAPA to gain valuable insight on what normalcy means to foster families in Nebraska and gather feedback on the Strengthening Families Act. There were a total of 40 respondents but not every respondent answered every question.





How do foster families define normalcy?

-Consistency and stability

-Routines and structure

-Healthy relationships

-"Being able to do things others are doing within reason"

-Having a family that cares

What are some "normalcy" activities that foster children wished they could do?

-Group sports

-School activities

-Sleepovers (without background checks)

-Family vacations and travel

-Musical events/band

-Get a haircut

-Be in family photos

-Summer Camp

What is one way/strategy for involving youth, bio parent, and foster parent in their case plan?

Of the **31** respondents who chose to answer this question, **16** stated the importance of team meetings, several requesting that they be mandatory.

What would you need to be comfortable allowing for "normalcy" experiences/activities?

-Trust foster parents to make decisions for children in their care

-Respect and support from DHHS, Agencies, and Case Workers

Other comments from Foster Parents:

- "Respect the foster parent, make them feel appreciated, don't undermine their position with the child."

- "Many of my foster children were/are able to participate in activities. Barriers include conflict with therapy appointments, transportation, cost, and on occasion the bio parent."

- "They are a part of our family while they live in our homes, they should be included in family pictures."

- "If a teen doesn't want to see their parent, help for them with counseling to find out why, and allowing the child to be able to make some of those decisions."

- "I wish some process weren't such a waiting game"

E

Strengthening Families Act Focus Groups

The Nebraska Federation of Families for Children's Mental Health conducted Bio-Parent Focus Groups of parents that have experience in our child welfare system. The primary purpose was to obtain in-depth understanding of questions and concerns regarding the Strengthening Families Act.

In preparation of the focus groups, a team of family members were recruited to review SFA information and develop an effective process and questions that could extricate meaningful conversation intending to enhance the implementation of the Strengthening Families Act.

SFA focus group includes;

- Presentation of SFA implementation on Nebraska utilizing Power Point presented at the initial SFA stakeholders meeting
- The handout includes the following information;

Overview

Often times when new laws or policies are developed for families, the focus is on the children and/or youth involved and the input of parents is not always integrated into the same language. A federal law, The Strengthening Families Act, passed by the U.S. Congress in 2014, seeks to address a need for "normalcy" for youth and young adults in foster care. Additionally, this provides Nebraska parents an opportunity to share their input on how to best implement some key areas of the law. The three areas of focus we would like parent input on are as follows:

1) Standards allowing foster parents to make parental decisions that maintain the health, safety, and best interest of the child and decisions about extracurricular, enrichment, cultural and social activities.

2) Identification of the term "normalcy" for parents and their children/youth and how that translates between out-of-home placement and living at home.

3) Case Plan development and maintenance for youth ages 14 years and older and how parents remain involved in the planning process for their youth.

Focusing on normalcy, many child welfare advocates, service providers, policy makers and state officials are working together with young adults and parents to learn about these barriers in foster care and to create policy recommendations as Nebraska puts into place the parts of the Strengthening Families Act in the upcoming months. We want to ensure that the most important voices, those of parents and their young adults in foster care, are able to share their experiences to inform this process…so we need your help!

In your personal experience having your child(ren) placed in foster care or out-of-home care:

1) Supporting Normalcy for Children in Foster Care (Sec. 111) of the Strengthening Families Act, requires states to implement standards that would allow foster parents to make parental decisions that maintain the health, safety, and best interest of the child and also decisions about the child's participation in extracurricular, enrichment, cultural and social activities.

a. Knowing this law will allow foster parents to make some of these decisions, how do you feel parents should be involved in these kinds of decision?

2) The act defines normalcy as the opportunity for children and youth in an out- of-home placement to participate in and experience age and culturally appropriate activities, responsibilities and life skills that promote growth and development. As parents we know that each or our families have different kinds of "normal".

a. How important do you think it is for each family's perception of "normal" to be individually defined?
b. If asked by a caseworker, how would you define normalcy within your own family in a way that they could translate to the out-of-home placement for your child?

3) The Act seeks to ensure young people have access to enrichment activities that help them grow. Do you think there is any impact on parents that cannot sustain the cost of activities upon the child's return home?

a. How do you think these opportunities for young people can be feasibly replicated upon return home?

4) The act requires Nebraska to have a Bill of Rights for young adults in out-of-home placement. There is not language about a Bill of Rights for biological parents at this point.

a. Do you think a parental bill of rights would be helpful in the implementation of this act?
b. If so, what types of rights do you think parent should have when it comes to their child being involved in activities, enrichment, cultural and social activities?

5) Youth in foster care who are ages 14 and older are allowed to help develop their own case plan – and any revision to the plan.

a. As a parent, are there ways in which you would want to have input on this process? If so, what might that input include?

6) The Strengthening Families Act will play a significant role in out-of-home placement and will require Nebraska to create policies and plans in order to implement.

a. How do you think parents could/should be involved in that process?

7) Is there anything else you want to share?

The discussion includes solicitation of suggestions as to how the information shared could be enhanced.

A minimum of seven focus group sessions are being conducted. The locations of the focus groups are Omaha, Lincoln, Norfolk, Kearney, North Platte and Scottsbluff assuring that we have representation statewide. Prospective participants are screened to ensure that they have personal experience with our child welfare system

A summary of the findings from these focus groups will be shared with the SFA stakeholders group when completed.

Strengthening Families Act: "Normalcy"

****Please note that the federal requirements are in bold in the chart and have (Fed. Req.) following them.**

Options	**Check if option recc'd by group**	**Rationale for Selected Option**	**Other Key Considerations** (e.g., any changes to options as stated, whether a statutory or regulatory change is needed, success factors, key partners)
N1. Implement the reasonable and prudent parent standard (RPPS) for all caregivers in out of home placement settings. Caregivers include designated individuals at child care institutions. (Fed Req.)			
N2. Define the scope of the activities that the RPPS applies to in terms of categories of activities.			
N3. Require that regulation or statute provide more detail on the scope of the activities covered by the RPPS as well as an activities or decisions that are excluded.			
N4. List the factors that a caregiver should consider in exercising the standard in statute.			
N5. Describe in statute that parents' legal rights are not impacted by this law.			
N6. State in statute that parents will be consulted about their views on participation in age appropriate activities in the case planning processes and that this be documented by the state agency for the court.			

Strengthening Families Act: "Normalcy"

****Please note that the federal requirements are in bold in the chart and have (Fed. Req.) following them.**

N7. State in statute that children in substitute care have the right to take part in age and developmentally appropriate activities.			
N8. State in statute that the child welfare agency has an obligation to promote and facilitate the participation of children in substitute care age and developmentally appropriate activities.			
N9. Address any increase in rates of need for funding that is needed to meaningfully facilitate the participation of children in activities, or ask that this issue be studied for recommendations for funding in a specific amount of time.			
N10. Requires that caregivers are trained in the how to exercise the RPPS and link this training to the issuance of standards and licensing of caregivers. (Fed. Req.)			
N11. Connect training on RPPS to existing curriculum and training requirements or develop separate process.			
N12. Specify in statute or regulation what must be included in the training curriculum, if and how youth, caregivers, and parents will be involved in its development and roll out, and how TA will be provided to caregivers and agencies.			

Strengthening Families Act: "Normalcy"

****Please note that the federal requirements are in bold in the chart and have (Fed. Req.) following them.**

N13. As a condition of contracting with a child care institution, there must be at least one individual on-site who is designated to be the caregiver authorized to exercise the RPPS and is provided the same training for all caregivers. (Fed. Req.)			
N14. Describe any qualifications for an individual who can be designated as the decision maker.			
N15. Specify any additional factors or requirements that may need to be put in place for the RPPS to be exercised in group care.			
N16. Implement policies related to the liability of "foster parents and private entities under contract by the State" when a child participates in an activity where the caregiver appropriately exercised RPPS. (Fed. Req.)			

Strengthening Families Act: "Normalcy"

****Please note that the federal requirements are in bold in the chart and have (Fed. Req.) following them.**

N17. For youth with the plan of APPLA, the court must make findings of the steps that are being taking to assure that the caregiver is following the reasonable and prudent parent standard and that the youth has regular, ongoing opportunities to engage in age or developmentally appropriate activities. (Fed. Req.)			
N18. Require the above inquiries and findings for all youth regardless of permanency plan and age.			
N19. Require that the court issue any orders to remove or reduce barriers to the youth's participation in age and developmentally appropriate activities.			

Strengthening Families Act: Case Planning
(including youth participation, list of rights, and discharge documents)

****Please note that the federal requirements are in bold in the chart and have (Fed. Req.) following them.**

Options	**Check if option recc'd by group**	**Rationale for Selected Option**	**Other Key Considerations** (e.g., any changes to options as stated, whether a statutory or regulatory change is needed, success factors, key partners)
CP1. Transition planning to a successful adulthood must begin at age 14. (Fed. Req.)			
CP2. The case plan must be developed in consultation with a youth 14 or older. (Fed. Req.)			
CP3. Require that youth of all ages, or some designated age, be consulted in the development of the case plan.			
CP4. Require that the case plan document how the youth participated in the case plan.			
CP5. Require that the case plan document what efforts were made to engage the youth in case planning.			
CP6. Require that the court make findings whether the youth was involved in case planning.			
CP7. Require that the court ask the youth if they participated in development of the case plan.			
CP8. Document in the case plan that the youth 14 or older has been provided the opportunity to identify two advisors to participate in case planning, and the opportunity to identify at least one of those advisors as advocates on normalcy issues. (Fed. Req.)			

Strengthening Families Act: Case Planning
(including youth participation, list of rights, and discharge documents)

****Please note that the federal requirements are in bold in the chart and have (Fed. Req.) following them.**

CP9. Provide the youth a list or rights and document in case plan (by the youth's signature) that a youth 14 and older has been provided a copy of his/her rights and explained them in an age-appropriate way. **The list of rights must at least include the following areas:** ***Education** ***Health** ***Visitation** ***Court participation** ***Right to be safe and avoid exploitation** ***Discharge docs now required by SFA (see above)** **(Fed. Req.)**			
CP10. Require that youth of all ages, or some designated age younger than age 14, be provided a list of rights.			
CP11. Develop a youth in care "Bill of Rights" that includes all rights under state and federal law, not just those enumerated in the SFA.			
CP12. Include an enforcement mechanism in statute or otherwise			

Strengthening Families Act: Case Planning
(including youth participation, list of rights, and discharge documents)

****Please note that the federal requirements are in bold in the chart and have (Fed. Req.) following them.**

CP13. That a youth who is discharging from the child welfare system at age 18 or older receives the official copy of the following: ***Birth Certificate** ***Social Security Card** ***Health insurance info** ***Medical Records** ***Driver's license or state ID**			
CP14. Require that a more comprehensive "discharge packet" be provided youth before they age out (the packet could include info about siblings and relatives, info about after care services and benefits, the opportunity to re-enter care if available, etc.) and be more specific about certain services (e.g., what does "health insurance information" entail, what immigration assistance or information is needed for undocumented youth, etc.)			
CP15. Require that the case plan/transition plan document that the youth has received these documents.			
CP16. Require that the court makes a finding at the last court review before discharge that the youth has the required documents before the case can be discharged.			

Strengthening Families Act: APPLA

****Please note that the federal requirements are in bold in the chart and have (Fed. Req.) following them.**

Options	**Check if option recc'd by group**	**Rationale for Selected Option**	**Other Key Considerations** (e.g., any changes to options as stated, whether a statutory or regulatory change is needed, success factors, key partners)
A1. Prohibit APPLA for youth under age 16 (Fed Req.)			
A2. Eliminate APPLA for all youth in care 0-21.			
A3. Eliminate APPLA for youth under age 18.			
A4. Redefine the fifth permanency plan option as "APPLA with a significant supportive connection to an identified adult willing to be consistently involved in the child's life as the child transitions to adulthood that is formalized in some fashion and that is approved by the court."			
A5. Require that the identified supportive connection formalize the type of relationship they will have with the youth through the use of the case plan or some other tool, such as the permanency pact and that each case plan include the services that the agency will provide to assist in maintaining the relationship.			
A6. For youth with the plan of APPLA, the court must make findings that the agency has made "intensive, ongoing, and unsuccessful efforts" to achieve the more preferred plans (reunify, adoption, etc). (Fed Req.)			
A7. Require that the court make findings about the specific permanency services that were provided to be sufficient "intensive, ongoing, unsuccessful efforts."			
A8. If the plan is APPLA, the court must determine the appropriateness of the current placement. (Fed. Req.)			

Strengthening Families Act: APPLA

****Please note that the federal requirements are in bold in the chart and have (Fed. Req.) following them.**

A9. Require that the court identify an appropriate placement that is the least restrictive setting and will provide the youth with stability of placement as he or she transitions to adulthood.			
A10. Ask the youth 16 and older about his or her desired permanency plan if the proposed plan is APPLA (Fed. Req.)			
A11. Require that youth of all ages (or a designated age) be asked in court their desired permanency plan.			
A12. If APPLA is selected as the plan, the court must make findings that the plan is the best plan for the child and why the more preferred plans are not in the child's best interest. (Fed. Req).			
A13. For youth with the plan of APPLA, the court must make findings of the steps that are being taking to assure that the caregiver is following the reasonable and prudent parent standard and that the youth has regular, ongoing opportunities to engage in age or developmentally appropriate activities. (Fed. Req.)			
A14. Require the above inquiries and findings for all youth regardless of permanency plan and age.			
A 15. Require that the court issue an order to remove or reduce barriers to the youth's participation in age and developmentally appropriate activities.			

G

The Strengthening Families Act - Promoting Normalcy for Nebraska's Youth in Foster Care

A Survey for Child Welfare Stakeholders

This fall, a group of Nebraska stakeholders including youth, foster and biological parents, and other advocates convened to develop recommendations regarding Nebraska's implementation of the federal Preventing Sex Trafficking and Strengthening Families Act ("Strengthening Families Act" or "SFA"). The SFA was passed by Congress and signed into law by President Obama in September 2014 and is designed to promote safety, permanency, well-being and normalcy for youth in foster care. Many provisions of the SFA will go into effect on September 29, 2015, but we have an opportunity in Nebraska not only to fully implement the SFA but to put into place best practices related to the SFA. We need your input to further strengthen these recommendations for the State. The focus of the recommendations and this survey are on the SFA provisions that promote normalcy or, "age or developmentally-appropriate activities and experiences" for youth in foster care.

This anonymous survey will take approximately 15 minutes to complete. All responses will be compiled into a report that will be presented to the Nebraska Department of Health and Human Services (DHHS) and to the Nebraska Legislature through Legislative Resolution 248 at a hearing on October 22, 2015. As you complete the survey, please let us know in the comments section at the end, if you have any other questions or feedback on these recommendations. Thank you for your time and commitment to strengthening our state's child welfare system. Please contact Nebraska Appleseed with any questions.

Normalcy

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1. Federal law requires states to implement a "reasonable and prudent parent standard" (i.e., the standard characterized by sensible parental decisions, that both maintain the best interest of child while encouraging their growth, that is used when determining what activities children and youth in foster care can participate in) for caregivers of foster children in out-of-home placement settings (i.e., foster family homes and child care institutions, such as group homes). To what extent do you agree that this standard should apply to all children and youth (i.e, not only youth who came into care because of abuse/neglect, but also youth who came into care because of delinquency, status offense or because of mental health issues)?

- o Strongly Agree
- o Agree
- o Neither Agree nor Disagree
- o Disagree
- o Strongly Disagree

2. To what extent do you agree that this standard should apply to all placements and levels of care (i.e., youth in locked detention centers, youth living in substance abuse/mental health treatment facilities)?

- o Strongly Agree
- o Agree
- o Neither Agree nor Disagree
- o Disagree
- o Strongly Disagree

3. The goal of the "reasonable and prudent parent standard" is to provide normalcy for children and youth. By doing so, it gives more discretion to foster parents and could be seen to shift the balance of decision-making between DHHS, foster parents, and biological parents. To what extent do you agree that Nebraska statute should describe or include a statement that biological parents' legal rights are not impacted by the "reasonable and prudent parent standard" (in other words, biological parents, whose rights have not been terminated, still retain their constitutional and other rights with respect to their children and that these rights and their important role must be respected)?

- o Strongly Agree
- o Agree

- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

4. To what extent do you agree that Nebraska statute should state that parents will be consulted about their views on participation in certain age appropriate activities in the case planning process and that this be documented by DHHS for the court?
- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

5. What cultural considerations should the recommendations reflect for normalcy activities?

6. Do you think that Nebraska statute should state that children in foster care have the right to take part in age and developmentally-appropriate activities?
- Yes
- No

7. What role do you think the juvenile court should play in removing or reducing barriers to youth's participation in age and developmentally appropriate activities?
- Statute should require the juvenile court to remove or reduce barriers if they exist (e.g., make court orders)
- Statute should include more collaborative language about DHHS and the juvenile court working together to remove or reduce barriers if they exist
- DHHS and the juvenile court should work together collaboratively to remove or reduce barriers if they exist, but there d
- No role

8. Federal law requires the juvenile court to make findings about the steps that are being taken to assure that the child's caregiver is following the "reasonable and prudent parent standard" and that the child has regular, ongoing opportunities to engage in age or developmentally-appropriate activities. But these court findings are only required under federal law for children with a permanency plan of APPLA or independent living which only applies to children ages 16 or older. To what extent do you agree that Nebraska statute should require these court findings regarding normalcy are made for all children, regardless of age and regardless of their permanency plan (i.e., even children with a permanency plan of reunification, adoption, etc.)?
- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Case Planning
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9. To what extent do you agree that the case plan should document what efforts were made to engage the youth in case planning?
- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

10. To what extent do you agree that the juvenile court should ask the youth if they participated in the development of the case plan and make findings about whether the youth was involved in case planning?
- Strongly Agree

- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

11. To what extent do you agree that there should be some sort of grievance process for children and youth when the system does not meet normalcy requirements, such as involving youth in case planning and facilitating children's participation in age and developmentally appropriate activities?
- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

11A. If you agree with the question above, what type of process do you think would be most appropriate?
- File an administrative appeal
- File a grievance with DHHS
- Contact the Ombudsman's office
- Contact the Child Welfare Inspector General's office
- Have a juvenile court judge review the issues and make orders as appropriate
- Other

12. To what extent do you agree that the case plan should document how the youth participated in the case plan?
- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Youth Notice of Rights
---
13. Federal law requires youth age 14 and older to be provided a specific list of rights (regarding education, health, visitation, court participation, right to be safe and avoid exploitation) and these rights should be explained to them in an age-appropriate way. Do you think this notice of rights should also be provided to children and youth younger than 14?
- Yes
- No

13A. If yes, what age?
- 12 and older
- 10 and older
- 8 and older
- 5 and older
- 3 and older
- All ages

13B. If yes, should this list of rights include not only those rights listed above (education, health, visitation, court participation, right to be safe and avoid exploitation) but also all rights under state and federal law?
- Yes
- No

14. Do you think that there should be an enforcement mechanism for these rights? In other words, should there be a way for youth to challenge it if they think these rights have been violated, such as an administrative appeal, review by a juvenile court judge, etc.?

- Yes
- No

Another Planned Permanent Living Arrangement (APPLA)
---
15. "APPLA" is a federal term that stands for "Another Planned Permanent Living Arrangement." It is a permanency objective designed for youth for whom reunification, adoption or guardianship is not possible and should be, but often is not, used as last resort. In Nebraska, this is sometimes called "independent living." The new federal law prohibits the use of APPLA as a permanency objective for youth under age 16. In other words, states cannot stop pursuing reunification, adoption or guardianship for youth under age 16. Should Nebraska consider eliminating APPLA for older youth too?
- Yes
- No

15A. If yes, what age?
- 16- 17 years old
- 17-18 years old
- 18-19 years old
- All ages

16. Federal law requires the juvenile court to ask youth ages 16 and older about his or her desired permanency plan, if the propose plan is APPLA. Do you think that juvenile courts should be required by statute to ask children and youth of all ages their desired permanency plan (i.e., reunify, adoption, guardianship, etc.)?
- Yes
- No

16A. If you don't think that children of all ages should be asked, but think this is appropriate only for certain ages, what age do you think is appropriate?
- 14 and older
- 12 and older
- 10 and older
- 8 and older
- 5 and older
- 3 and older

17. Any additional comments?

In what county/counties do you work?

What is your role?
- Attorney/GAL
- Judge
- CASA volunteer
- Parent
- Foster Parent
- Caseworker, Supervisor, Administrator DHHS
- Caseworker, Supervisor, Administrator NFC
- Probation Officer
- FCRO
- Other

H

NORMALCY SURVEY FOR YOUTH

Background Information

Spending time in foster care should not make it harder to be involved in everyday childhood and teenage experiences (like field trips, sleepovers, sports, etc.). In 2014, a federal law called the Strengthening Families Act (SFA) was passed to keep children and youth in foster care safe, involved in school, community, and cultural activities, and prepared for the transition to adulthood. ***Because you know what foster care is like, we want your help!***

The purpose of this survey is to give us a better understanding of what's happening in Nebraska right now and what "normal" activities youth in foster care are being allowed – or not being allowed – to do. Your answers will be combined with everyone else's and used to make recommendations to DHHS and the Nebraska Legislature about how Nebraska can make sure youth in foster care are getting to participate in the same activities and experiences as their peers. Your personal answers will not be connected back to you, so please be totally honest. ***Answering any question is COMPLETELY YOUR CHOICE. You can choose to skip any (or all) questions in this survey.***

_____
Age

_____
Zip code

Foster care status:

- ☐ Currently a state ward *(specify below)*
  - ○ 3a case ○ Dually adjudicated
- ☐ Not a state ward *(specify below)*
  - ○ Adopted ○ Entered a guardianship
  - ○ Reunification ○ Aged out
  - ○ Status offense ○ Delinquency/probation

Race/ethnicity: *(please check all that apply)*

- ☐ White
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Native American/Alaskan Native
- ☐ OR please specify: _____ _____

Gender:

- ☐ Man
- ☐ Woman
- ☐ Trans* or Transgender
- ☐ OR please specify: _____

Current living situation:

- ☐ Living independently (by myself, with a friend, roommate, boyfriend, girlfriend, fiancé, husband, wife, etc.)
- ☐ Living with family (birth parents, other relative such as aunt, brother or sister, adoptive parents, legal guardian)
- ☐ Living in a foster home
- ☐ Living in a group setting (group home, residential care, or residential treatment facility)
- ☐ Living in a school dormitory
- ☐ Couch surfing or moving from house to house (because you don't have a place to stay)
- ☐ Homeless (includes living in a homeless shelter)
- ☐ Other (please specify): _____

There may be future opportunities to be involved in making recommendations about how normalcy should be put into action for youth in foster care. If you'd like to be involved, please list your name and contact information below.

_____
Name

_____
Contact Information

Normalcy Questions

Normalcy is the idea of making sure kids and teens in foster care have the same opportunities as their peers to be involved in "normal" activities and experiences like sleepovers, playing sports, going on field trips, taking dance classes, and much more.

1. Below is a list of some "normal" experiences and activities many teenagers take part in. Were you allowed to participate in these experiences/activities when you were in foster care – or if you're currently in foster care, are you allowed to participate?

	Allowed to participate	*Not allowed*	*Allowed, but couldn't participate (check reason in box)*	*Don't know or N/A*
Being able to attend a public school			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Participating in activities outside of school (e.g. music lessons, dance, etc.)			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Attending school-related activities outside of school (e.g. sports events, overnight activities, dinners, etc.)			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Going to school dances (e.g. prom)			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Getting senior pictures			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Staying the night at a friend's house			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Hanging out with friends unsupervised (e.g. going to the movies, getting food, going shopping, etc.)			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Going on a date			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Using the internet			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Attending a camp (e.g. summer camp)			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Being able to babysit			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Getting a driver's license			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Attending events with biological family (e.g. birthdays, holidays, other family get-togethers)			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Traveling out of the state with your foster parents			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Having free access to food			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Getting an allowance			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Watching TV/playing video games			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Getting a haircut/style the way you want			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Choosing whether to go to a church, mosque, synagogue, or other setting to express your religious/spiritual beliefs			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Being a part of a school club, group, or sports team (e.g. band, debate, cheerleading, football, etc.)			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Attending school-related overnight activities (e.g. for band, a club, a sports team, etc.)			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Traveling outside of the city/state for school-related activities (e.g. band, sports)			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Having your picture in the high school yearbook			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Riding in cars with licensed teen drivers (your friends)			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	

Having friends sleep over at your house			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Going to a party with friends			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Having a cell phone			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Going to the library			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Having a job			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Being able to volunteer			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Learning/practicing to drive (legally)			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Spending unsupervised time with siblings			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Being able to eat and/or drink the kinds of food/beverages you like			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Learning to cook			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Having alone (unsupervised) time			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Wearing the kinds of clothes you want to wear			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	
Having pictures of yourself, your family, and your friends from different times in your life			☐ Transportation ☐ Cost ☐ Safety ☐ Other: _____	

2. Is there anything you would like us to know about one of the experiences/activities on this list?

_____

_____

_____

_____

_____

3. Are there any other experiences/activities that should be on this list (and, if so, were you allowed to participate?)?

_____

_____

_____

_____

4. When talking about normalcy experiences/activities, are there things about your – or other youths' – culture that should be considered?

_____

_____

_____

_____

……*continued on back*……

5. As mentioned above, the Strengthening Families Act (SFA) that was passed in 2014 set "normalcy" requirements for children and youth in foster care to make sure they are able to engage in experiences and activities like the ones listed above. With that in mind, please either **circle** or **write in** your answers to the following questions:

a) When thinking about why a youth may have entered foster care, which types of cases should this law apply to? (e.g. abuse or neglect by their parents, delinquency, their own mental health status, etc.) *Circle all that apply*	Abuse/ neglect cases	Delinquency cases	Status offense cases	Mental health cases	ALL types of cases should be included

b) Should there be a grievance (complaint) process for children and youth when the system does not meet normalcy requirements? If so, what should that process look like?

There should not be a process.	File an Administrative Appeal: *a legal case through DHHS (instead of in court)*	Contact the Ombudsman's office: *a written complaint to an independent office that reviews and tries to address citizens' concerns about government agencies (like DHHS)*	File a grievance with DHHS: *a written complaint to DHHS*
Contact the Child Welfare Inspector General's Office: *a written or over-the-phone complaint to an independent office that investigates and reports on concerns about the child welfare system*	Have a juvenile court judge review the issue and make an order as needed: *the judge would listen to the complaint and could make an order that DHHS or the foster parents allow the youth to participate*	Other (please explain): _____ _____ _ _____ _	

NOTE: The SFA now requires juvenile courts to make sure foster parents and other care providers are providing these "normalcy" experiences for children and youth in foster care who either: 1) have permanency plans of long-term foster care or 2) are older youth (ages 16+) who have permanency plans of independent living.

c) Should juvenile courts be required to ensure these "normalcy" experiences are happening for youth with other types of permanency plans? (Not just those whose plans are long-term foster care care or independent living) *Circle all that apply*	No - only long-term foster care/IL should be included	Yes – also include reunification	Yes – also include adoption	Yes – also include guardianship	Yes – include ALL permanency plans
d) Should this requirement be based on age? (e.g. Should juvenile courts be required to ensure all youth of a certain age are getting "normalcy" experiences?) **If so, what age?**	There should not be an age requirement	Yes, courts should do this for all youth ages _____ and older *(write in your answer above)*	Courts should do this for youth of ALL ages		

NOTE: Within the next year, all youth ages 14 and older in foster care will be provided a "Bill of Rights" to let them know what their rights are in the areas of education, health, visitation, court participation, and safety.

e) This "Bill of Rights" should list ALL of the rights youth in foster care have (including not just the list above, but other rights that youth already have).	YES - strongly agree	Agree	Neither	Disagree	NO - strongly disagree		
f) Do you think this "Bill of Rights" should be provided to youth younger than age 14?	No, just to age 14+	Yes – to age 12+	Yes – to age 10+	Yes – to age 8+	Yes – to age 5+	Yes – to age 3+	Yes – to ALL ages

g) Should there be a grievance (complaint) process for youth if one of the things on the "Bill of Rights" is violated? (e.g. the youth could file an administrative appeal, request a review by a juvenile court judge, etc.)	YES - strongly agree	Agree	Neither	Disagree	NO - strongly disagree

Many older youth in foster care have a case plan of "independent living" instead of a permanency plan of reunification, adoption, or guardianship. The law says that children and youth under age 16 must have a permanency plan of reunification, adoption, or guardianship.

h) Should the law be the same for older youth? (In other words, should NFC/DHHS have to keep working toward reunification, adoption, or guardianship with youth ages 16 and older?) **If so, what age?**	No, the law should just be for under 16	Yes – the law should include ages 16 & 17	Yes – the law should include ages 17 & 18	Yes – the law should include ages 18 and 19	Yes – the law should include ALL ages

i) Why or why not? _____

_____

_____

Letting Kids be Kids
Implementing the Strengthening Families Act in Nebraska

Important work is underway in Nebraska and nationally to improve "normalcy" for children and youth in foster care. In September 2014, Congress passed and President Obama signed the Preventing Sex Trafficking and Strengthening Families Act (also known as the Strengthening Families Act or SFA). In Nebraska, a broad group of stakeholders, with young people at the forefront, have come together to determine **how to best implement the SFA in our state.**

What is "Normalcy"?

"Normalcy" is about **letting kids in foster care be kids** by ensuring they are able to participate in the **age-and developmentally- appropriate activities and experiences** that are essential to their development. Childhood and adolescence for many involves fun and enriching activities such as spending time at summer camp, participating in sports, music, debate, having sleepovers, hanging out with friends and finding a job. Research supports that these activities guide children and youth in building lasting relationships, help in the process of self-identity, allow for healthy exploration of new interests, and prepare for the transition into a successful adulthood. **It turns out that being allowed to be a kid is very important to becoming a healthy adult. But youth in foster care often do not have the same opportunities for these childhood experiences and face barriers to their participation.**

What is the Strengthening Families Act?

The SFA includes provisions to protect children and youth at risk of becoming sex trafficking victims, improve adoption incentives and support guardianships, as well a set of provisions focused on normalcy. With regard to normalcy, the SFA instructs states to:

- Implement the **reasonable and prudent parent standard** to allow foster parents to use their best judgment in making day-to-day decisions including what activities youth can take part in
- Limit the use of **APPLA or Another Planned Permanent Living Arrangement** (known as independent living in Nebraska) as a permanency goal for youth under 16
- Involve youth ages 14 and older in their **case plan** and provide them with a **list of rights**
- Provide youth at age 18 with important **documents** (e.g., birth certificate, social security card, etc.) before they leave foster care

What is the normalcy stakeholder group?

Over **300 young people and other stakeholders** were involved in the process to develop to a set of recommendations on the implementation of the normalcy provisions of the SFA in Nebraska. This process included:

- Two full day meetings where over **45 child welfare stakeholders and young people** met to learn about the SFA and create an initial set of recommendations
- Youth focus groups with **33 young people** (ages 14-24) from Lincoln, Curtis, Fremont and Geneva (YRTC)
- Input on the recommendations from **33 foster parents** in a survey created by Nebraska Foster and Adoptive Families Association
- **Focus groups with parents** organized by Nebraska Federation of Families for Children's Mental Health
- Input on the recommendations from **over 200 stakeholders** (including case workers, judges, attorneys/GALs, DHHS and NFC staff, foster parents, educators and other advocates) in a survey created by Nebraska Appleseed

Recommendations- The following are an initial set of stakeholder recommendations based on consensus identified through this process.

Reasonable and Prudent Parent Standard (RPPS)

- The RPPS and normalcy should be applied to all children and youth (including those in the system due to child welfare, juvenile justice, status offense or mental health) in all placements and levels of care.
- Nebraska statute should state that children in care have the right to take part in age- and developmentally-appropriate activities.
- A grievance process should be available for youth who feel they have not been heard or are facing consistent disagreement about normalcy activities.
- DHHS and the juvenile courts should work collaboratively to remove or reduce barriers to youth's participation in age- and developmentally-appropriate activities.
- Nebraska statute should include a description that the legal rights of biological parents are not impacted by the RPPS (meaning parents whose rights have not been terminated still retain their constitutional and other existing rights with respect to their children and that those rights and their important role must be respected).
- Nebraska statute should require the juvenile court to provide oversight (i.e., make court findings) to ensure that, for all youth (not just those age 16 and older, as required by the SFA), the caregiver is following the RPPS and that the youth has regular, ongoing opportunities to engage in age or developmentally appropriate activities.

Youth Notice of Rights

- The notice of rights to youth should include all rights under state and federal law, not just those enumerated in the SFA.

Case Planning

- The case plan should document *what efforts were made* to engage the youth in case planning (this should be required to be documented) and *how* the youth participated in the case planning process (but this should not be required to be documented).
- Nebraska statute should require the juvenile court to ask the youth if they participated in the development of their case plan and make findings about whether they were involved in case planning.

The report also details stakeholder group recommendations around ensuring older youth that still have a permanency plan of **APPLA** have supportive connections and requiring a more comprehensive "discharge packet" of documents and having the juvenile court provide oversight to make sure the youth has received **pre-discharge documents** before the case is closed.

What are the next steps?

With many stakeholders involved in this process in a short timeframe, there were areas where consensus was not found and areas where **follow up work is still needed**, including considerations of RPPS activities, training, and funding, cultural considerations, and youth rights. The stakeholder group and smaller workgroups will be meeting in the coming months to consider these and other issues, and to continue collaborating to improve normalcy for youth.

In Nebraska, DHHS has already begun implementation of the SFA and we have a number of best practices in place. But there is more work that needs to be done, including **amending Nebraska law, policy and practice, to fully implement the SFA with these recommendations** to ensure that **Nebraska kids in foster care can be kids**.

Implementing the "Normalcy" Provisions in the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183)

A Guide for Court Stakeholders

In September 2014, Congress passed *The Preventing Sex Trafficking and Strengthening Families Act* (commonly referred to as "The Strengthening Families Act" or "SFA"). Many of the bill's provisions were developed to address concerns expressed in Congressional hearings by former and current foster youth, which highlighted the unnecessary barriers in the child welfare system that prevent youth from having "normal" childhood and adolescent experiences.

This document provides an overview of the provisions in the Strengthening Families Act designed to promote "normalcy" among children and youth in foster care – that is, promoting opportunities for youth to engage in age- and developmentally-appropriate activities that their peers may take for granted, and encouraging youth to take a more active role in their case planning. Although the provisions in the SFA represent significant progress for the field, they will mean little to children and youth in Nebraska unless they are effectively implemented at the state and local levels – across services areas of the state, in everyday practice, and in the courts. Juvenile court stakeholders have a critical role to play in the implementation of these provisions.

Section 111: Supporting Normalcy for Children in Foster Care

Overview: Section 111 requires states to implement a "reasonable and prudent parent standard" for decisions made by a foster parent or a designated official for a child care institution (i.e., group home). This standard allows caregivers to make parental decisions that maintain the health, safety, and best interest of the youth, as well as decisions about the child's participation in extracurricular, cultural and social activities. The provision also ensures liability for caregivers who appropriately use the reasonable and prudent parenting standard in decisions about the child. States must revise their licensing rules to incorporate the standard and provide training to foster parents on the new standard.

Rationale: While attempting to keep children safe from harm, some foster care policies and practices unnecessarily create barriers for youth to live out typical childhood and adolescent experiences similar to their peers. For example, many current and former foster youth cite rules that make it hard for them to participate in sports, stay over at a friend's house, get a driver's license, or hold down a part-time job. While these policies are usually intended to ensure the youth's safety, they can also isolate foster youth and impede healthy development. Research findings shed light on the generally poor outcomes of youth aging out of foster care, as well as the value of participation in extracurricular and social activities in changing the course for many of these youth and preparing them for a successful transition to adulthood and independence.

Considerations for Court Stakeholders:

- To ensure the effective implementation of this provision, it is essential that judges ask about the child's extracurricular, enrichment, social and cultural activities activities in order to ensure that youth in foster care are given the opportunity to engage in age- and developmentally-appropriate activities.

- The law's new focus on normalcy applies to foster family homes, kinship foster homes, and child care institutions (group homes and other congregate care settings).
- This provision applies to all foster parents and placements, including those who are *currently* caring for children in foster care (i.e., no caregiver will be "grandfathered" in).
- The "reasonable and prudent parent standard" is defined in the Act as: "*the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the state to participate in extracurricular, enrichment, cultural, and social activities.*"

Questions to Ask from the Bench:

- What extracurricular activities is the youth involved in?
- What opportunities has the youth had to socialize with his or her peers?
- Has the child traveled at all?
- Does the young person have a job?
- What activities does the child wish to participate in?
- What barriers has the caregiver experienced in connecting the youth to extracurricular and social activities?
- Is the youth participating in all of the activities he/she would like to participate in? If not, why not?

<u>Section 112</u>: Improving Another Planned Permanent Living Arrangement (APPLA)

Overview: The SFA prohibits the use of "Another Planned Permanent Living Arrangement" (APPLA) as a permanency goal for children under age 16 in foster care. We refer to APPLA as independent living in Nebraska and current state statute (Neb. Rev. Stat. § 43-1311(2)) allows APPLA but as a last resort. To ensure the appropriate use of APPLA for youth age 16 and older, at each permanency hearing the state agency must: document the intensive, ongoing and unsuccessful efforts for family placement, including efforts to locate biological family members using search technologies; ask the child about her desired permanency outcome; make a judicial determination explaining why APPLA is still the best permanency plan; and specify the steps the agency is taking to ensure the reasonable and prudent parenting standard is being followed, and the child has regular opportunities to engage in age- or developmentally appropriate activities.

Rationale: The permanency goal of APPLA was created by Congress to replace "long term foster care" and encourage agencies to better meet the individual needs of a particular child for whom other permanency goals – like returning home, adoption or guardianship – are not appropriate. However, too often, APPLA provides an easy way out for states: rather than continuing to look for planned permanent living arrangements for children and youth who they think will not or cannot be returned home, adopted, or placed with guardians, agencies give up and often look to residential placements rather than attempting to reengage family members or other important people in the youths' lives who could be permanent connections. Due to concerns over the number of youth in foster care with a permanency goal of APPLA, as well as the significant number of youth who age out of care each year, this provision attempts to limit the use of APPLA to only those youth for whom other permanency goals are truly not appropriate.

Considerations for Court Stakeholders:

- As of September 29, 2015, judges may no longer assign "Another Planned Permanent Living Arrangement" (APPLA) as the permanency goal for youth under age 16.
- For youth age 16 and older, the state must demonstrate that a permanency goal of APPLA is in their best interest.
- At each permanency review, the court must:
    - Ask the child about their desired permanency plan.

    - For youth with the permanency goal of APPLA, make a finding explaining why, as of the date of the hearing, APPLA is the best permanency plan for the child, and provide compelling reasons why it is not in the child's best interest to have another permanency goal.
- Other permanency goals that should be used as an alternative to APPLA include: reunification, adoption, placement with a legal guardian, or placement with a fit and willing relative.

Questions to Ask from the Bench:

- What is the youth's desired permanency outcome?
- What efforts has the child welfare agency made for family placement? Has the caseworker contacted family members? Which ones?
- [If APPLA is listed as the permanency goal:] Is the permanency goal of APPLA in the best interest of the child? If so, why? Why is it not in the child's best interest to be returned home, adopted, placed with a legal guardian or with a fit and willing relative?
- What steps is the child welfare agency taking to ensure that the reasonable and prudent parenting standard is being followed?
- What opportunities does the youth have to engage in age- or developmentally-appropriate activities?

Section 113: Empowering Foster Children Age 14 and Older in the Development of Their Own Case Plan and Transition Planning for a Successful Adulthood

Overview: The SFA requires that youth age 14 and older be consulted in the development of their case plan and directs states to allow youth to invite two other members of their choosing (other than a foster parent or his/her caseworker) to be a part of the case planning team. State agencies are permitted to reject an individual selected by the youth if the state has "good cause" to believe that they would not act in the best interest of the child. The bill also requires states to provide a written "list of rights" document to youth 14 or older outlining their rights in care related to education, health care, visitations, court hearings/participation, and safety, and requires a documented, signed acknowledgement from the youth that they received their list of rights and they were explained "in an age-appropriate way." Agencies must also provide youth 14 and older with a free annual credit report and help resolve any inaccuracies on the report.

Rationale: Previously, federal law required youth ages 16 and older to be consulted in the development of their case plan; the age was lowered to 14 and older due to a recognition that young people should be included in this important process and that youth as young as 14 can have an informed perspective that can lead to better permanency outcomes and compliance with the case plan. Involving the youth in their case planning and providing them critical information on their rights also strengthens their self-sufficiency and helps prepare them for a successful transition out of foster care and into adulthood.

Considerations for Court Stakeholders:

- Federal law defines the case plan as a written document that includes: a description of where the child will be placed, what services the child and his/her parents and foster parents will receive, the health and education records of the child, steps the agency is taking in finding the child an adoptive family, a transition plan for youth over 16 from foster care to independent living, a plan for education stability and explanations as to why a child cannot be reunified with his/her family if kinship care is determined to be the permanent placement. Existing Nebraska law regarding the transition plan for youth ages 16 and older is set forth in Neb. Rev. Stat. § 43-1311.03.
- All court stakeholders should inquire about the youth's involvement in developing their case plan to ensure they have been fully engaged and had the opportunity to include two individuals of their choosing in the process.
- The law does not define "good cause," but states are encouraged to document the reasons for rejecting an individual chosen by the child.

Questions to Ask from the Bench:

- Is the youth involved in the development of his/her case plan?
- Which individuals did the youth choose to be part of his/her case planning team? If the state rejected an individual selected by the youth, what were the reasons for rejecting that individual?
- Has the youth received a copy of his/her rights? Does the youth have any questions about these rights?
- Has the agency conducted a credit report for the youth? Were there any inaccuracies in the report? If so, were they resolved? How?

Section 114: Ensuring Foster Children Have a Birth Certificate, Social Security Card, Health Insurance Information, Medical Records, and a Driver's License or Equivalent State-Issued Identification Card

Overview: The bill requires that youth exiting foster care at age 18 or older and have spent at least six months in care must receive the following documents: a birth certificate, Social Security card, health insurance information, medical records, and a driver's license or state identification card. Existing state statute (Neb. Rev. Stat. § 43-1311.03(7)) requires the state agency to provide youth with some but not all of these documents.

Rationale: Often youth in foster care are often not provided with these important documents, which are essential to ensuring that youth aging out of care have the documentation they need to secure housing, apply to school or for work, get appropriate health and mental health care, or access other forms of assistance.

Considerations for Court Stakeholders:

- The courts play an essential role in ensuring that agencies comply with this requirement, and judges must ask the child and caseworkers about whether the child has been provided with these key documents.
- The law does not define what should be included in the medical records nor what time frame it should span.
- Depending on the unique needs or circumstances of the child, other documents may also be appropriate for the child welfare agency to provide.

Questions to Ask from the Bench:

- Has the youth been provided with his/her: birth certificate? Social Security card? Health insurance information? Medical records? State-issued ID?
- If the youth has not been provided with one or more of these key documents, what steps is the agency taking to secure the documents and provide them to the youth?

*Nebraska Appleseed is grateful to the **State Policy Advocacy & Reform Center (SPARC)** for their contributions to the development of this document.*

Nebraska Children's Commission
521 South 14th Street
Lincoln, NE 68508

November 10, 2015

Beth Baxter, Chairperson
Nebraska Children's Commission

Dear Beth Baxter,

Please accept the attached report from the Bridge to Independence Advisory Committee ("B2i Committee") for the November 2015 Nebraska Children's Commission ("Commission") meeting. This report contains information regarding the ongoing implementation of the Bridge to Independence program, including participation in the program, extended guardianship assistance, extended adoption assistance as well as the rate of and reasons for early discharge from the program, and is meant to serve as the Committee's required annual report as per Neb. Rev. Stat. §43-4513(1). The Committee is required to meet on a biannual basis by Neb. Rev. Stat. §43-4513(1), and has held meetings on June 3, 2015, and November 3, 2015.

This report contains specific recommendations for expanding the program to youths involved in the juvenile justice system and improving outcomes for similar groups of at-risk young adults, pursuant to Neb. Rev. Stat. §43-4513(1).

This report is submitted for the approval of the Nebraska Children's Commission at the November 17, 2015 meeting. The approved report will be submitted to the Health and Human Services Committee of the Legislature, the Nebraska Department of Health and Human Services, and the Governor by December 15, 2015. The B2i Committee is pleased to advance this report for the Commission's consideration.

Respectfully,

Mary Jo Pankoke
Chairperson
Bridge to Independence Advisory Committee

Enclosure:
Bridge to Independence Advisory Committee Report (2015)

Bridge to Independence Advisory Committee Report

November 2015

INTRODUCTION

The Young Adult Voluntary Services and Support Act (LB 216) was passed in the 2013 legislative session to create an age-appropriate, youth-focused, and voluntary program of services and support to age 21 for young people who age out of foster care. The program has since been titled "Bridge to Independence."

The Young Adult Voluntary Services and Support Act created an Advisory Committee to make initial recommendations regarding implementation of the program and to provide ongoing oversight. The Advisory Committee, involving a wide variety of professionals and stakeholders, began meeting in July 2013. Six workgroups comprised of Advisory Committee members and other stakeholders were established to cover the following key areas of implementation:

- Policy, Eligibility, and Transition into the Program
- Outreach, Marketing and Communications
- Case Management, Supportive Services and Housing
- Case Oversight
- Evaluation and Data Collection
- Fiscal Monitoring Issues and State-Funded Guardianship

The Advisory Committee reviewed recommendations from the six workgroups. Recommendations that were adopted by the Advisory Committee were included in a report to the Children's Commission on November 19, 2013. The Children's Commission accepted the Advisory Committee's recommendations and submitted them to DHHS, the HHS Committee of the Legislature, and the Governor. The majority of recommendations contained in the 2013 report have been adopted by DHHS or are still under consideration.

IMPLEMENTATION

Implementation of the Bridge to Independence (B2i) program began on October 1, 2014. Staffing for the program includes two Supervisors and eleven Independence Coordinators. The Department has created many pathways to the B2i program. These pathways include: contacting the Abuse/Neglect Hotline, the Bridge to Independence website, the young person's past or present caseworker or Project Everlast. All sources will lead to the website where the Young Adult can apply for the

program. If a Young Adult prefers, the Department staff will complete an application with them in person or over the phone.

DHHS staff give regular updates on implementation at Advisory Committee meetings. All indications are that implementation is going well and that the program is working as it was intended to work. Young people report having a great relationship with the Independence Coordinators and that they feel comfortable calling their Independence Coordinator when they need something. Attachment 1 to this report contains DHHS' annual data report for the Bridge to Independence program. The report contains several examples of ways the Independence Coordinators have provided assistance and support to young people in the program.

ADVISORY COMMITTEE ACTIVITIES

Juvenile Justice Extension Task Force – The legislation creating the Bridge to Independence Advisory Committee included a provision for the committee to develop specific recommendations for expanding to or improving outcomes for similar groups of at-risk young adults not eligible for B2i. To develop recommendations, the Advisory Committee created a Juvenile Justice Extension Task Force. Through funding from Jim Casey Youth Opportunities Initiative, the Task Force was able to utilize the services of Mainspring Consulting to facilitate the development of recommendations. The Task Force was co-chaired by Juliet Summers from Voices for Children and Jeanne Brandner from the Administrative Office of Probation (AOP)..

Prior to the first Task Force meeting, sixteen focus groups were conducted by the Nebraska Children and Families Foundation and Voices for Children. Eight focus groups were held with adult participants and included representation from the Through the Eyes of the Child Teams, a collective impact initiative, probation officer teams, the statewide community-based and planning team, the Office of Juvenile Services Subcommittee and the Coalition for Juvenile Justice. Eight focus groups were also held with 61 young adult participants who are currently or were formerly involved in the juvenile justice system in Nebraska.

Members of the Task Force and the B2i Advisory Committee agreed that the primary result they want their recommendations to achieve is that **young people who are involved with juvenile justice in Nebraska can make a successful transition to adulthood.** The benefits of vulnerable young people making a successful transition to adulthood are realized in the individual lives of youth as well as in society as a whole, as increased health and well-being, education and earnings, and stable family connections for young people can mean reduced adult criminal justice involvement and reduced use of public assistance benefits.

To achieve this result, members of the B2i Advisory Committee and the Juvenile Justice Extension Task Force put forward the following recommendation:

Young people under the jurisdiction of the Administrative Office of Probation and 3B wards under the jurisdiction of DHHS who are in out-of-home placement at age 18 should be able to voluntarily opt into Bridge to Independence between ages 19-21 if it is determined that it is in their best interest to do so, due to a lack of alternative supports.

The Task Force agreed it was important to build on the success of B2i and felt that certain vulnerable young adults exiting the juvenile justice system require the same level of support as young people exiting the child welfare system. Specifically, the Task Force wanted to ensure that young adults who lack family supports and as a result have no place to go upon exit from juvenile justice out-of-home placements, are able to enter the B2i program. The group agreed that if legislation and implementation of this recommendation moves forward, further work would need to be done to delineate the specific criteria for determining which young people lack support and who would make that determination.

For future consideration, the B2i Advisory Committee and the Juvenile Justice Extension Task Force recommend that expansion of the existing PALS and Central Navigator programs be considered in order to support other young adults in the juvenile justice system that may not need the level of support offered by B2i, but who do need guidance from caring adults and connections to community resources. The Advisory Committee and the Task Force recommend that the following options be carefully reviewed for implementation:

1. **Young people under the jurisdiction of the AOP and 3B wards under the jurisdiction of DHHS who are in out-of-home placement at age 18 should be able to voluntarily receive case management services until they reach age 21.**

   Task Force members believed strongly that young people in juvenile justice out-of-home placements could benefit from intensive case management services and access to a small amount of flexible, needs-based funds focused on helping them achieve self-sufficiency. The Nebraska PALS model and needs-based funds offer an existing model and infrastructure that are currently limited to serving young people in the child welfare system who are transitioning from care, but could be built upon to serve young people in out-of-home placements under juvenile justice jurisdiction.

2. **All young people who receive support and services from the AOP at age 18 can access services from a central navigator until they reach age 21.**

   Nebraska currently operates a Central Navigator Access system for young people transitioning out of the child welfare system that could be utilized to

serve youth exiting juvenile justice. It is designed to ensure that young people can have access to needed supports and services in an effective and timely manner through a systematic approach of collaborative partnerships intended to promote a continuum of care. The system utilizes a youth-centered approach and identifies the range of supports and services available in communities to make efficient and targeted referrals for young people. Nebraska could expand eligibility for this low-cost, low intensity model to young people who have been involved with juvenile justice at age 18 in order to help them access essential supports as they transition to adulthood.

A copy of the full report of the Juvenile Justice Extension Task Force is included in Attachment 2.

Evaluation and Data Workgroup Report

The Evaluation and Data Workgroup of the B2i Advisory Committee reconvened in September 2015 to discuss program processes, review the state statute and previous recommendations and to develop a new set of recommendations for 2016. The Workgroup presented a report on their key findings from current program data and a new set of recommendations at the November 3 Advisory Committee meeting. Following are some of the recommendations contained in that report. A copy of the full report is included as Attachment 3.

- **Evaluation tool** - Background: Currently, federal requirements mandate that all states implement a 22-question National Young Adults in Transition Database (NYTD) survey with all adults in foster care at 17, and then again at 19 and 21. States have the option of implementing two more comprehensive versions of NYTD instead of the basic 22-question survey: NYTD Plus Abbreviated (57 questions) and NYTD Plus Full (88 questions). Currently, Nebraska is using the 22-question NYTD survey both with NYTD participants (in accordance with federal requirements) and with young people in B2i (at entry into the program and every 6 months after).
    - It is recommended that DHHS switch from the 22-question National Young Adults in Transition Database (NYTD) survey to the NYTD Plus Abbreviated survey and that they survey continue to be administered at the time of entry into the program and every 6 months after.
    - A public/private partnership should be explored to allow a contract with an independent external evaluator for outreach and collection of surveys, as this agency would have more time to dedicate to collecting surveys and could help young people feel more comfortable in answering honestly.
- **Ongoing implementation** – Background: During the process of information-gathering, the Evaluation and Data Workgroup's attention was drawn to several programmatic concerns regarding the program's

current operations. The following recommendations attempt to address, bring to light, and possibly mitigate some of these potential issues.

- Despite recent legislative changes, some young people in the program are still not currently receiving Medicaid; rather, they are being covered by letters of entitlement, meaning that all medical costs are coming out of the program budget and not Medicaid. As of October 2015, five young people were being covered by these letters. It is recommended that all young people in the program be covered by Medicaid rather than letters of entitlement to ensure the sustainability of the program.
- Some issues have been identified with Native young adults being able to access services. For example, young people in the Santee tribe leave the system at 18, and the court order doesn't specify they are being discharged to independence living (which is a required component of eligibility per law). It is recommended that potential solutions to this be explored to ensure Native young adults are able to access the program.
- It is recommended that the Advisory Committee and the FCRO look at the role of Independence Coordinators in helping young people budget, determine how best to spend their stipend, access financial management education, etc. Financial management should be a core component of the B2i program.

Foster Care Review Office Report

The Foster Care Review Office's (FCRO) B2i report on reviews conducted between February 1 and September 30 was presented to the Advisory Committee on November 3, 2015. The report highlighted several systemic issues. Positives that were noted include that the Independence Coordinators are working hard, are developing relationships with the young people and that they are goal driven. Areas needing continued work include reducing turnover in the Independence Coordinators, a greater emphasis on helping young people have a better future vs. focusing on stability, and addressing gaps in services. It was also recommended that there be a greater emphasis on developing independent living skills with 16, 17 & 18 year olds rather than waiting until they enter the B2i program.

Advisory Committee members were impressed with the data the FCRO has collected to date and their openness and commitment to expand their efforts to include data that would help identify systems issues and to assess how well we are helping young people have a better future. The FCRO expressed interest in coordinating with the Evaluation and Data Workgroup of the Advisory Committee to avoid duplication of effort on data collection and analysis activities. The FCRO's Research Director will serve on the Evaluation and Data Workgroup as a first step in improving communication and

promoting collaboration. The Foster Care Review Office Report is included as Attachment 4.

Attachment 1

Bridge to Independence

Annual Data Report

October 16, 2015

The Division of Children and Family Services
Nebraska Department of Health and Human Services

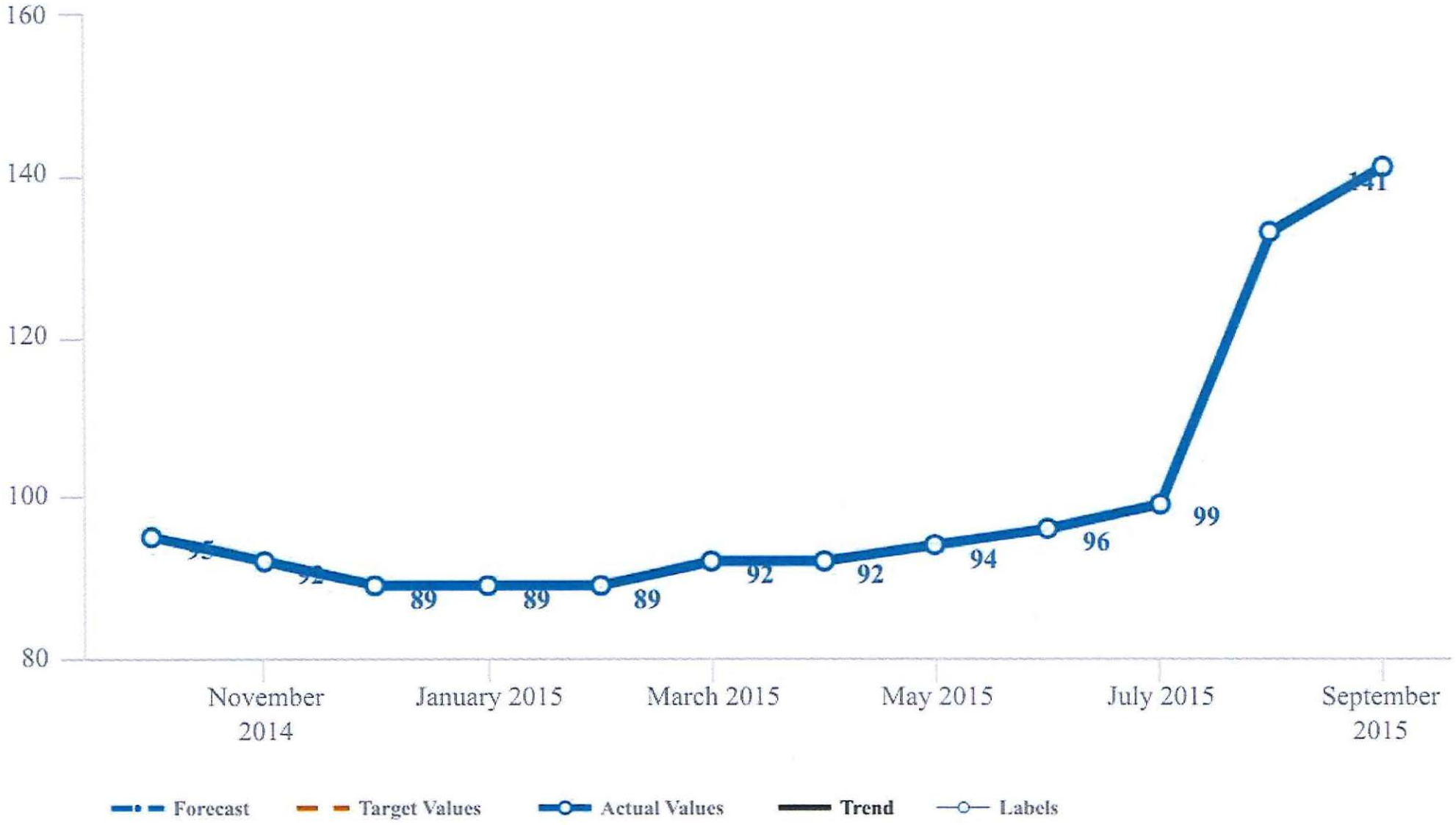
Bridge to Independence

P Bridge to Independence		Time Period	Actual Value	Current Trend	Baseline %Change
PM Bridge-Apps	Number of young adults who applied for the Bridge to Independence Program within the last thirty days.	Sep 2015	8	↘ 1	-92% ↓
PM Bridge-Accepted	Number of young adults who signed a Voluntary Services and Support Agreement within the last month.	Sep 2015	13	↗ 1	-82% ↓
PM Bridge-Enrolled	Number of young adults currently enrolled in the Bridge to Independence Program.	Sep 2015	146	↗ 4	97% ↑
PM Bridge-IV-E	Percentage of young adults who are IV-E eligible	Sep 2015	21%	↘ 1	425% ↑
PM Bridge-Area1	Percentage of enrollees in ESA and NSA.	Sep 2015	60%	↗ 2	18% ↑
PM Bridge-Area2	Percentage of enrollees in SESA, CSA and WSA.	Sep 2015	40%	↘ 2	-18% ↓
PM Bridge-InState	Number of participating youth in-state.	Sep 2015	141	↗ 5	48% ↑
PM Bridge-OutOfSta	Number of participating youth out-of-state.	Sep 2015	5	→ 1	0% →
PM Bridge-Males	Percentage of males enrolled.	Sep 2015	37%	↘ 1	54% ↑
PM Bridge-Females	Percentage of females enrolled.	Sep 2015	63%	↗ 1	-17% ↓
PM bridge-pregnant	Number of pregnant / expecting enrollees.	Sep 2015	11	→ 1	57% ↑
PM Bridge-Dependen	Number of enrollees with dependents.	Sep 2015	28	→ 1	211% ↑
PM Bridge-Couch	Number of young adults who are "couch surfing".	Sep 2015	7	↗ 1	133% ↑
PM Bridge-Shelter	Number of young adults who are in a shelter.	Sep 2015	0	→ 1	0% →
PM Bridge-grad	Number of young adults graduating from the program within the last thirty days.	Sep 2015	6	↗ 4	100% ↑
PM Bridge-SelfTerm	Number of young adults who terminated their membership within the last month.	Sep 2015	0	→ 11	0% →
PM Bridge-DCFSTerm	Number of terminations intiated by DHHS within the last month.	Sep 2015	5	↗ 2	400% ↑
PM Bridge-Contact	Percentage of young adults who have had contact with their Independence Coordinator within the last thirty days.	Sep 2015	97%	→ 1	-3% ↓
PM Bridge-Medicaid	Percentage of young adults receiving Medicaid within the last month.	Sep 2015	91%	↗ 1	17% ↑
PM Bridge-Ent	Number of youth with a Letter of Entitlement	Sep 2015	5	→ 1	0% →
PM Bridge-TLP	Percentage of young adults who have a Transition Living Plan.	Sep 2015	100%	→ 1	12% ↑
PM Bridge-Educatio	Percentage of young adults meeting the educational requirement within the last month.	Sep 2015	33%	↗ 1	-34% ↓
PM Bridge-Employme	Percentage of young adults meeting the employment requirement within the last month.	Sep 2015	42%	↘ 1	50% ↑
PM Bridge-Barriers	Percentage of young adults participating in the Program to Remove Barriers to Employment	Sep 2015	21%	↘ 1	-5% ↓
PM Bridge-IEP	Number of young adults who had an Individual Education Plan (IEP) while a State Ward.	Sep 2015	51	↗ 2	113% ↑
PM Bridge-MentalHe	Number of young adults who had a mental health diagnosis while a State Ward	Sep 2015	98	↗ 4	58% ↑

Number of enrollees with dependents.

ResultsScorecard.com

Number of participating youth in-state.



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Number of participating youth out-of-state.

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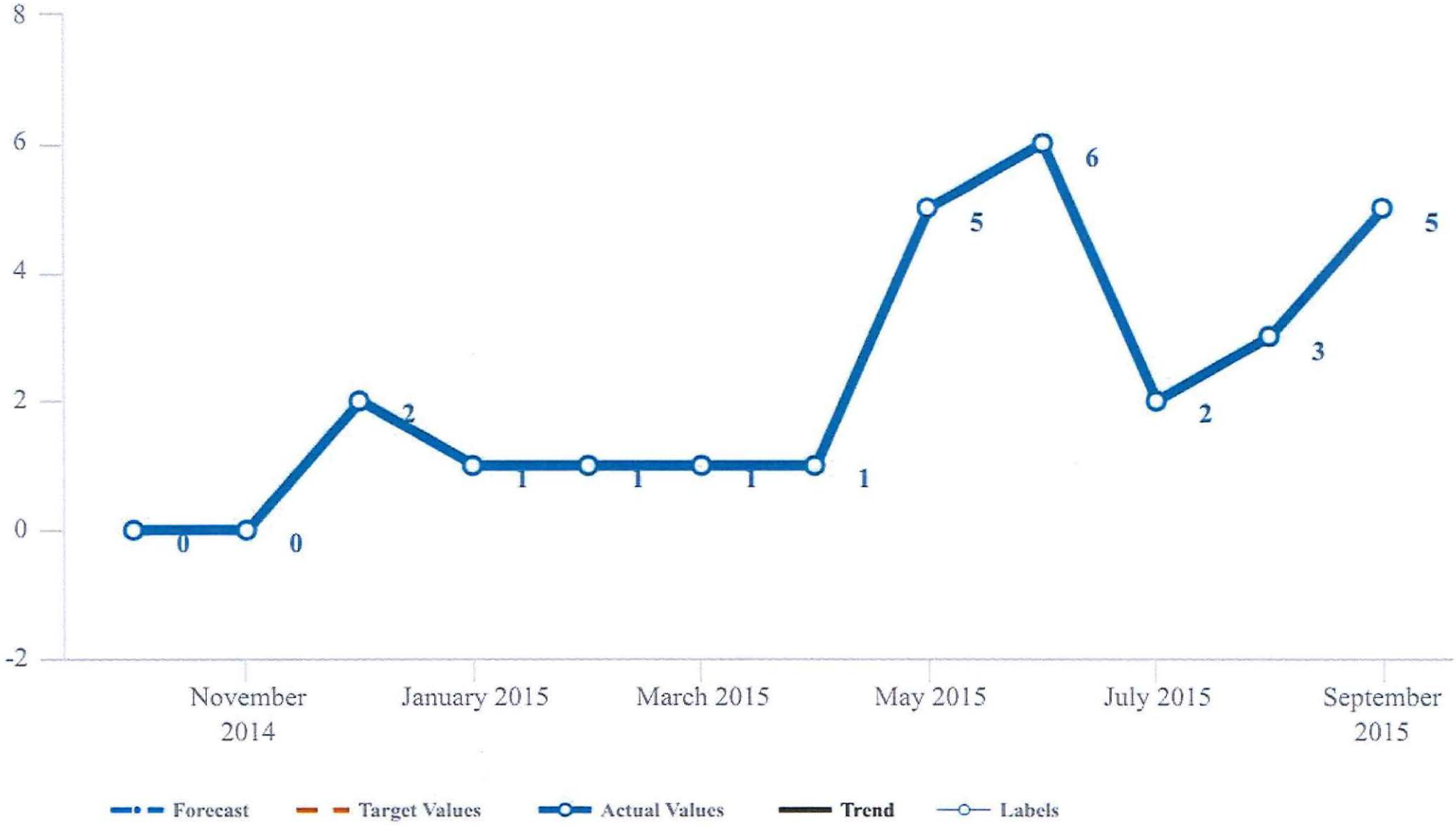
Number of pregnant / expecting enrollees.

ResultsScorecard.com

Number of terminations intiated by DHHS within the last month.



ResultsScorecard.com

Number of young adults currently enrolled in the Bridge to Independence Program.

ResultsScorecard.com

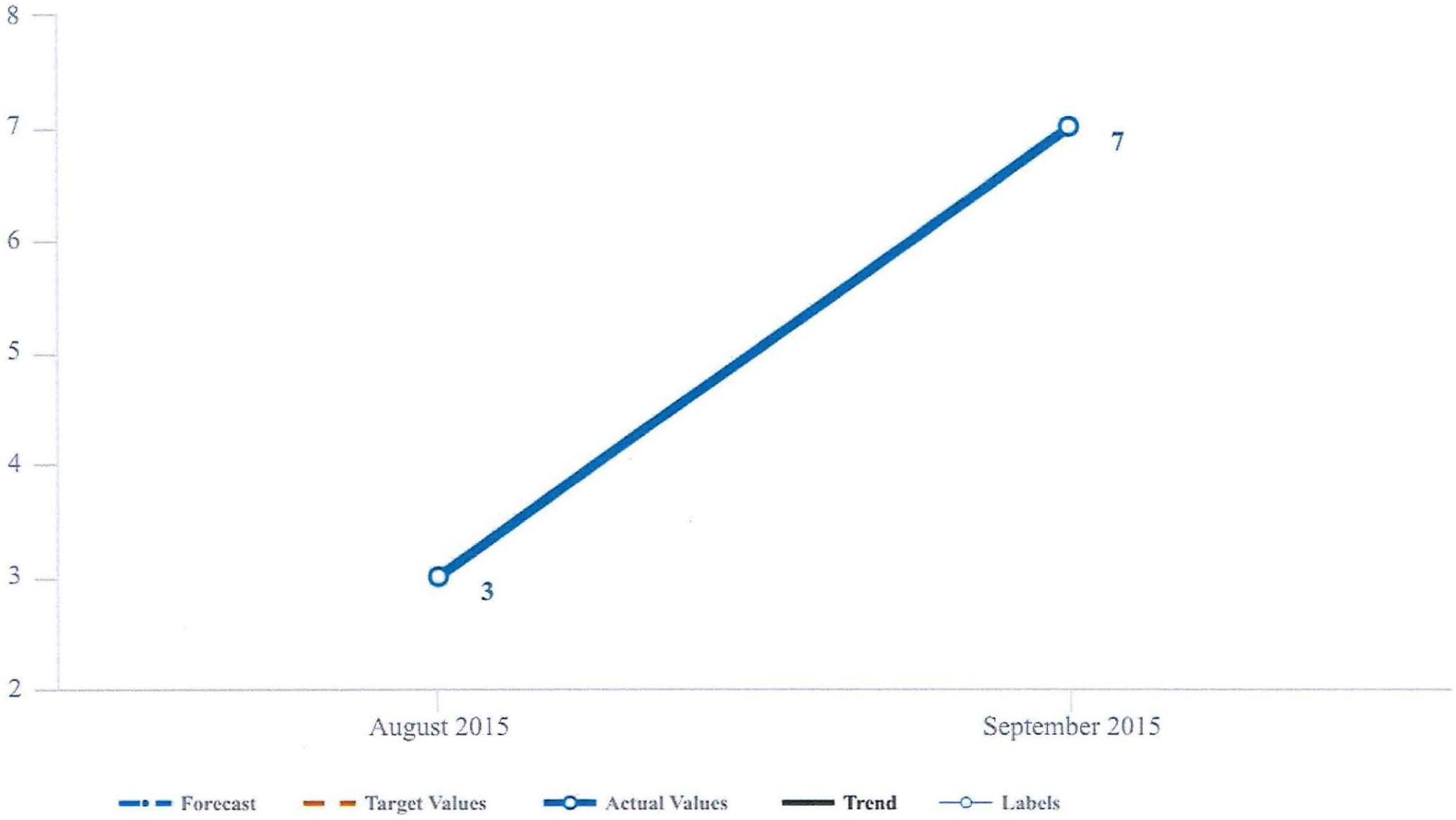
Number of young adults graduating from the program within the last thirty days.

ResultsScorecard.com

Number of young adults who applied for the Bridge to Independence Program within the last thirty days.

ResultsScorecard.com

Number of young adults who are "couch surfing".



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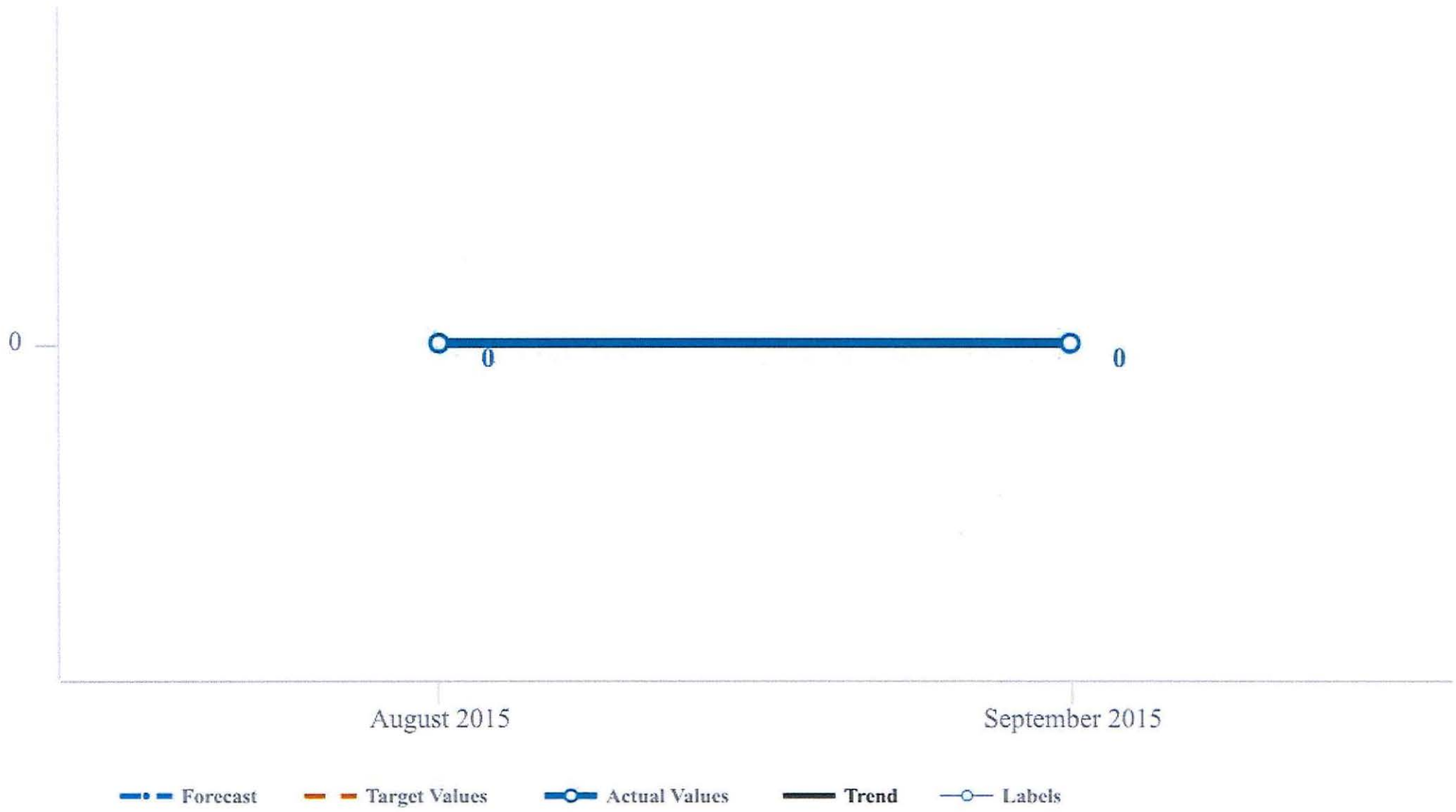
Number of young adults who are in a shelter.



ResultsScorecard.com

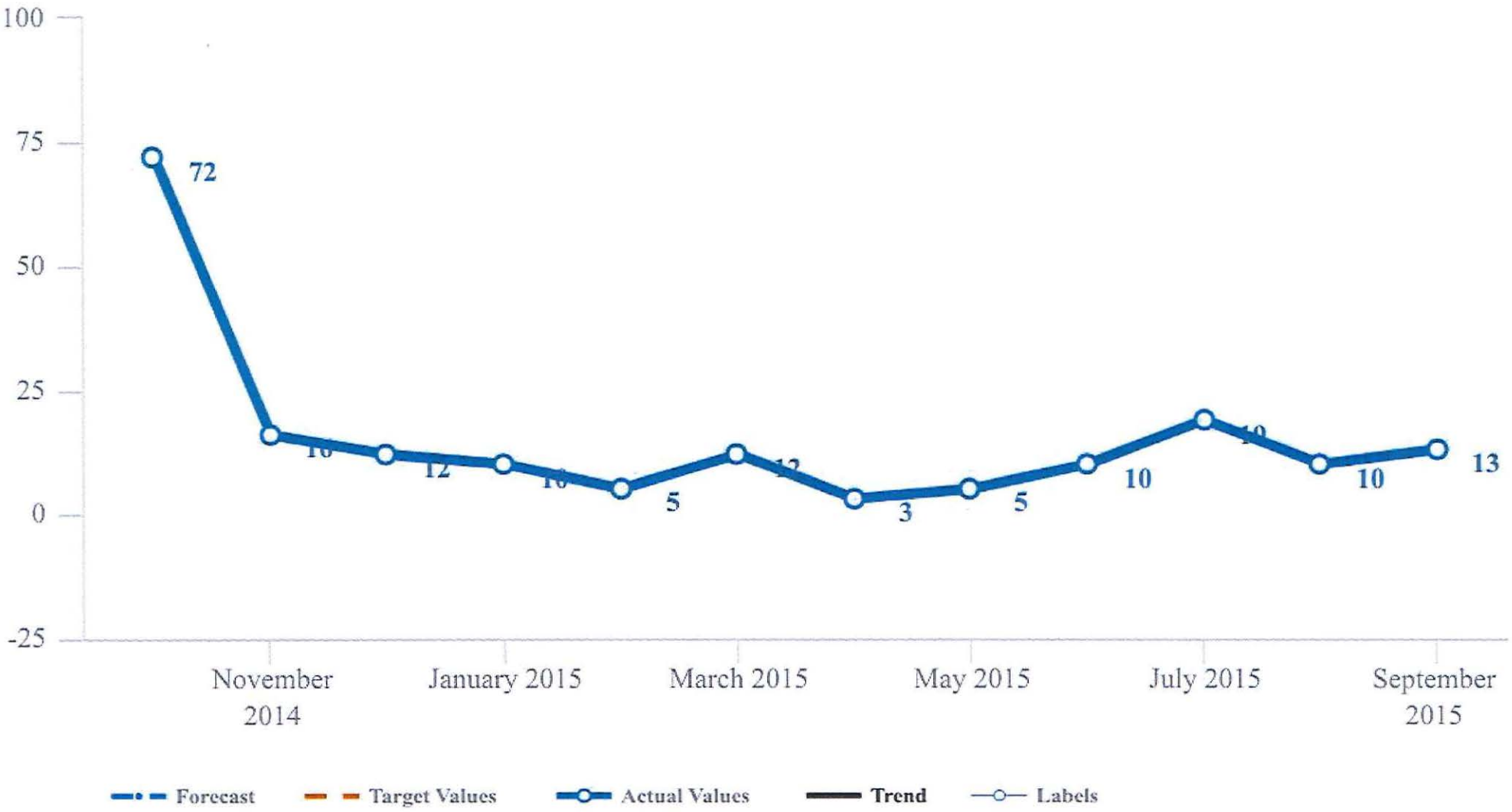
Number of young adults who had a mental health diagnosis while a State Ward

ResultsScorecard.com

Number of young adults who had an Individual Education Plan (IEP) while a State Ward.

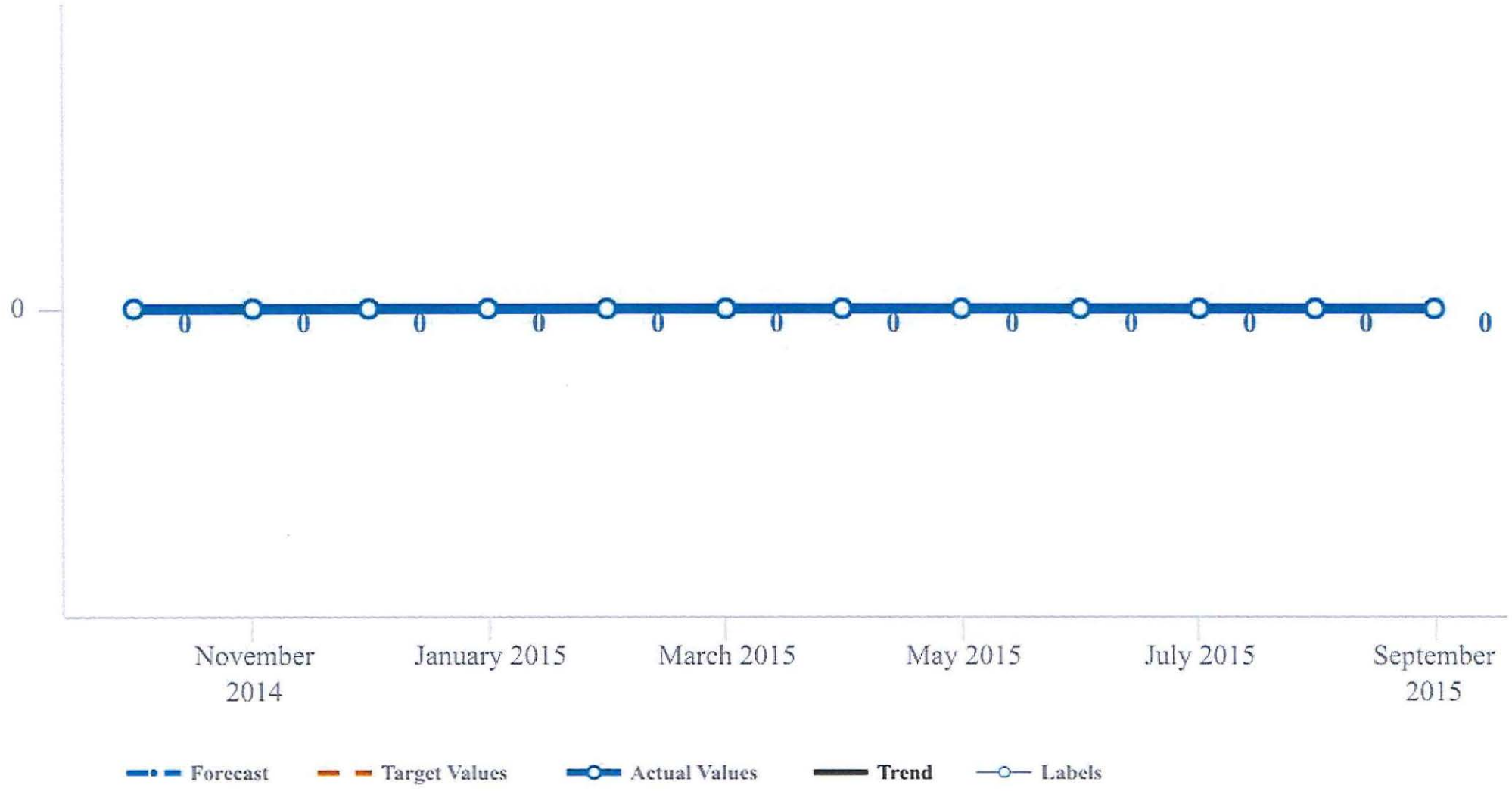
ResultsScorecard.com

Number of young adults who signed a Voluntary Services and Support Agreement within the last month.



ResultsScorecard.com

Number of young adults who terminated their membership within the last month.



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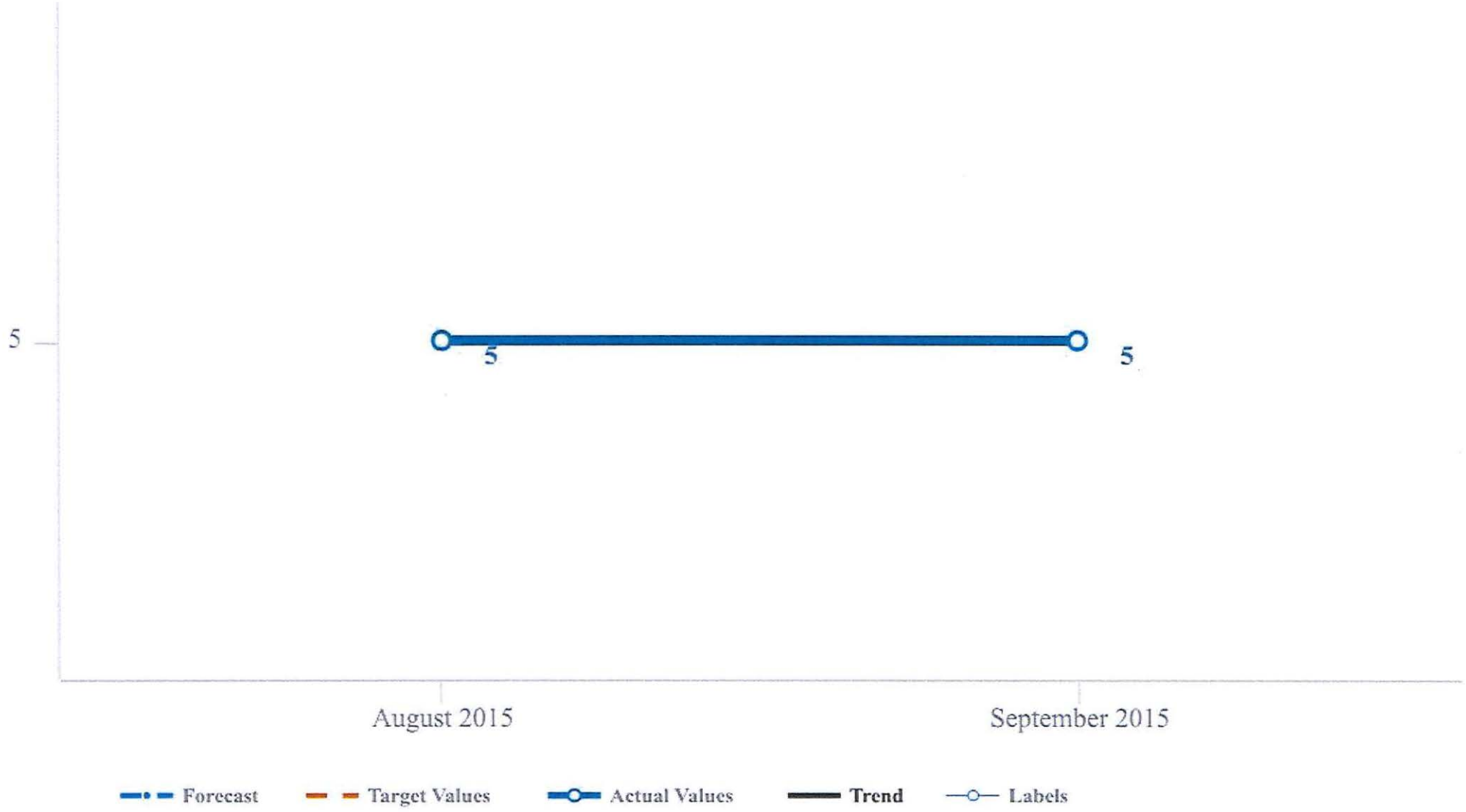
Number of youth with a Letter of Entitlement



ResultsScorecard.com

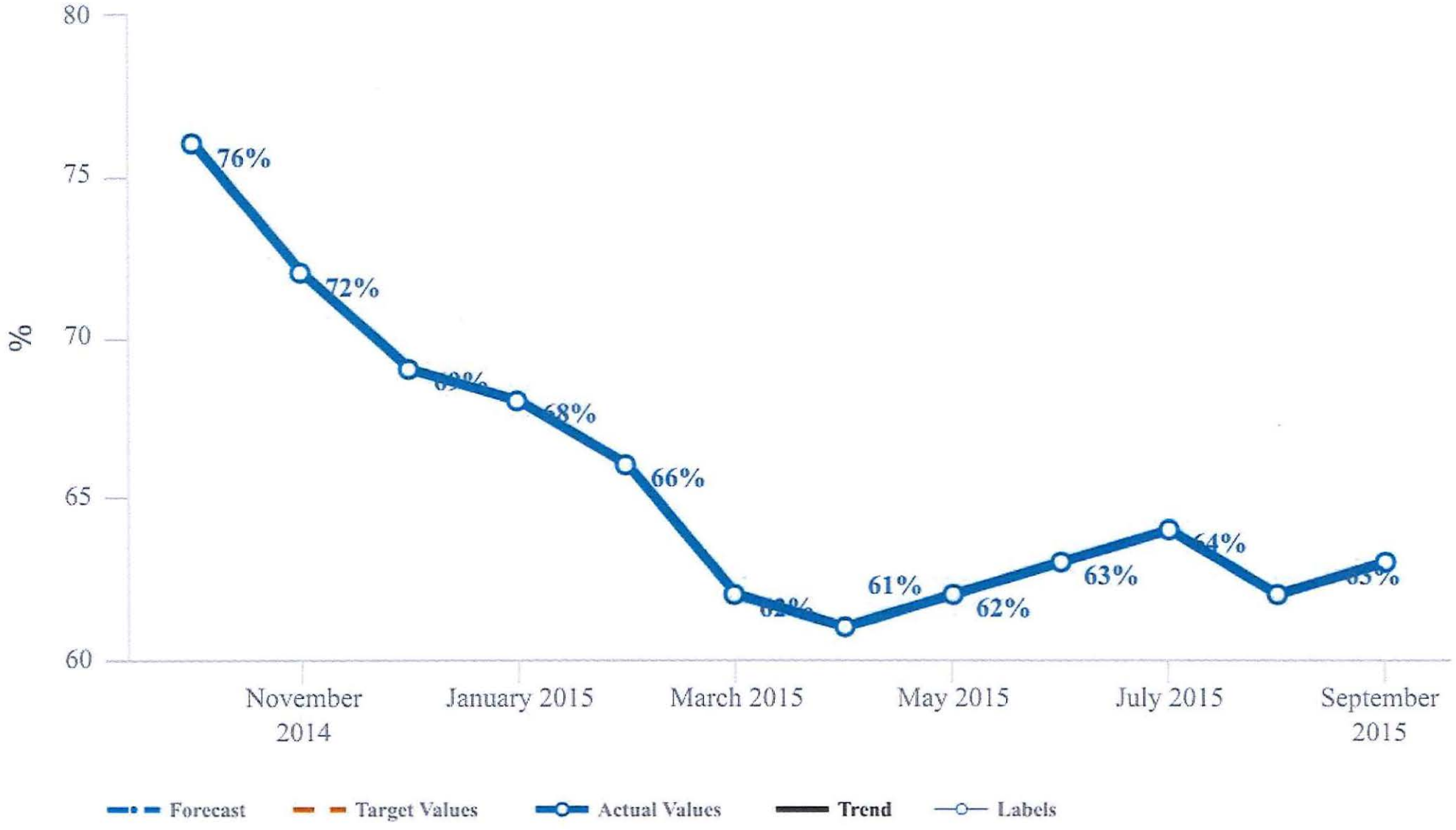
Percentage of enrollees in ESA and NSA.

ResultsScorecard.com

Percentage of enrollees in SESA, CSA and WSA.

ResultsScorecard.com

Percentage of females enrolled.



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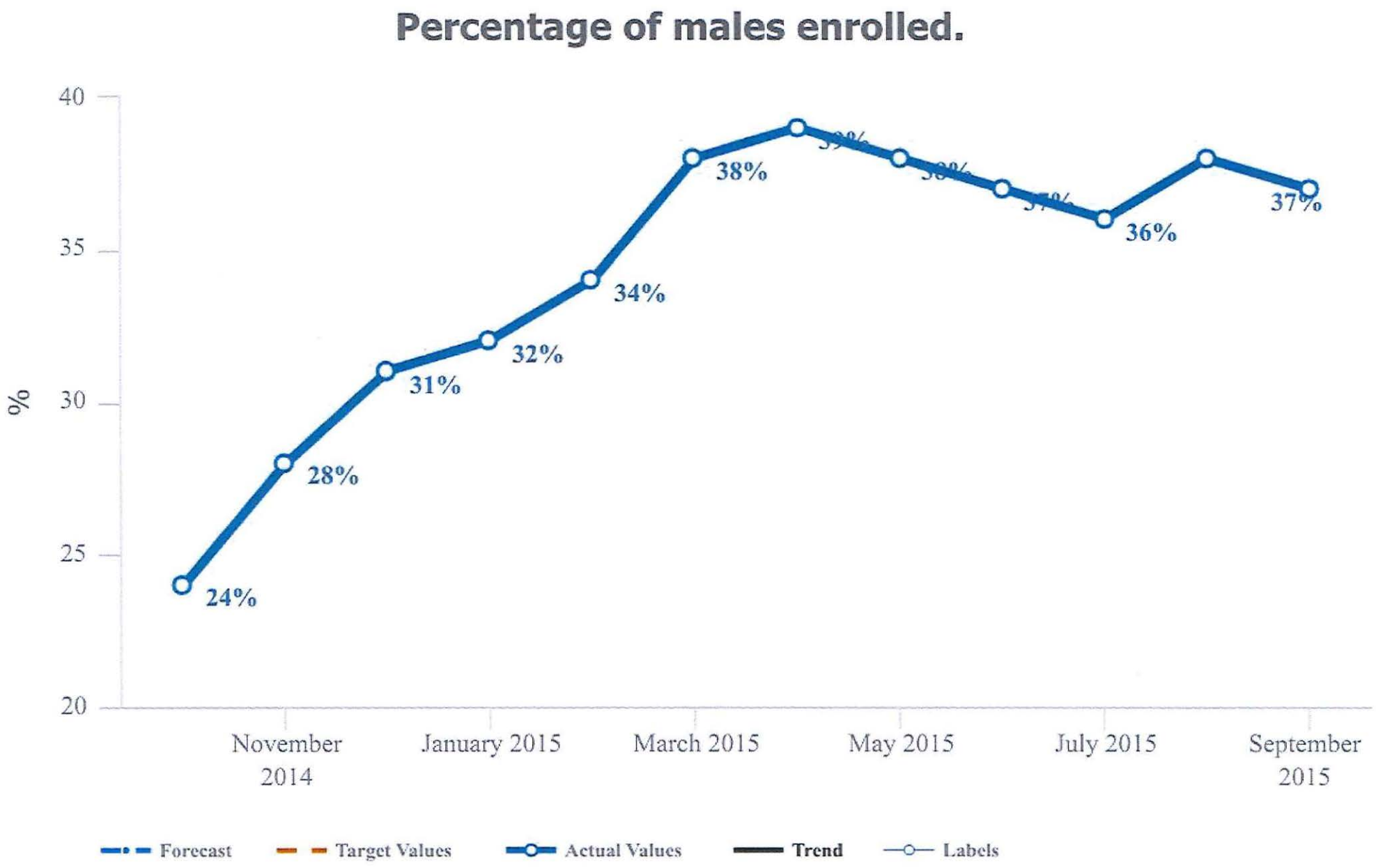


ResultsScorecard.com

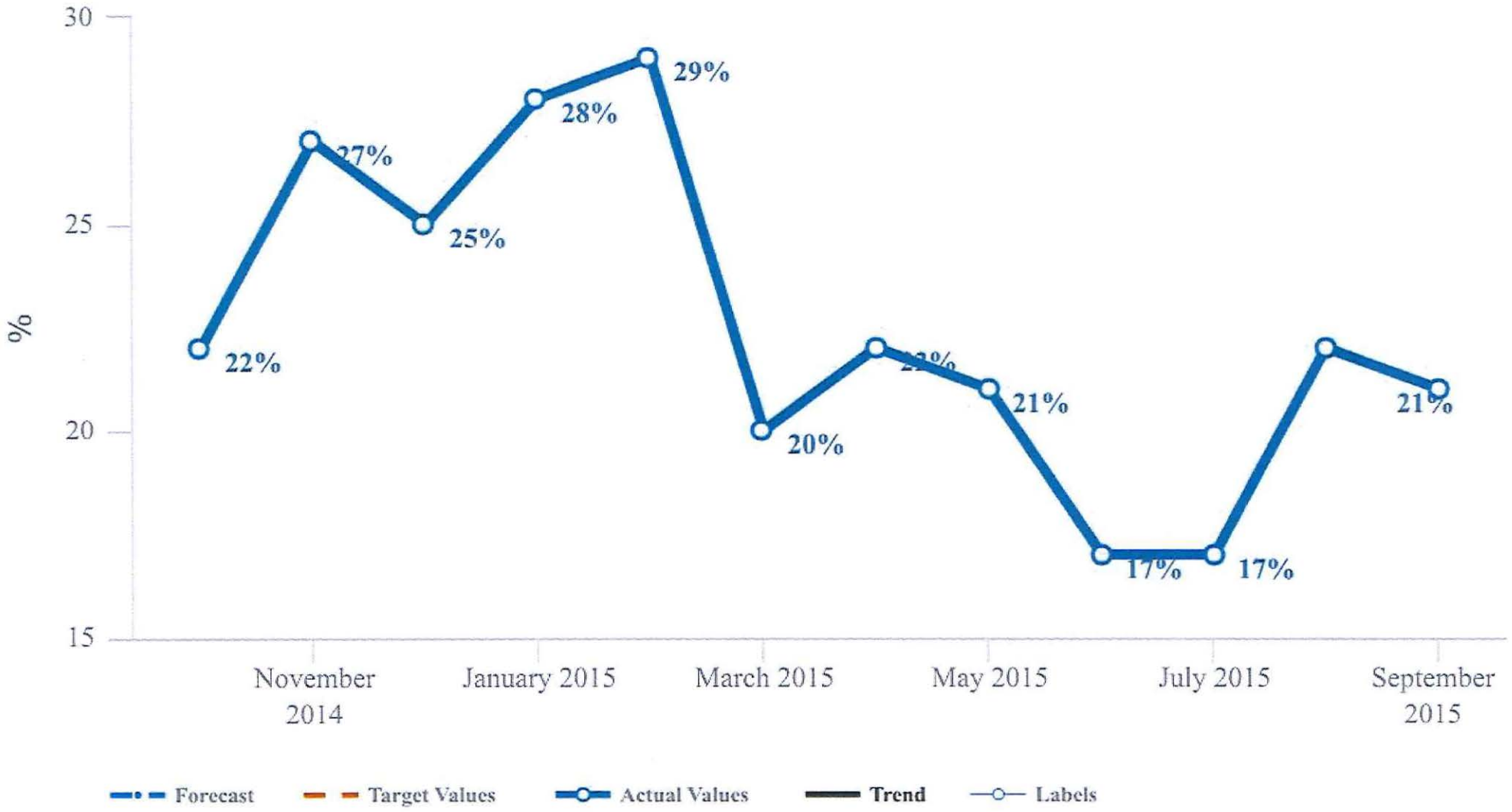
Percentage of young adults meeting the educational requirement within the last month.

ResultsScorecard.com

Percentage of young adults meeting the employment requirement within the last month.

ResultsScorecard.com

Percentage of young adults participating in the Program to Remove Barriers to Employment



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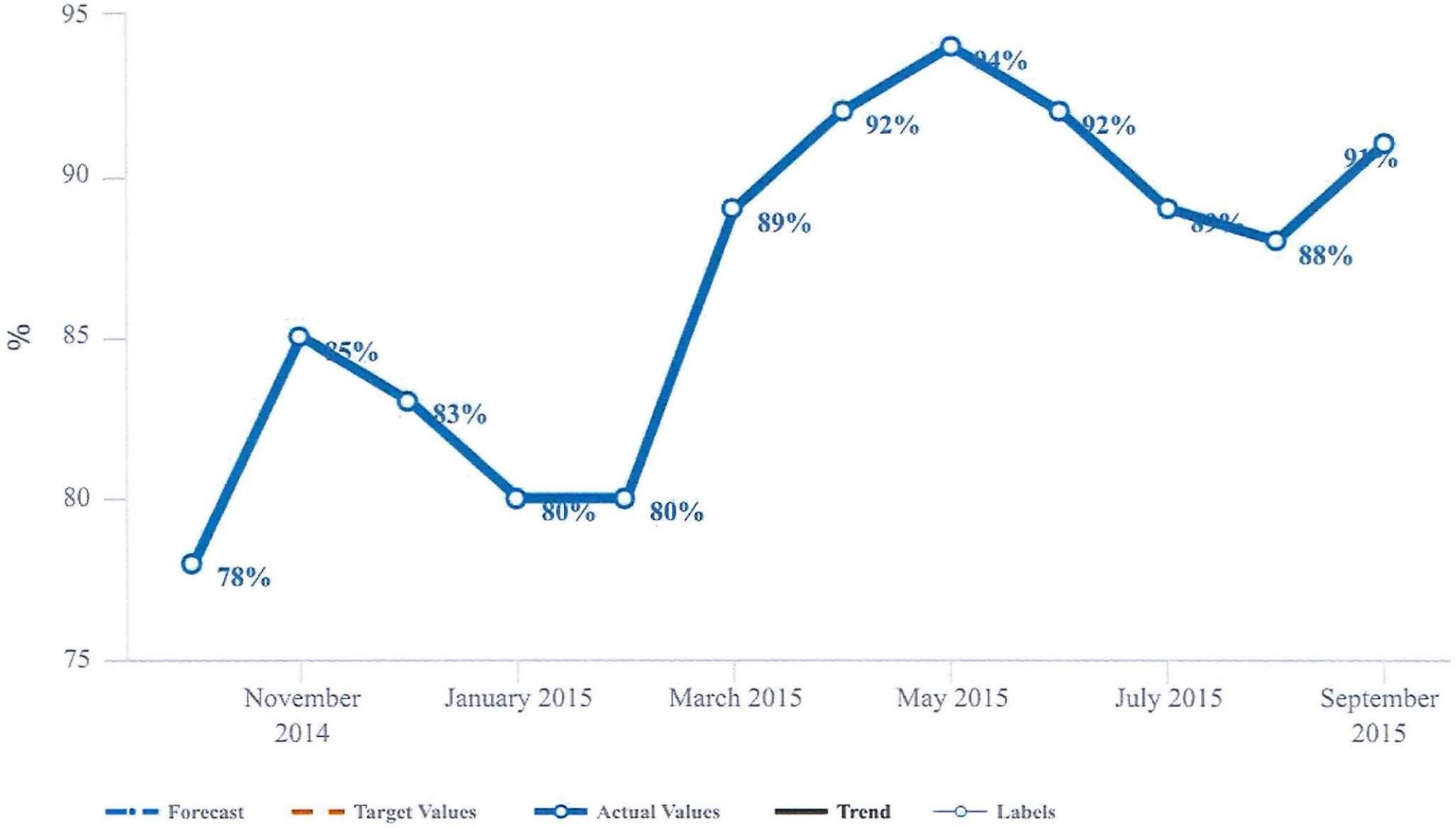
Percentage of young adults receiving Medicaid within the last month.



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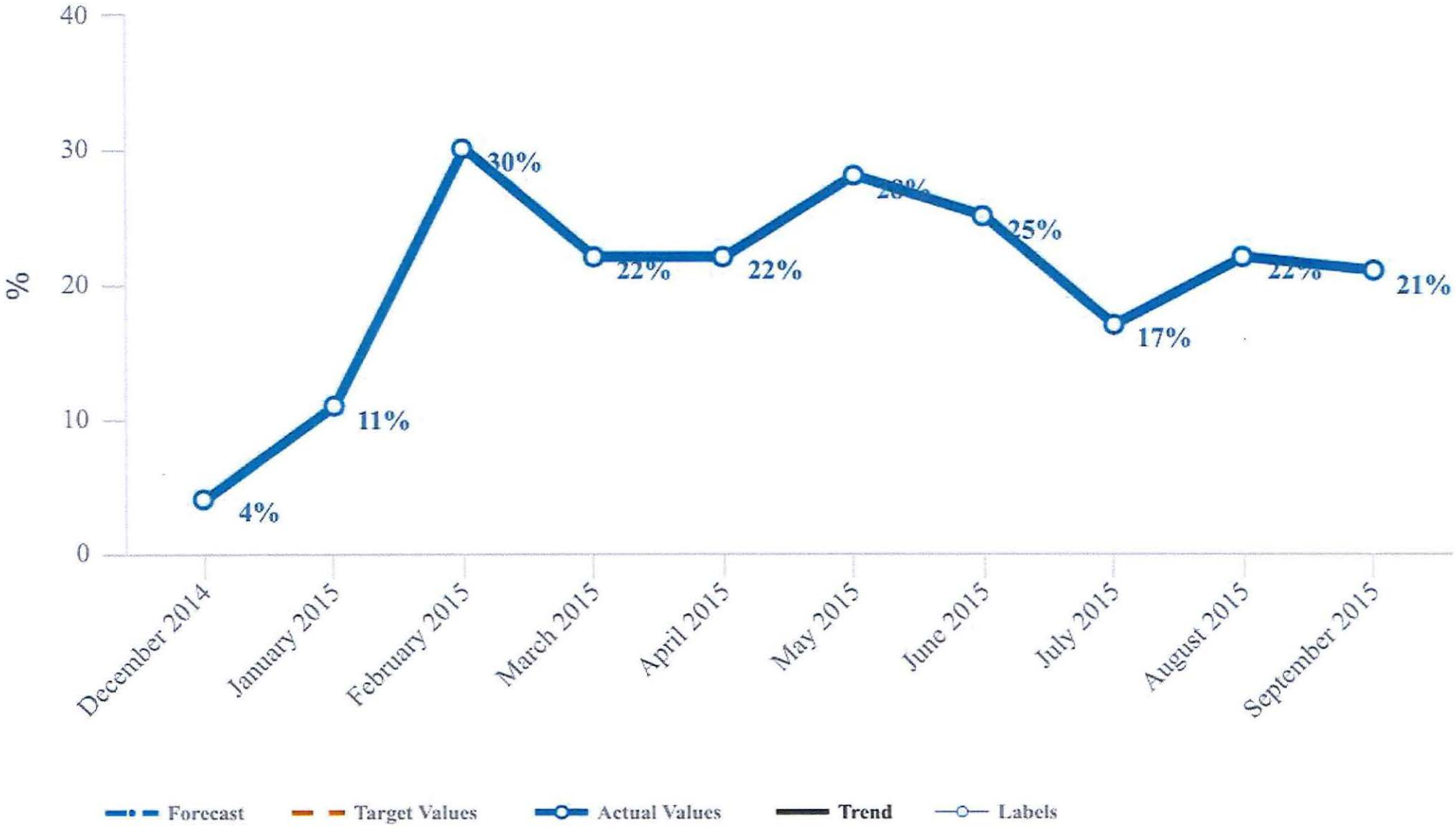
Percentage of young adults who are IV-E eligible



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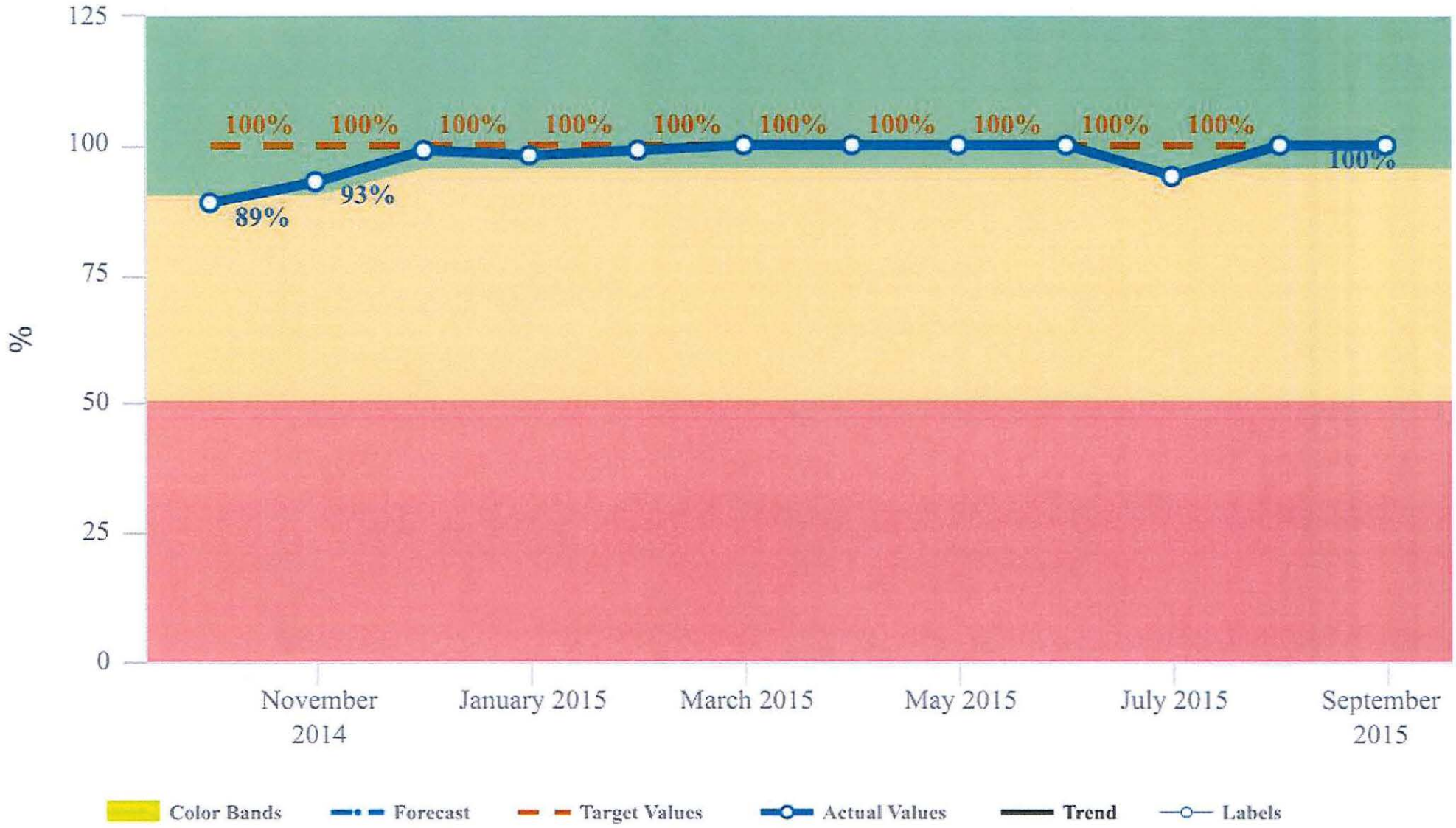
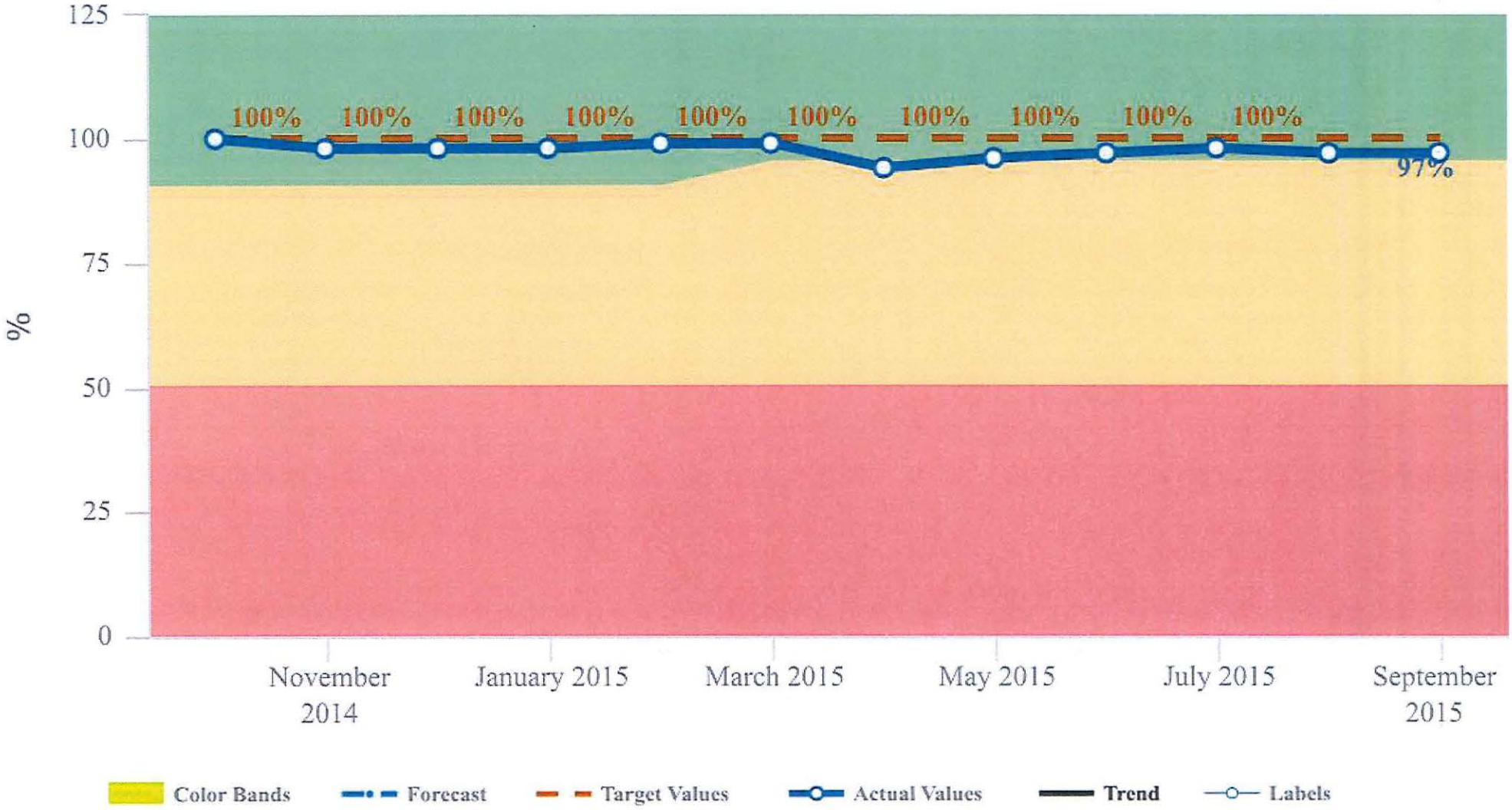
Percentage of young adults who have a Transition Living Plan.



ResultsScorecard.com

Percentage of young adults who have had contact with their Independence Coordinator within the last thirty days.



ResultsScorecard.com

Comments from the Young Adults

What is your favorite thing about the Bridge to Independence program?

My worker was VERY friendly and easy to talk to. I was only in it for a short time, however I feel as though B to I gave me a new friend whom I can talk to if I have a need or to just talk to her in general.

What would you change about the Bridge to Independence program?

The length us for men/women can be involved w/ it.

What is your favorite thing about the Bridge to Independence program?

The information, mentor, & what the programs offer

What would you change about the Bridge to Independence program?

The age just for the reason listed in the answer to the question above. I would have loved more time in the program

"The Bridges to Independence Program has meant a lot to me because once I got pregnant I felt like I wasn't going to be able to help my daughter and wanted to give up. They gave me hope to try to do something better with my life than not do anything at all. I got into college again and for once I actually graduated a class instead of having to drop out of it. I didn't have much once I turned 19, I was released for the Cedars Independence Program with no place to go and having barely anything. I have been staying with family and now I am so close to getting my own place thanks to their help with what they gave me. They have helped me get the things I needed for my daughter because I didn't have anything for her but except for what a friend gave me. They have helped me look for places and have changed my outlook on life. They have helped me boost my self-esteem and help me reach for my goals I want. The worker they gave me to work with I feel really understands me and knows what I am going through. She has helped me feel like I am doing something right for me and my daughter. I have gotten close to her and she feels more like family because the only family I really have is my mom. Most of my family disowned me or hates me so when I have someone who makes me feel like I can do anything it makes me try harder. Even though the services stop for me once I turn 21 in April I still am thankful that I got the help that they have given me. I thank God for this opportunity and I would recommend it for other foster kids or those who have turned 19 that don't get much help."

Jackie Landgren

Tina Sondergoth

Human Services Concepts

February 18, 2015

The Bridge to Independence Program

The state of Nebraska has a certain reputation in that, because of the conservative values that residents hold, some proposed bills do not get passed, or take longer to go into effect. An example of this statement would be that to this day, there are 36 states that have legalized same-sex marriage… Nebraska not included.

Although conservative Nebraskans receive criticism from liberals about many issues, it's safe to say that Nebraskans aren't all bad. Yes, you read that right... even Nebraska has positive qualities about their laws and regulations. One good thing Nebraska has done fairly recently would be the upgrading of the way Nebraska handles a state ward after they have aged out or had their case closed prior to that.

You see, it all began with a bill passed in 2013 (known at that time as the Young Adult Voluntary Supports and Services Act) that changed the playing field for former state wards. This bill, which they renamed Bridge to Independence, gives individuals from age 19 to 21 enough independence to feel comfortable, but also lends a helping hand their way when they have troubles. This program is

part of DHHS (Department of Health and Human Services) but is completely voluntary. The contact information for B2I is the following:

Address: 301 Centennial Mall South

P.O. Box 95026

Lincoln, NE 68509

Phone number: 402-471-9331

Getting into the program is fairly easy. The only concern that comes up is that only those who are 19-21 years of age are eligible, but it is the state's responsibility to lay out options for adolescents as they come closer and closer to aging out of the state ward and/or foster care system. For example, in my case as a former state ward, before my time was up, so to speak, I was informed about the Bridge to Independence program and was interested immediately. In order to be in the program, youth must fall under at least one or more of the criteria listed on the website, which includes these important guidelines:

- Youth aged out of foster care in a placement that is not their original home.
- Youth was discharged into independent living from foster care.
- Youth was adopted at 16 years or older from foster care.
- Youth entered a guardianship agreement at 16 years or older.

The important thing to understand is that foster care plays a huge role in eligibility. In my case, I was in a foster home when I aged out of the system, which is why I was able to be in B2I. This program is extremely helpful to young adults entering

independence for the first time. Youth are assigned an Independence Coordinator (IC) and are required to meet with their worker *at least once a month* to give updates of what they have been accomplishing. In order to stay in the program once you're officially in it, you must be working, attending college or G.E.D. classes, or volunteering at least part-time. As long as the client can provide proof of work or school every 6 months, they will remain in the program. In addition, young adults in the program are guaranteed medical coverage from Medicaid and receive a monthly stipend from DHHS of $760, which can come via check or direct deposit.

This stipend means that youth can work or go to school part-time and still have plenty of time to study, relax, or hang out with friends. Because B2I is voluntary, and because the youth are legal adults under Nebraska law, IC workers are limited on the things they can do. A case worker, for example, who is working with a state ward, is given permission to disclose information to their parents or other adults they are working with. There is no sense of privacy, because there really isn't any. Case workers are the state ward's guardian, which means they oversee all types of care received by the youth. The IC worker, on the flip side, is simply there to provide support and help locate resources for the young adult's situation.

Personally, my IC and I keep in contact through text and phone calls, and I utilize her services multiple times per month if needed. That's the beautiful thing about the program -- the clients decide how many meetings are needed. It could be once a week, twice a week, or more, depending on the IC's schedule and the client's. Workers are trained in the human services field, thus are supportive, helpful, and willing to go the

extra mile to make sure young adults are living comfortably. They can assist you in signing up for EBT benefits, help you find housing, get into school or a job. They can even extend their help to any of the youth's significant others, though they are not required to.

Another good thing about B2I is that should you lose employment or student status, you have 30 days to find another job or school/classes you can attend. If you have not found anything within 30 days, you are sent a letter notifying you of your impending discharge, but even then, depending on your situation, you can get more time. Usually, if a youth has been keeping in contact with their IC, both parties can come up with a game plan and snag another job or school opportunity.

Overall, the Bridge to Independence program is a major improvement of after-care services for young adults who have been in the foster care system. It gives them a chance to adjust and feel independent, while having someone supportive by their side to give them guidance along the way, if needed. I'm confident that down the road, Nebraska will have more ideas and implement them as much as possible to give youth transitioning into adulthood a chance to adjust and chase their dreams.

Works Cited

Brakhage, Deanna. "The Bridge to Independence Program." *DHHS*. Last updated 26 January 2015. Web. 16 February 2015. <http://goo.gl/XS7652>

URL provided is a shortcut to the official website for B2I. You may not find the same information that I have given in this paper on the website, but the website is rather vague, which was why I provided more details from personal experience.

Reported Experiences

- We are working with one youth that did not have a lot of focus or a solid plan for what he wanted to do when he started the B2i program. Since joining the program and receiving the support and guidance from his Independence Coordinator, he has made tremendous progress in his life. This young man was able to work his way through and obtain his GED. He faced some challenges with family members using drugs and not being positive supports for him. After processing through this situation with his IC and others, he was able to step away from those relationships in order to keep focusing on the positive direction of his life. Since then, the Independence Coordinator connected the young man with a new organization, the Bike Union Mentoring Project (BUMP), which combines a coffee shop along with a business that refurbishes and then sells used bicycles. The young man was hired there and has developed a mentoring relationship with the program directors at BUMP. Last week, the IC helped this young man find and obtain his first apartment!

- One Independence Coordinator (IC) has worked with a young lady dealing with very challenging circumstances over the last year. The young lady was on a positive track when she joined the program, attending high school and planned to graduate. She soon got involved with an older man who the IC believed to be taking advantage, manipulating, and mistreating her. Over many months and many conversations, the IC had to remain positive and supportive to the young lady while also expressing the concerns for the young lady's wellbeing that were apparent to the IC. There was a period when the young lady was very resistant, likely due to her "boyfriend's" manipulation, and did not want to continue working with the IC. The IC was able to keep her minimally engaged while continuing to meet the program requirements. Since that low point, the young lady has recognized the negative relationship with her "boyfriend" and called the IC in a time of crisis when trying to leave. The IC helped the young lady move to a different city to live with people who are supportive of her, as well as obtain a protection order. The young lady is now re-enrolled in high school and is looking forward to graduation.

- A Independence Coordinator (IC) was able to help out a young adult with automobile issues. She was having some minor issues with her car and did not know who she could trust to look at her car. The IC knew some contacts that were auto mechanics. They were past HHS/YRTC employees who owned their own automotive business. They were willing to help the young adult with her car.

They have also agreed to help out any other Bridge young adults who need automotive assistance.

- When the Independence Coordinator (IC) received her first cases, one of the young adults was soon to leave foster care. The young adult had ran from placement and been missing for months with little to no contact. The IC collaborated with the Family Permanency Specialist and identified a phone number for someone that knew the young adult. The IC was able to get a message to the young adult, who then reached out and contacted the IC for information about the Bridge to Independence program. The IC found out that the young man had ran away to New Orleans and planned to stay there indefinitely. The IC was able to engage him over the phone, explain the Bridge to Independence program, and get him interested in participating. Despite past frustrations while a state ward, the young man quickly developed a rapport with the IC and agreed that she could visit him and that he would follow the requirements of the program. Even though he spent his last months in state care as a "runaway", the IC was able to help ensure he was safe and supported as he transitioned to adulthood.

- An Independent Coordinator (IC) is working with a young lady who broke her leg during the weekend of October 3, 2014. Because of the relationship that had been established, the young lady contacted the IC, who helped her with the Emergency Room process and also took her to her follow up appointment. The IC has done a great job building rapport with this young lady and was also able to help this young lady find additional clothing for a job interview and other needed resources in the community.

- An Independence Coordinator (IC) is working with a young lady who lives in her own apartment. The young lady called the IC in tears, saying that she had received a three-day notice to pay her late rent for the month or be evicted from the complex. The young lady did not have the money to pay the rent. The IC was able to calm her down and discuss the situation. The IC helped her to contact the apartment complex to discuss repayment options to prevent the eviction, and also reached out to contacts and community resources that might be able to assist with the late rent payment. The IC was able to connect the young lady with a housing program through a service provider that is specifically focused on helping former state wards. The program agreed to pay the overdue rent as well as accept the young lady into their program, which includes ongoing rental voucher assistance. The IC is working with the young lady to obtain employment and budget for expenses. The Supervisor believes the IC's assistance was essential to preventing

an immediate eviction and will keep this young adult in stable, independent housing.

- An Independence Coordinator (IC) was trying to assist a young adult to apply for Medicaid. The young adult was having problems applying. The IC took his laptop and met the young adult to help him sign up on-line. This young man now has medical coverage.

- An Independence Coordinator (IC) participated in a meeting with a young man and his grandmother. His grandmother was very upset with the young man and wanted to kick him out of her house because he never cleaned his room. The IC was able to help this young man budget and buy some storage totes and assisted him with organizing his room. The grandmother was very impressed and happy with the help from the IC and is now willing to let her grandson continue to live with her.

- The Independence Coordinator (IC) is working with a young woman in college who currently has approximately $1,500 in debt to multiple places. Prior to joining Bridge to Independence, the young adult had a bank account that she overdrew resulting in overdraft fees. The young woman chose to ignore this instead of repaying it. She was also in debt and past due to her cellular provider, insurance provider for her vehicle, licensing and registration for her vehicle, and had unpaid parking tickets in Nebraska and Colorado. The young adult did not have a clear grasp of how much she owed and to whom. The IC went with the young adult to the bank to discuss the negative balance and develop a plan for repayment. The IC also identified how much the young adult owed for parking tickets and how to go about paying them. The IC worked with the young adult to create a budget for repaying the debt, reestablishing the bank account, and licensing, registering, and insuring her vehicle. By following this budget and using Bridge to Independence funds along with other income, the young adult has been able to begin repaying and cut the debt in half in the month of October. The IC will continue to work on budgeting and money management with this young adult in the future.

- An Independence Coordinator (IC) went to visit with a young adult that had lost her sister and was on her way out of town to go to the funeral with her family. The IC and the young adult sat in her living room, and the IC listened patiently as the young adult let everything out and cried about her feelings with her sister's

tragic passing, and the fact that her mother had also lost a husband the same way. Together they talked through the emotions that the young adult felt about having to go and spend the weekend with family she was not excited about seeing, and also visited with the IC about how she had to be strong for her mom in her time of need. After a long period of time and many tears, the young adult said "Thank You". The IC smiled and with tears in her eyes, asked "Thank you for what?" The young adult answered, "For just being here and listening". The young adult went on to say that she tried very hard to cut out old friends in her life as she had learned that they were not good influences. It was a very good conversation and the IC believed it made their relationship grow stronger.

- The Independence Coordinator (IC) was working with a young lady who had been in need of dental work. When the IC began working with her, the young lady did not have Medicaid or private health insurance. The IC immediately focused on fixing the issue preventing the young lady from receiving Medicaid, and collaborated with representatives in the Medicaid division to get the young lady enrolled. The young lady was able to schedule her needed dental work this week. The IC assisted her in getting to and from the dental procedure, and even went to the grocery store to get her some chicken noodle soup and apple juice to help her recover. The young lady has to return next week for additional dental work, and the IC will be there to support her again. This young adult was very appreciative of the IC's support and assistance during these dental procedures!

- An Independence Coordinator (IC) and a young adult had a follow-up team meeting. At the prior team meeting, there were concerns both at home and at his job site. During the follow-up team meeting, the young adult reported his progress efforts. The job site instructor, the young adult's mother and grandmother all agreed that the young adult had managed an amazing turn around. The young adult was very proud of his accomplishments and additionally reported that he had successfully secured a part time job at a local restaurant. When asked how he turned all of this around, the young adult stated that during the last team meeting he realized that he had a whole team of people believing in him and supporting him and that is why he was able to turn things around for himself.

- The Independence Coordinator (IC) signed a young adult up for Medicaid. The young adult had been struggling with the application process and wanted to give up on getting medical coverage. With the help of the IC, Medicaid is now active for this young adult.

- The Independence Coordinator (IC) was assigned two new cases at once, a husband and wife (and their young child) who were both former wards eligible for Bridge to Independence. The IC scheduled to meet them on a Friday, explain the program requirements, and possibly get them signed up at that time. When the IC arrived at the meeting with the young adults, he found out that their living arrangement with an acquaintance had fallen through and the family was essentially homeless. The family was worried about where they could stay, if they could keep their child safe and warm for the night, and whether their lack of shelter would result in a call to the Abuse and Neglect Hotline. The IC was able to immediately work with the family on a crisis plan for the weekend as well as a plan for the future. Fortunately, one of the young adults had a steady income. The IC was able to calm their concerns and help them find a safe and affordable hotel for the family to stay in for the weekend. The IC ensured that the family had access to food and other essentials for the weekend. The IC worked with the family to contact landlords who offered affordable income-based apartments, and helped the family in visiting and obtaining their own apartment. The IC was able to get the family into the Bridge to Independence program as soon as possible so they could receive the monthly maintenance payments to use toward their own independent housing. The IC was calm and adaptable in responding to this crisis situation, and helped ensure the parents and their child remained safe and warm despite the cold weather.

- The Independence Coordinator (IC) was working with a young lady and her boyfriend in northeastern Nebraska. The young lady had about two months left in her pregnancy before giving birth to the couple's first child. The young woman and her boyfriend were excited about the baby, but also very nervous. The IC had observed that they could use a strong support system and had a lot to learn about parenting, as any young parents would. Their family support system in the area was very limited, and the young woman had come to depend on the IC for support. The IC had been looking for community resources that might be beneficial to the young lady and her boyfriend, and recently found the local Community Action Partnership. The program provided one on one home visits that focused on parenting education and support. The IC reached out to the agency and found they would be eager to work with the young family. The IC was able to connect the Community Action Partnership with the young woman and her boyfriend, and they are now set up to begin working with the partnership. Through the IC's efforts, the parents-to-be were able to strengthen and add to their support network and will learn to be safe and effective parents.

- The Independence Coordinator (IC) worked with a young adult to enroll at Joseph's College of Hair Design, which included: attending the enrollment

meeting at the school, assisting the young adult with completion of the paper work required and also applying for financial aid. The young adult is the first one in the family to ever make it past a middle school education and is excited to start a new adventure. The young adult told the IC, "If you wouldn't have been here to push me to do better with my life, I would have never thought this possible".

- One of the young adults gave birth to her first baby boy in October 2015. The Independence Coordinator was able to assist with getting needed items for her from the HOPE CHEST such as; clothing, diapers, a car seat, stroller, bouncer, baby wipes, bottles and blankets. Together, they also found a number of different community resources that she can use in the weeks to come to assist her with her new born baby.

- An Independence Coordinator (IC) formed a relationship and worked with a young lady who got married!!!! This young lady has been an amazing success story and has truly turned her life around. This young lady invited the IC to her wedding reception, and the IC attended. This young lady was overjoyed and hugged the IC and told her "Thank you so much for coming". She went on to tell the IC that her mom missed her wedding because she had passed out (her mom has a very long history of alcoholism). With tears in her eyes she told the IC that she was done letting her mom ruin her life and make her unhappy! She said the best thing that her mom did for her was to make her eligible for the B2i program therefore she was able to meet the IC and have a lifelong support and friend!

- An Independence Coordinator (IC) had been working with a young adult since June 2015, prior to officially enrolling in the B2i program. The young adult consistently reported that he was going to attend Metro Community College for Culinary Arts. The IC met with the young adult on August 24, 2015 and he continued to report the same plan as previously discussed. However, the young adult and the IC checked his enrollment status on a laptop the IC brought. They were not able to log on to his Community College account. The young adult tried to locate his log on information, but was unable to do so. The young adult informed the IC that he could not locate his log on information, so the IC transported the young adult to the Student Services Office at the Community College. The guidance counselor advised the youth that the day was the last day to register for classes. His guidance counselor was able to register the young adult for 12.5 credit hours. The IC then accompanied the youth to the Community College Financial Aid Office and provided necessary documentation for the youth's Pell Grants and financial assistance. The Independence Coordinator was

also able to help the young adult obtain a $500.00 Needs Based Fund grant through Project Everlast, so he could get a laptop computer for school.

- An Independence Coordinator (IC) had been working with a B2i young adult that decided to quit his job and travel to Connecticut for a 2 month long vacation. The young adult returned approximately 3 weeks later, still without a job. The IC continued to offer the young adult assistance in job hunting, but he refused. The young adult had been previously working with the Heartland Workforce Solutions, but had not returned for continued support since leaving for Connecticut. The IC met with the young adult and informed him that they were going to the Heartland Workforce Solutions; the young adult was resistant, but agreed to go. Upon arrival, the young adult met with a Project Employment Specialist. The young adult updated his resume and completed an online application for Oriental Trading Company. After leaving The Heartland Workforce Solutions, the young adult received a call from Oriental Trading Company within hours of submitting his application, for an interview. The support of the B2i program was able to bring the young adult into contact with local resources to assist in living a more independent life.

Extended Supports for Youth in the Juvenile Justice System in Nebraska

by Katherine Gaughen and Margaret Flynn-Khan

A young person with complex risk and needs may continue to have involvement with the juvenile justice system in Nebraska until he or she reaches the age of majority. Upon reaching the age of nineteen, young people are no longer eligible for the services they received through the juvenile justice system. Nor are there any aftercare services available to these young adults that would help them to successfully transition out of juvenile justice placements or off of probation. Yet, much like their peers in the child welfare system, young people involved in the juvenile justice system depend on the Administrative Office of Probation (AOP) to address the underlying behavioral health, mental health, and factors leading to delinquency.

Efficient and effective service provision is critical for older youth leaving the juvenile or criminal justice system as they attempt to navigate a successful path to a crime-free adulthood.[1] Unfortunately, youth transitioning to adulthood from the juvenile or criminal justice systems face even worse outcomes than their peers from the child welfare system. Within twelve months of their release from institutional placement, only 30 percent of delinquent youth were involved in either school or employment.[2] These youth are significantly more likely than their peers to have substance abuse or mental health problems.[3][4] In some states, almost half return to the justice system after they are released.[5]

As noted in *Supporting Youth in Transition to Adulthood: Lessons Learned from Child Welfare and Juvenile Justice,* "Youth aging out of the child welfare and juvenile justice systems have much in common. They share the negative developmental impact that the trauma they experienced has caused. They also share many of the same challenges, given that their involvement in these systems generally indicates compromised social and family networks, networks that would normally help an adolescent establish pro-social coping mechanisms absent fully developed emotional or cognitive capacities. In many cases, out-of-home placement can exacerbate family and community tensions, making successful social integration as a young adult even more difficult. Sustained family and community relationships are important in providing critical support to a youth as he or she faces the challenges of young adulthood. Allowing youth to age out of either system without working to repair these relationships can inhibit a youth's future success in employment, education, and financial matters."[6]

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[1] Altschuler, D., Stangler, G., Berkley, K., and Burton, L. (2009). *Supporting Youth in Transition to Adulthood: Lessons Learned from Child Welfare and Juvenile Justice.* Retrieved on October 19, 2015 from http://www.jimcaseyyouth.org/sites/default/files/documents/Georgetown%20child%20welfare%20and%20juvenile%20justice.pdf

[2] Bullis, M., Yovanoff, P., Mueller, G., & Havel, E. (2002). Life on the "outs": Examination of the facility-to-community transition of incarcerated adolescents. Exceptional Children, 69, 7–22.

[3] National Mental Health Association. (n.d.). Mental health treatment for youth in the juvenile justice system: A compendium of promising practices. Retrieved October 19, 2015, from https://www.nttac.org/views/docs/jabg/mhcurriculum/mh_mht.pdf.

[4] Reclaiming Futures. (2008). Model policies for juvenile justice and substance abuse treatment. Retrieved October 19, 2015 from https://csgjusticecenter.org/jc/publications/model-policies-for-juvenile-justice-and-substance-abuse-treatment-a-report-by-reclaiming-futures-2/

[5] Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. (2006). Juvenile offenders and victims: 2006 report. Retrieved October 19, 2015, from http://ojjdp.ncjrs.gov/ojstatbb/nr2006/downloads/NR2006.pdf.

[6] Altschuler, D., Stangler, G., Berkley, K., and Burton, L. (2009). *Supporting Youth in Transition to Adulthood: Lessons Learned from Child Welfare and Juvenile Justice.* Retrieved on October 19, 2015 from http://www.jimcaseyyouth.org/sites/default/files/documents/Georgetown%20child%20welfare%20and%20juvenile%20justice.pdf

Process for Generating Recommendations

While there is likely a similar level of need between many young people involved in Nebraska's child welfare and juvenile justice systems, the passage of the Bridge to Independence Program (b2i) means that there are very different levels of support available to young people leaving these systems. In order to address these differences, the Bridge to Independence legislation included a provision for the Bridge to Independence Advisory Committee to develop specific recommendations for expanding to or improving outcomes for similar groups of at-risk young adults not eligible for b2i. To develop recommendations, the Bridge to Independence Committee created a Juvenile Justice Taskforce (see Appendix A for a list of Taskforce Members). Leaders from the Nebraska Children and Families Foundation (NCFF) and the Children's Commission Bridge to Independence Advisory Committee asked Mainspring Consulting to facilitate the development of recommendations by the Taskforce.

With the support of the Jim Casey Youth Opportunities Initiative, Mainspring Consulting facilitated two meetings with members of the Bridge to Independence Juvenile Justice Taskforce and Committee in September and October 2015.

At the September meeting, b2i Juvenile Justice Taskforce members began by reviewing the results of sixteen focus groups conducted by NCCF and Nebraska Voices for Children (for complete focus group results, see Appendix B). Eight focus groups were held with adult participants and included representation from the Through the Eyes of the Child Teams, a collective impact initiative, probation officer teams, the statewide community-based aid planning team, the Office of Juvenile Services Subcommittee and the Coalition for Juvenile Justice. Key themes that emerged from adult focus groups included:

- Young people transitioning from the AOP need and deserve extended support;
- Young people are more likely to access a program of extended supports if it is not administered by Probation and the courts. The transition to extended services is important;
- There should be some parameters on eligibility, but those parameters should be flexible enough that youth who need assistance are not categorically excluded;
- Many services are necessary, but especially housing, case management, and life skills; and
- Extended supports should provide a plan and pathway toward transition to full independence, and not continued reliance.

Eight focus groups were also held with 61 young adult participants. Participants ranged in age from 11 to 21 and resided in a variety of placement settings, including biological, guardianship, foster and group homes, shelter care, on their own, residential treatment, Youth Rehabilitation and Treatment Centers, and detention. All young adult participants were currently or formerly involved in the juvenile justice system in Nebraska. Key themes that emerged from the young adult focus groups included:

- Recognition regarding the need for extended services, but hesitation about continued probation supervision;
- A strong desire for freedom and the importance of choice in extended supports, while recognizing their own accountability;

- A focus on enhancing existing services rather than creating new service options and connecting young people to those existing services;
- Young adults need time to transition; and
- Messaging is important.

Based on the results of the focus groups, a review of current data from the AOP, and the expertise of committee members, the Taskforce generated an initial set of recommendations. Mainspring consultants then developed fiscal analyses of those options with input from a Steering Committee of the Juvenile Justice Taskforce. The fiscal analyses were shared with the Juvenile Justice Taskforce and members of the Bridge to Independence Advisory Committee in October. After reviewing those analyses and discussing the goals of extended supports and services for the juvenile justice population, the Bridge to Independence Advisory Committee and Juvenile Justice Taskforce agreed to put forth the following recommendations.

Recommendations

Members of the Taskforce and Bridge to Independence Advisory Committee articulated the results they want to achieve through their recommendations as a guide to their discussions and the consideration of their recommendations.

Members agreed that the primary result they want their recommendations to achieve is that **young people who are involved with juvenile justice in Nebraska can make a successful transition to adulthood**. The benefits of vulnerable young people making a successful transition to adulthood are realized in the individual lives of youth as well as in society as a whole, as increased health and well-being, education and earnings, and stable family connections for young people can mean reduced adult criminal justice involvement and reduced use of public assistance benefits.

To achieve this result, members of the Bridge to Independence Advisory Committee and Juvenile Justice Taskforce put forward the following recommendation:

Young people under the jurisdiction of the AOP and 3B wards under the jurisdiction of DHHS who are in out-of-home placement on their 19th birthday should be able to voluntarily opt into Bridge to Independence between ages 19-21 if it is determined that it is in their best interest to do so, due to a lack of alternative supports.

The Taskforce agreed it was important to build on the success of b2i and felt that certain vulnerable young adults exiting the juvenile justice system require the same level of support as young people exiting the child welfare system. Specifically, the taskforce wanted to ensure that young adults who lack family supports and as a result have no place to go upon exit from juvenile justice out-of-home placements, are able to enter the b2i program. The group agreed that if legislation and implementation of this recommendation moves forward, further work would need to be done to delineate the specific criteria for determining which young people lack support and who would make that determination.

One benefit of allowing young people to voluntarily sign themselves into b2i is that the state could determine eligibility for Title IV-E funding, maximizing federal dollars available to support these young people. Nonetheless, expanding the b2i program to this additional population of young people to opt into b2i would require a fiscal allocation from the legislature. Please see Appendix C for the fiscal analysis of this recommendation.

In generating the above recommendation, the Taskforce and Committee seriously considered making the recommendation that the b2i age of eligibility should be lowered to 18 so that both eligible young people in DHHS care and those in out-of-home JJ placements could ender b2i at 18. A variety of legal challenges and programmatic concerns led the group to limit the recommendation to adding the 19 – 21 year old juvenile justice population to b2i at this time. However, taskforce members wanted to highlight the limitations of this recommendation and stress that it is important to begin exploring how to address barriers and decrease the age of eligibility for b2i from 19 to 18.

Important concerns with eligibility for b2i beginning at age 19 include the following:

- Young people are routinely discharged from DHHS custody to independent living at age 18. These young people fall into a gap in services now, as they are not eligible to enter b2i until age 19;
- Taskforce members were concerned that beginning eligibility at age 19 for juvenile justice youth could lead judges to extend juvenile justice involvement for young people when it is not warranted, in order for them to access the services at age 19; and
- The b2i program has a very low IV-E penetration rate, meaning that most young people are ineligible for IV-E when they enter b2i because of employment earnings. As a result, Nebraska does not get federal matching funds for these individuals. If young people can enter b2i at age 18, as is the policy in all other states that have extended foster care, they will have had less time to progress in employment after high school and will be more likely to be income eligible for IV-E. Once young people enter the program, there is no requirement to redetermine IV-E eligibility.

Despite the above concerns with eligibility for b2i beginning at age 19, the fact that the age of majority is 19 in Nebraska made participants concerned that signing a voluntary placement agreement to enter b2i would not be a legal option for young adults at age 18. Nebraska must work through several challenges related to the current age of majority before pursuing b2i eligibility at age 18:

- Determine who can sign a young person into b2i prior to age 19:
    - If only the parents can voluntarily sign young people into b2i before age 19, determine whether checks for direct stipends must go to parents or can be directed to young people;
    - If only the parents can voluntarily sign young people into b2i before age 19, determine whether IV-E eligibility is determined based on the parents' or the young persons' income; and
    - If only parents can voluntarily sign young people into b2i before age 19, determine whether young people have the right to opt out of b2i without parental consent. Can parents sign young people out of b2i against the young adult's wishes?
- Create a training plan to ensure both the judicial system and case managers and/or probation officers are using best practice in determining which young people should remain in care until age 19 and which might benefit from entering the voluntary b2i at age 18.

Future Considerations

Recognizing that many young people in the juvenile justice system may not need the level of support offered by b2i, but do need guidance from caring adults and connections to community resources, the group also considered Nebraska's existing infrastructure to support young adults in transition. After reviewing the existing PALS and Central Navigator programs, the taskforce agreed there was merit to expanding these programs to serve young people transitioning from the juvenile justice system, but did not recommend moving forward with such an expansion at this time. In the future, the taskforce recommended carefully reviewing the following options for implementation:

1. **Young people under the jurisdiction of the AOP and 3B wards under the jurisdiction of DHHS who are in out-of-home placement at age 18 should be able to voluntarily receive case management services until they reach age 21.**

   Taskforce members believed strongly that young people in juvenile justice out-of-home placements could benefit from intensive case management services and access to a small amount of flexible, needs-based funds focused on helping them achieve self-sufficiency. The Nebraska's PALS model and needs-based funds offer an existing model and infrastructure that are currently limited to serving young people in the child welfare system who are transitioning from care, but could be built upon to serve young people in out-of-home placements under juvenile justice jurisdiction.

2. **All young people who receive support and services from the AOP at age 18 can access services from a central navigator until they reach age 21.**

   Nebraska currently operates a Central Navigator Access system for young people transitioning out of the child welfare system that could be utilized to serve youth exiting juvenile justice. It is designed to ensure that young people can have access to needed supports and services in an effective and timely manner through a systematic approach of collaborative partnerships intended to promote a continuum of care. The system utilizes a youth-centered approach and identifies the range of supports and services available in communities to make efficient and targeted referrals for young people. Nebraska could expand eligibility for this low-cost, low intensity model to young people who have been involved with juvenile justice at age 18 in order to help them access essential supports as they transition to adulthood.

Appendix A

Membership Roster
Juvenile Justice Extension Task Force

Task Force Co-Chairs: Jeanne Brandner, Office of Probation and Juliet Summers, Voices for Children

Task Force Members:
Deanna Brakhage, Nebraska Dept. of Health and Human Services
Shannon Brower, Jim Casey Youth Opportunities
Becca Brune, Nebraska Appleseed
Nathan Busch, Nebraska Dept. of Health and Human Services
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Doug Lenz, Central Plains Center for Services
Katie McLeese Stephenson, Court Improvemehnt Project
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Cassy Rockwell, Nebraska Children and Families Foundation
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Shayne Schiermeister, Nebraska Dept. of Health and Human Services
Jill Schubauer, Region 3 Behavioral Health
Megann Schweitzer, Nebraska Dept. of Health and Human Services
Jennifer Skala, Nebraska Children and Families Foundation
Lana Verbrigghe, Child Savings Institute

Appendix B

Stakeholder Perspectives on Extended Supports and Services for Juvenile Justice Alumni

Prepared for the Juvenile Justice Extension Taskforce of the Nebraska Children's Commission's Young Adult Supports and Services Sub-Committee

This report captures feedback gathered from sixty-two young adults with current or former involvement in the Nebraska Juvenile Justice system and forty-four professionals working within the system concerning the creation of a supports and services program for young adults, ages 19 and 20, leaving the juvenile justice system without adequate natural or community connections. Ideas concerning components of the program, fears about its implementation, and needs of young adults with this experience are presented.

9/17/2015

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Introduction

In an effort to explore the need and potential structure of a supports and services program for 19 and 20 year old young adults with juvenile justice system involvement and minimal natural supports, the Young Adult Services and Supports subcommittee of the Children's Commission, in partnership with the Nebraska Probation Administration, plans to convene a group of stakeholders in September and October 2015. Stakeholders will be asked to explore three questions, including:

1. If such services and supports are needed.
2. If so, how they should be structured, provided, and what oversight is needed.
3. If so, what would it cost? (Analysis provided by Mainspring Consulting)

In preparation for these meetings, a workgroup was created to gather feedback from young adults with juvenile justice experience and adult stakeholders (i.e. service providers, administrators, family members, judicial professionals, and other interested community members). The focus groups would focus on gathering feedback on the first two questions being explored. The workgroup consisted of representatives from Nebraska Probation Administration, Nebraska Children, Voices for Children, and the University of Nebraska's Center for Children, Families and the Law. The group determined focus groups would provide the best method of information gathering. Representatives of these organizations collaborated in the planning, development, facilitation, and compilation of focus group materials. Additional support was provided by Jim Casey Youth Opportunity Initiative and Mainspring Consulting.

This report offers a synthesis of the results of all focus groups held, including process, demographic information, key themes, discussion and next steps. Copies of all materials used during the focus groups are provided in the appendices.

Process

Sixteen focus groups were held across Nebraska in total; eight with youth and eight with adult stakeholders. Sixty-two youth and forty-two adults participated. Youth participants ranged from age 11 to 21 and resided in a variety of placements covering a majority of the continuum of placement options (including: biological, guardianship, foster and group homes, shelter care, on their own, residential treatment, and detention). All young adults participating were currently or formerly involved in the juvenile justice system in Nebraska. Adult participants served in a variety of system roles including diversion, services providers, detention or YRTC staff, judges, attorneys, shelter staff, foster parent providers, advocates, community service staff, domestic violence services, system administration, oversight agencies, and researchers.

Given the short timetable for gathering feedback, focus group locations were identified by the planning workgroup with the hopes of gathering voice from youth and professionals with experience in various juvenile justice placement and service options from across the state. Identified sites were contacted by a member of the planning team via email or phone. Logistical arrangements were then made with those able to hold a group within the given timeframe. All youth focus groups were held in person. Of the adult groups, five were held in person and three by conference call. All entities allowing a focus group to be held with their members or young consumers are listed below.

Focus Group Entities and Locations	
Adult Focus Group Entities	District 1 and 3 Through the Eyes of the Child Teams (SE Nebraska & Lincoln) Operation Youth Success (Omaha) District 3 and 4 Probation Officer Teams (Lincoln and Omaha) Community-based Aid Planning Team Members (Statewide representation) Children's Commission's Juvenile Services Subcommittee (Statewide representation)

	Nebraska Coalition for Juvenile Justice (Statewide Representation)
Youth Focus Group Entities	Boystown Campus (Omaha) Boystown Shelter (Grand Island) Youth Rehabilitation and Treatment Center (Geneva and Kearney) ReConnect for Success (Omaha) Project Everlast (North Platte) Scottsbluff County Detention (Gering) Juvenile Justice League (Omaha)

Planning team members facilitated each of the groups with the exception of the Project Everlast-North Platte group, which was facilitated by the youth group's advisor. Participants completed an assent form, demographic sheet, and focus group questions. An explanation of the purpose and process discussion and an opportunity for questions was given. Following an icebreaker question, questions, specific to the development of a young adult support and services system for disconnected young adults leaving probation services, were asked. Questions were tailored for youth and adult feedback. Questions for both groups are listed below.

Focus Group Questions	
Ice-Breaker Question	What Probation services or support do you think is most important?
Adult Questions	Do you think Nebraska should allow extended court jurisdiction and/or probation oversight on a voluntary basis beyond age 19 where continued treatment and services are needed and agreed to? ▪ What do you see as pros and cons of this policy? In some cases, youth who are in out of home placement due to juvenile justice involvement do not have a home to return to. Would you be in favor of policy changes allowing these young adults to voluntarily enter the Bridge to Independence program if it was documented that they do not have a home to return to? ▪ If not Bridge to Independence, do you believe Probation should develop and administer a similar set of services for youth who do not have a home to return to? For the broader population of youth under probation oversight, do you believe it is important to offer extended supports and services at age after a youth turns 19? Why or why not? If yes, what types of services do you see as most important to offer? Who should be the main referral source and provide the case management for extended services?
Youth Questions	Right now, in Nebraska, court jurisdiction and probation stops at age 19 in juvenile cases. If you had the option to continue your probation case, at age 19, as a way to continue to get services, would you want to? ▪ Why or why not? Are there services that probation is providing that you would want to continue? If special services were provided to youth who had been involved with juvenile justice after they 19, what types of services are most important? ▪ Would you opt to keep your probation case open if that was the only way to continue

	receiving those services? If services after 19 were available, would you want your current probation officer as your main contact? ▪ Why or why not? Is there anything else you want to share?

Notes were taken by a workgroup member or staff on-site with each of the focus group locations. Information from each type of group (youth and adult) were consolidated and condensed into overarching themes by a member of the workgroup and shared with the rest of the team for feedback. Themes are outlined in the following two sections. Specific responses are not provided due to a commitment to participants that responses would remain anonymous and only themes would be captured in the report.

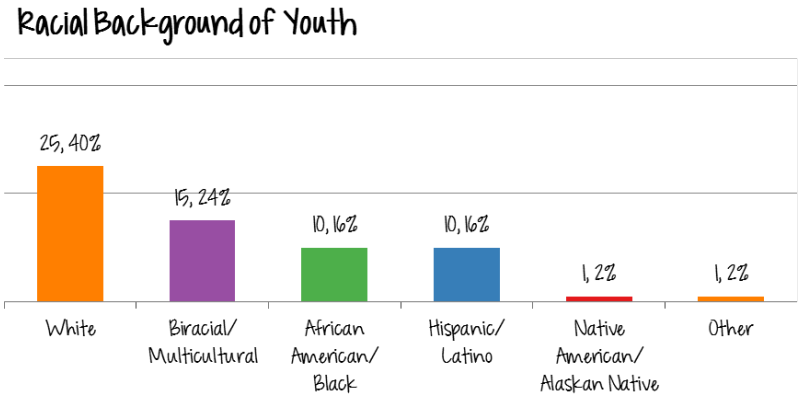
Results: Demographics

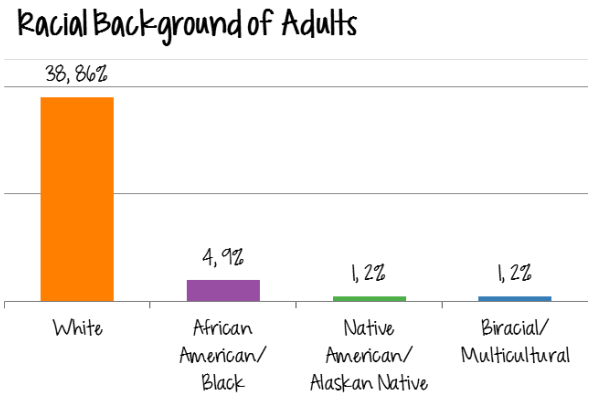
Information was collected via feedback forms from a total of 62 youth and 44 adult focus group participants. Participants were from and/or worked in various locations across Nebraska, although the majority lived or worked in Lincoln/Lancaster County and Omaha/Douglas/Sarpy Counties. Youth participants tended to be more diverse in terms of gender, racial background, and ethnicity than adult participants, who were primarily female (77%) and white (86%). No adult participants reported their ethnicity as Latino/Hispanic, although data was missing for one adult.

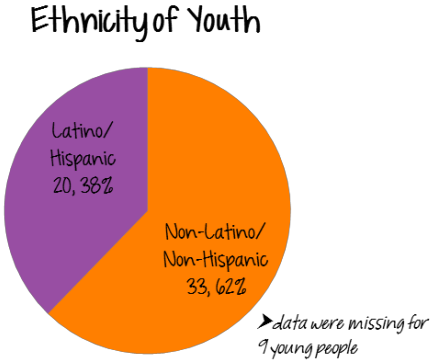
Basic Youth Information

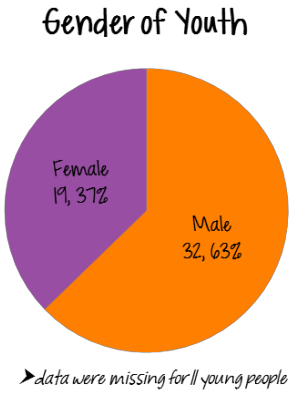
Young People's Towns			
Omaha	22	Chicago	1
Lincoln	10	Columbus	1
North Platte	7	Elm Creek	1
Grand Island	4	Fremont	1
Ames	2	McCook	1
Broken Bow	2	Michoacan, Mexico	1
Hastings	2	Oxford	1
Kearney	2	Palisade	1
Lexington	2		

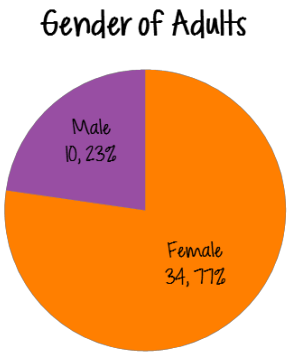
Adult's City/County/District			
Lancaster County	14	Geneva/Fillmore	1
Douglas County	7	Region 3 area	1
Gage County	2	Kearney/ Buffalo /Dist. 9	1
Lincoln	2	North Platte	1
Statewide	2	Lancaster Co. & 13 rural Co	1
17 Western & Central Co.	1	Omaha	1
Buffalo County	1	Grand Island/Hall & Howard Co.	1
Cass County	1	Sarpy County	1
District 1	1	Sarpy/Otoe/Cass Co.	1
Douglas/Sarpy Co.	1	Winnebago/ Thurston Co.	1

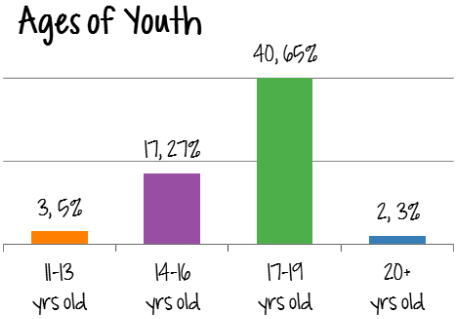


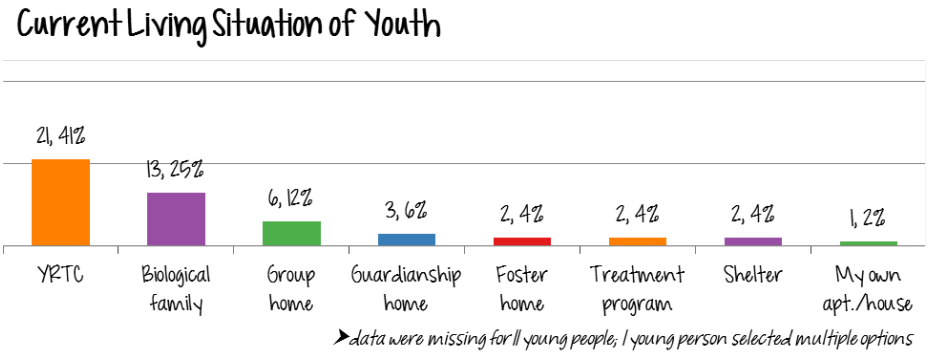










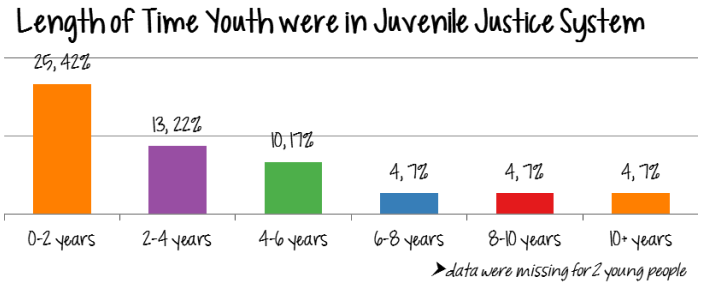


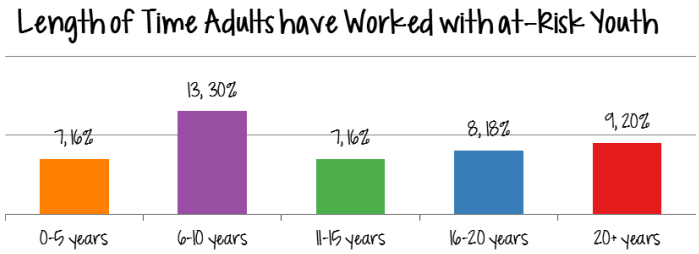
PERSONAL EXPERIENCE WITH JUVENILE JUSTICE

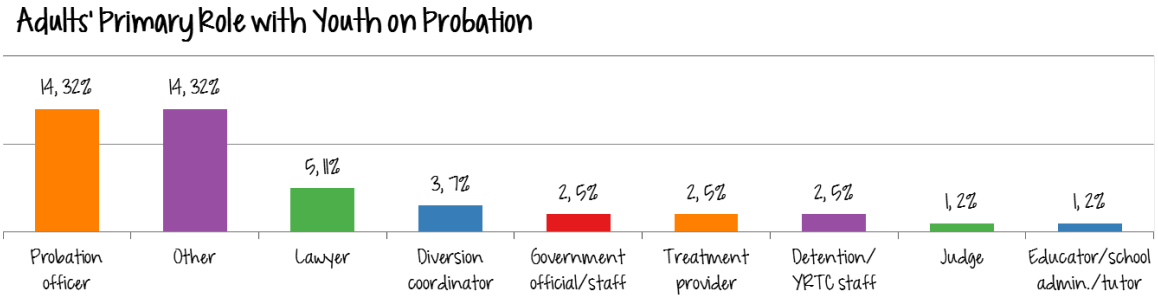
Most youth who completed a feedback form had been in the juvenile justice system for less than two years (42%), although a handful had been involved for 10 or more years (7%).

When looking at how long adult participants had been working either in juvenile justice or with at-risk youth, the length of time was much longer, with over 50% having spent 11 or more years with this population.

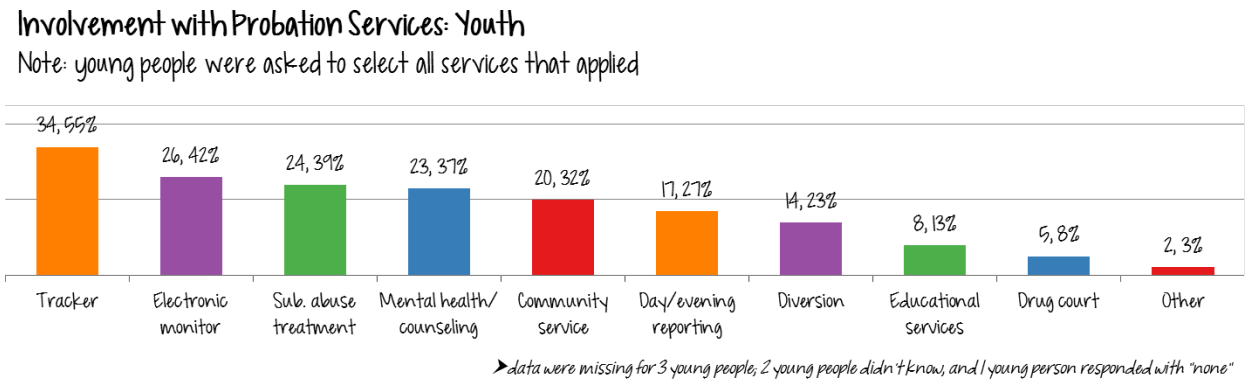
The majority of adults identified as probation officers (32%) or fell into the "other" category (32%). "Other" responses most commonly included different types of service providers and other child welfare roles, such as foster parent, CASA volunteer, FCRO staff, etc.

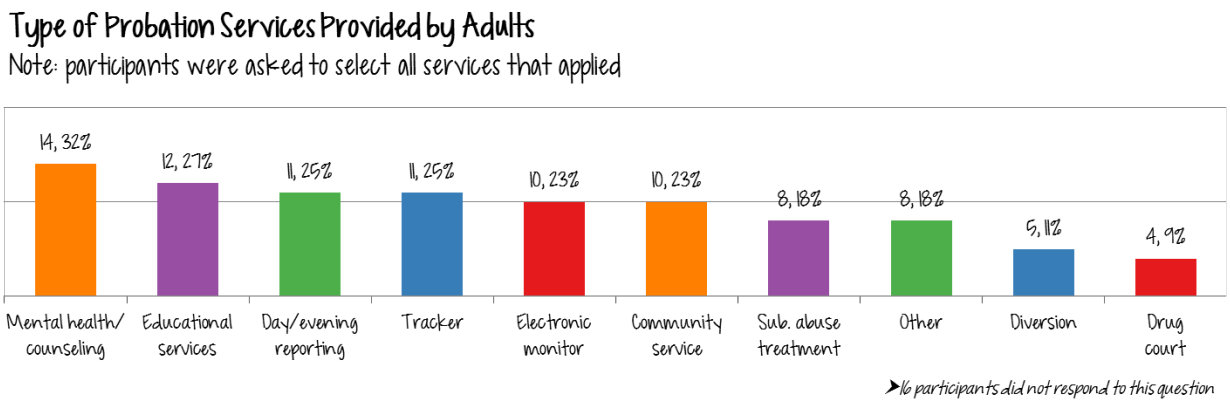






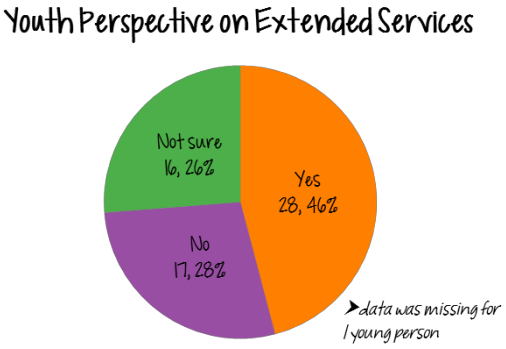
The most common probation services youth reported receiving included working with a tracker (55%), wearing an electronic monitor (42%), or participating in substance abuse treatment (39%), mental health counseling (37%), or community service (32%). The adult group most frequently reported providing mental health/counseling services (32%), educational services (27%), day/evening reporting services (25%), and tracking services (25%).



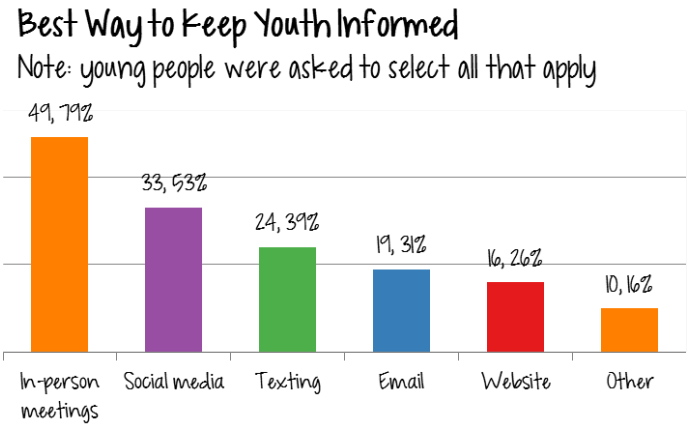


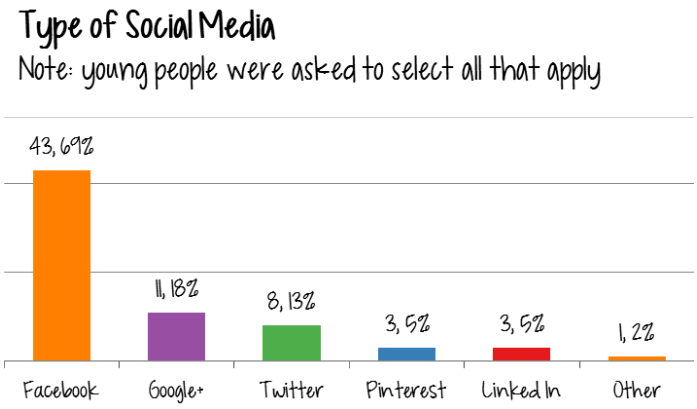
EXTENDING VOLUNTARY SERVICES PAST AGE 19

When asked whether probation should offer voluntary services for youth after the age of 19, just under half of youth participants responded in agreement (46%). The remainder either disagreed (28%) or were uncertain (26%).

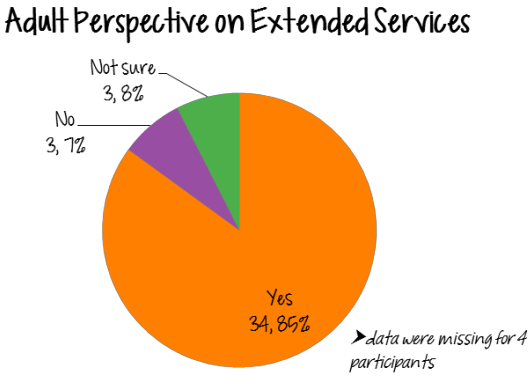


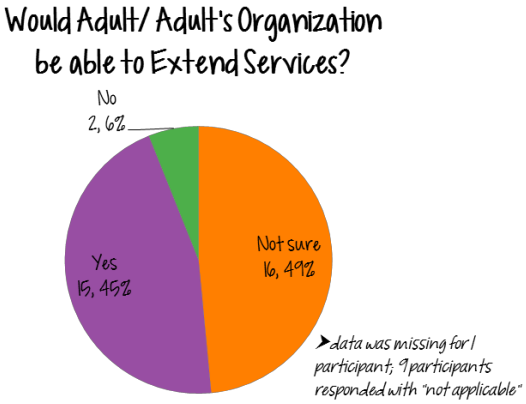
When asked about the best methods of keeping young people up-to-date on these potential extended services, youth vastly preferred in-person meetings (79%). Social media was the second most common response (53%), with the most common preferred type of social media being Facebook (69%).





Alternatively, the adult group was much more in favor of offering voluntary services for probation-involved youth after the age of 19 (85%). Only a handful either disagreed (7%) or weren't sure (8%). When asked whether they – or their organization – would be able to extend their own work to include this population, most adult participants who responded were unsure (49%), although very few immediately indicated that this would not be possible (6%).





Results: Young Adult Themes

Overall, young adult participants expressed a great deal of query about the specifics of an extended supports and services program. This hesitation was evident in their responses. Facilitators reinforced that the program was only in a contemplation phase and that the focus groups were aimed at providing them with the opportunity to help decide if such a program was necessary and, if so, how it should operate. With this guidance, young people provided many items to consider and suggestions. These have been categorized into nine areas which are discussed below.

Hesitation about Continued Probation Supervision

The desire to be "done" with the system provided the biggest barrier to youth wanting an extended supports and services program. Many participants tempered their answer about extending probation involvement due to fear and uncertainty of what the program would require and restrict. Youth were worried about the stigma attached to being on probation. Some expressed a desire to open a new docket, so that their probation docket could be closed and sealed. This included worry about having to keep a probation case open until someone turned 19 in order to access the services and having to continue attending court. Youth indicated they would like the program to be run more casually than traditional court. They wanted the judge to be involved to "make it official", yet avoid as much of the formalities of court as possible. They also wanted the option of keeping their attorney.

Young adults were very concerned about trading freedom for access to services. The recognition of turning 19 and becoming a legal adult provided them a new set of rights and abilities appeared important to youth. Few participants shared a willing to sacrifice any of these adult rights for greater access to services. Some youth voiced wanting services on an "as needed" basis, rather than being required to be in a program. Youth in every group expressed feeling as though they had already been in the system too long and just wanted to be "done with it". They shared wanting to rid themselves of the "label" of probation and "get out of the services."

Importance of Choice

A strong desire for the program to be completely voluntary was echoed among all groups. This further supports the theme of desire for freedom and the power of choice that separates being a minor and legal adulthood. Some youth acknowledged that other young people may need such a program; however, it "wasn't for me". Those supporting the creation of such a program often spoke about the need for the young adults involved to have a say in the services provided them, the people supporting them, and the development of any personal plans or goals. Clearly, the wish for voice was central to many participants.

Recognition of Need

Young adults recognized that supportive services are important and needed by some people. A number shared an awareness of being unprepared for the "reality of life" and wanted help with life skills, ranging from basic daily skills like cooking to grander abilities such as job, housing, and college access. Other youth acknowledged a need for young adults to complete services, such as substance abuse and mental health treatment, in progress at the time of their nineteenth birthday or release from Probation services. Some youth felt an extended supports and services program could help anytime a probation case was closed or be included in all re-entry plans, especially after leaving a restrictive placement, like YRTC. It appeared there was a general openness to such a program being created.

Services Needed

Youth identified a number of services received while probation-involved that they would like to see expanded and others that should be offered specifically to young adults age 19 and 20. Interestingly, there was a fair amount of disagreement about the helpfulness or necessity of some services. In fact, some youth strongly disagreed with the inclusion of certain services, for example drug tests, random visits, and check-ins. Quite intense discussions occurred out services linked to accountability, like caseworker or drug testing. Some youth strongly desired having someone or some way of being "checked on", while others wanted absolute freedom to make their own choices. Services discussed are outlined below.

Desired Services and Supports		
Type of Service	*Offered while Probation-Involved*	*Available via Extension Program*
Treatment	Substance Abuse Counseling Urine Analysis/Drug Tests	Counseling Drug and Alcohol Treatment Urine Analysis/Drug Testing
Life Skills	Pregnancy/Parenting Practice with daily living skills Financial Literacy	Moving Housing Reading a Lease Renter's Rights Pregnancy/Parenting Cooking Independent Living How to Buy Groceries Budgeting/How to Pay Bills

		Getting State ID and other documents such as birth certificate
Social	Connection to Social/Fun/Community/Civic Engagement Groups	Fun, Positive Social Groups Help finding new social groups-someone to connect them to positive friends
Coaching/Personal Support	Day Reporting Someone to "check in"	Service Navigation One-stop shop organization Help Accessing Other Services & Systems (food stamps, vocational rehabilitation, disability, etc.) Someone to Check-in/Call for Help Guidance
Employment & Education	Job Skills Resume Creation/Building How to Search for Jobs	Career/Education Resources Help Job and College Searching Education Services and Scholarships Employment Skills and Search Summer Housing while in College
Other	Medicaid Thinking for a Change Car/Transportation	Transportation Medical Coverage Utility Assistance Car Programs including how to get insurance, registration

Enhancement of Existing Services

Recognition of the availability of services in other state systems and communities existed, yet youth acknowledged that they were not always known or easily accessed by young adults. One group shared feeling probation officers are not very well connected with community services and felt diversion officers had a better understanding of available supports. It seemed as though young people sought some person or way to learn about and connect to these services while still involved with Probation. Some youth expressed feelings that an extended services and supports program would not be needed, if youth had greater access to programs and skill development while involved with Probation. Another group discussed wanting help connecting to job, social service, treatment, and parenting offered rather than creating a separate program or system. One youth exemplified this by stating, "This should be more social services, instead of juvenile justice."

Time to Transition

A smoother transition from system involvement to adulthood was discussed by many of the groups via talk about the lack of aftercare, feelings of institutionalization and specific references to transition programs. The need for more training related to and practice with life skills was a topic among every group and made up a majority of the services suggested. More opportunities to learn life skills while involved with probation, verses having things done for them was proposed as a way to help ease young adults need for such a program. Feelings of institutionalization and disempowerment were expressed in each group. Some youth connected these feelings to a hesitation of older youth wanting to be involved in an extended program.

Seeking Connection

A want for someone to "check in" on them and hold them accountable was shared in multiple groups. The desire for people who cared, listened, understood, and were dependable provided the most common response to the question about who should be the main contact for services. Feelings about probation

officers serving as the primary contact were mixed. In one group, almost all of the youth indicated that their probation officer had been a support for them, noting their appreciation of the probation officers interest in their lives and support for reaching their goals. Some youth also shared wanted to avoid having to build another new relationship. Other youth worried that probation officers' caseloads are too large to allow them to continue to serve youth in an extended program.

Other young people disagreed with having probation officers serve as the primary support for an extended services program. They expressed a desire for someone completely separate from the probation system, even funded by a different source, and of the youth's choosing. Regardless of the support person, youth didn't want to be judged or looked down upon by the person(s) supporting them. Many youth expressed wanting someone to provide advice, encouragement, and unconditional support for them, even though they frequently disagreed with whom that person should be. Youth identified possible alternative support people and specific traits they wanted in a support person. These are outlined below.

Case Management Suggestions	
Alternative Support People	*Support Person Traits*
Mentor of the Youth's Choosing	Understand the program and services available
Drug & Alcohol Counselor	Nice/Kind/Supportive
Youth Counselor (like those at YRTC)	Respectful
Alumni of Juvenile Justice System	Understanding
Volunteer	Honest
Older with More Life Experience	Listens to What Youth Wants
Without a Probation Title Not	Visits Frequently
	Follows Up

Need for Accountability

Concern about the potential for abuse of the program was raised by youth in multiple groups. Certain criteria and expectations to continue receiving services and supports, such as avoiding new law violations, responding to contact attempts, attending school or working a regular job, counseling, and/or occasional drug tests, were suggested by some young adults. Other young adults felt that requirements should not be put on program participants and that there was little that could be done to avoid manipulation of the program.

Messaging

A few of the groups talked about how the program would need to be promoted in a unique, clear, and honest manner, in order to entice young adults to participate. They provided a couple specific suggestions. Youth suggested not calling it a "case", but a program; and, the "worker" something void of probation-like labels. Utilizing social media to help keep young adults connected and market the program was recommended, with Facebook being identified as the preferred method. The importance of relationships was underscored as a messaging/informational strategy, given that 49% of youth listed "in-person" as a preferred strategy for sharing information about extended supports and services. Ensuring that many of those serving youth and young adults were aware of the program and educating eligible youth about the program was offered as a strategy for improving involvement. The language used for such a program and its components matters.

Results: Provider Key Themes

Like the youth participants, providers had a number of questions, ideas, concerns related to the creation of an extended supports and services program. Conversely, they raised a greater number of thoughts related to program administration and implementation. Provider feedback has been broken down into pros/cons discussion, suggested services and key themes.

Pros and Cons Discussion

The first question of provider focus groups challenged participants to discuss benefits and drawbacks of an extended services and supports program. Though generally positive on the idea of a program of extended supports, participant responses ranged widely when it came to concerns. Pro and con themes are outlined below.

Pro: All 19 Year Olds Need Support to Successfully Transition to Adulthood.

Participants shared a general sense that 19 year olds are not prepared to survive on their own without support, and some probation youth have none. Providers expressed that youth need resources and assistance, and shouldn't be abandoned at an arbitrary age. Many participants expressed worry about 19 year olds who are currently "walking out to nothing." Probation officers described cases where they dropped clients off at shelters, or referred them to programs that might or might not continue to help them, because there was no transitional plan or aftercare program, and jurisdiction was terminating. Other participants used the word "travesty" to describe how youth work so hard in residential treatment to return to the same community and/or home environment, even against the youth's wishes. They expressed feeling that this made youth succeeding difficult. They shared feeling that extra support can help youth without natural supports do better on their own. Essentially, the belief that "kids are not always ready to be an adult" was echoed among most of the provider groups.

Pro: Highly Vulnerable Population with Likelihood to Enter Adult System

Participants expressed that there are very vulnerable, unconnected young people without caregivers to return to, leaving juvenile justice services; resulting in youth floundering and ending up in the adult system. Adding to their vulnerability, multiple groups brought up the "gap" between jurisdiction ending and the ability to apply for and access social services or public assistance. A program like this could bridge that gap, by enhancing guidance and accountability for youth. One participant connected this to the Bridge to Independence (B2I) program offered by the Department of Health and Human Services (DHHS), stating, "As a community organization providing Central Access Navigation for SE service area, we have seen additional stability for youth who access B2I."

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Pro: Close Gap for those Ineligible for Bridge to Independence

Many participants also raised the issue that some young people have had previous DHHS cases (OJS), but now are on probation and currently can't access, B2I even if they truly need it. Participants also expressed that there may be a high number of cases where there probably should have been child welfare involvement, but an abuse/neglect case (3(a)) was not filed or could not be filed due to age. Many youth age out without support. This program would mean those youth would have access to supports they need just as much as youth who are currently in B2I. Some participants felt that many of the probation youth were also wards and should be able to access B2I. Relatedly, one group suggested this program (B2I or otherwise) should be accessible to all 19-24 year olds who need it, whether or not they've been previously system-involved on either child welfare (3(a)) or delinquency (3(b)) charges.

Pro: Bridge to Independence as an Example

Many with knowledge and experience of B2I expressed a belief that it has been successful in offering supports such as housing etc. to the population it serves. Some talked about how this program included juvenile justice youth prior to its passage into law and served as an example that such a program can have a positive impact. Particular components of B2I were emphasized, particularly that it is voluntary and that a program for juvenile justice youth would likely need to be similarly optional

Con: Young Adults Won't Want to Participate

Nearly every group raised a concern with engaging this population to join the program, especially if it means remaining under court supervision and/or on "voluntary" probation. A sentiment that was expressed frequently was young people's desire to be "off papers" at all costs. For this reason, as you will see below, most groups seemed to conclude that the Office of Probation would not be the appropriate administrator of the program, or at least, it should not be called "probation" in any sense. Further, using the words "court

jurisdiction" may drive kids away from the system. One group brought up a consideration that since it would likely be voluntary, those that need it most may be those most likely to opt out.

Con: Lack of Consequence

One person noted that creating a voluntary program without affiliation with the court or link to the probation case would eliminate consequence for youth not following through. There was also concern expressed about some youth potentially taking advantage of the program, especially if a stipend is involved. The question of eligibility requirements came up often in this context. Participants wanted clarity on how to best capture the "right" candidates. This connected with fear expressed by a few individuals that this be a true transitional program, not an avenue for keeping young adults dependent on the government for assistance.

Con: Cost & Public Will

The final consequence is fairly straight-forward. The ability to find funding for such a program was expressed as a concern. Some participants linked this to public perception of youth with juvenile justice involvement as "bad kids" or rewarding those that had broken the law. It was expressed that these public beliefs could provide a challenge in leveraging public dollars ("taxpayer money") or getting lawmakers to pass necessary legislation. However, it was suggested that both sides could be sold, because that youth may be more likely to end up in the Department of Corrections without support making the program a cost-saving measure.

Con: Slippery Slope to Further System Involvement

One group expressed concern about the program starting as voluntary continued court involvement and eventually morphing into further involuntary involvement. For example, a young adult who signs up will have probation or DHHS involved in their life making any backslide or mistake more likely to be seen and result in criminal charges or a child protective services filing. Participants were concerned that this amplified the changes for the cycle of system involvement to be enhanced rather than minimized.

Con: Negative Impact on Bridge to Independence

One group raised a worry that extending B2I itself to juvenile justice youth could endanger B2I politically. Perhaps, a separate program may be safer.

<u>Suggested Services</u>

Prompts about what services should be included in an extended program were present in multiple of the questions. Several service areas were identified from these discussions. These are detailed below.

Suggested Services Discussion		
Service Type	*Specific Services*	*Need/Discussion*
Case Management	Life Coach or Navigator style Like B2I's Independence Coordinators Help access public supports Determining professional goals and steps necessary to pursue them	Distinct training needed, like that used by B2I
Basic Life Skills	Financial Literacy Opening & maintaining a checking account Budgeting Credit Literacy Personal Hygiene Getting to interviews and appointments on time	Independent living skills of all levels are needed and youth need time to practice and be coached in developing these.
Education & Employment	Completing College Applications, FAFSA aid	

Assistance	Financial Assistance in attending college or completing a G.E.D. Job Training Filling out job applications	
Finding Supports	Family Finding Community Connections Positive, Social Opportunities.	
Housing	Contract with transitional living programs or landlords	Too many homeless young adults Too few shelter beds Too few long-term housing assistance programs
Treatment	Mental Health Developmental Disability Ways to access needed treatment, Extended Medicaid coverage to pay for necessary medication and therapy Substance Abuse	One participant felt the program should *only* be offered for specific treatment purposes. Substance abuse is especially important for youth who turn 19 mid-program.
Transportation		Access to community resources can be difficult
Health	Extended Medical Coverage Physical Health Family Planning/Sexual Health	

Given that B2I came to mind for a number of participants when imagining structure, a discussion of whether or not a stipend, like that offered to B2I participants, should be offered arose in a few of the groups. Varying sentiments were given about providing a stipend. Many felt a stipend would be important and even necessary to engage youth with the program. Some were afraid of the political fall-out of "paying" youth who have committed crimes. Others thought the stipend money should go directly toward housing or utilities, savings account, groceries, etc., and not be discretionary. Regardless of specific feelings related to a stipend, most felt that the program should be tied to some form of education about becoming financially responsible

Key Themes

Population Needs and Deserves Extended Supports

Broad consensus across all provider groups was in support of some extended supports program on a voluntary basis, dependent on the program's structure and eligibility requirements. Some people thought it was "absolutely important" to provide this type of support. There was also some hesitation about how the program would work. Participants seemed to broadly concur that it would not be feasible to offer a comprehensive program like B2I to every probation-involved youth. Some suggested doing an approach similar to B2I by focusing on extremely disconnected youth with a long-term goal of widening to a larger population.

How Youth Gain Access/Transition into the Program Matters

Many participants worried youth would not take advantage of even short-term voluntary extensions of probation. Groups discussed the importance of program structure and marketing in order to encourage young adults to participate in the program. Some participants felt that youth with juvenile justice involvement would be more likely to access a program of extended supports if it was not facilitated by Probation and the courts. Additionally, the idea of transition planning was raised a few times, particularly in the context of moving a young person off of probation and into this separate program. Youth should know where they are going to be living, how they will be supported, and who they are going to call for help, well before they actually turn 19.

Youths' hypothetical entrance into this program from probation was also framed by participants as an important process. Some participants felt that the original juvenile case should be sealed, so that that is not a barrier to job search and/or secondary education. Another concern expressed addressed fear about the language of "aging out" being too restrictive and resulting in youth being artificially prolonged in placement or on

probation. One group brought up the concern that many youth need education about what system(s) they are involved in. They felt that there is often an unawareness of what system(s) they are involved in, so youth are very unaware of what services are available to them. A final suggestion about transition encompassed how to create grassroots messaging and/or a navigation system to help youth understand and utilize the services available to them was common among the groups. Timing was another factor viewed as important to the creation of this program. Overall, it appeared participants felt education and entrance methods of an extended supports program directly related to the level of young adult participation.

Flexible Eligibility Parameters Needed

Eligibility came up often. Most felt some eligibility requirements were needed. Many felt eligibility should be flexible enough that youth who need assistance are not categorically excluded. More than one group felt eligibility should be broader than "out of home placement". "Having a home to return to" was also problematic to a few groups – some young people might have a home to return to, but not a supportive or safe one. Another questions surrounding eligibility related to maintaining on-going eligibility. Would or should youth be kicked out of the program if not following through with their program requirements?

Participants acknowledged that some youth might realize they need assistance past after turning 19 and spending some time on their own. The flexibility of B2I, allowing young adults to move in and out of the program, was lauded and encouraged to be a component of eligibility for a program for youth with juvenile justice experience. Groups uniformly expressed that some form of support was important for this population, and also that this population shouldn't be forced into accepting it. Numerous groups felt the best way to achieve this might not be through the courts, since this group of youth might feel a stigma of continued court involvement (even voluntary), or that there might be confusion about voluntariness coming out of an otherwise-involuntary court case. One group brought up that since this type of program would not have the federal requirements of B2I, it could, likely, be administered outside of the courts.

A final question considered around eligibility was, "How the program could be tailored to catch the young people who need ongoing support, while filtering out those for whom it isn't necessary?" Several ideas were provided. These included:

- Anyone (attorney, probation, counselor, etc.) are able to refer a youth, and the program determines whether to accept. The court would not need to be involved.
- The court could order the program upon the youth's request.
- Not just out of home placement, but language of "no appropriate home to return to" or "lacks stable familial support" or something to that effect
- One group expressed that there should be "no wrong door" into the program, have multiple referral sources.
- Again, a strong sentiment that there are probation youth who could or should be 3(a) cases but aren't, and we should absolutely offer something to help them transition.
- One group of probation officers felt that it should be the same eligibility requirements as currently exist in b2I, but without the 3(a) requirement.
- Some participants felt the judge would be the most appropriate gatekeeper. Other participants were concerned that the judge or probation might be biased against certain youth.
- Another possibility suggested looking into the history of DHHS involvement or number of calls. If there is not a family support system or if support system is in chaos, or if there is chronic involvement, than those young adults should be given priority.
- Possibly focusing on a subset of the probation youth like 3(b) cases as an eligibility requirement.

Housing, Case Management, and Basic Life Skill Services are Essential

Housing, case management, and basic life skills were identified as essential services across all the groups. Participants discussed these services being offered in variety of ways. In addition to offering them as part of an extended supports program, participants offered other strategies for providing these services. Several groups discussed current programs or services that are already available to help segments of this population. Some

suggested creating a voucher-type program or a formal transition/referral program, possibly tied with some dedicated funding to reserve spaces for older youth. There was also a concern that all youth, not just 19 year olds, need this type of support when their case closes. Think more "aftercare" and less "continued jurisdiction."

Transition to Full Independence

Some participants expressed concern that any program be cautious to promote plan and pathway to independence rather than continued reliance on system support. Concern was expressed about the need for continued court involvement in order to access an extended services program. Most participants stated a belief that youth with juvenile justice involvement would not want to continue coming to court. Many felt courts themselves might be biased or unable to separate the new voluntary aspect of the case from the previous adversarial proceeding. Continued court involvement could also be linked to the concern about on-going oversight of youth increasing changes for a new criminal charge or child welfare involvement.

More focus on transitional living skills was offered by a number of participants. One group brought up the issue of better preparing youth for adulthood during the life of their probation cases, by enhancing readiness for adulthood via preparation in the system, especially with daily living skills. Several participants suggested that well-run transitional living programs that offer in-house case management services might be a good way to respond to this population's needs, during and after age 19. They suggested Probation (and others) be tasked and empowered with referring and coordinating the transition plan for youth with juvenile justice involvement. This illustrated a repeated reference to ensuring the mistakes made by the youth in the past did not follow them into adulthood more than absolutely necessary.

Comparison to Bridge to Independence

Participants were asked, "In some cases, youth who are in out of home placement due to juvenile justice involvement do not have a home to return to. Would you be in favor of policy changes that would allow these young adults to voluntarily enter the Bridge to Independence program if it was documented that they do not have a home to return to? " Broadly, the consensus was a conditional "yes" to B2I. Participants expressed a sense that DHHS has more connections to services and public assistance than Probation, and that if a good program is already built, we shouldn't recreate the wheel. On the other hand, some worried that B2I itself could be endangered if probation youth were included. There were also systematic concerns with IV-E eligibility and how case management would be different for youth depending on the funding source.

Groups were then asked, "If not Bridge to Independence, do you believe Probation should develop and administer a similar set of services for youth who do not have a home to return to?" The answer was a more emphatic "no". Most participants expressed that such a program did not easily mesh with the purpose and youth experience of probation, and that if Probation were to develop such a program, young people would run the other way. Conversely participants also felt that youth may already have a connection with their probation officer and bringing in yet a new system and group of people may drive youth away from the program. Many felt, however, that Probation would be the most appropriate *referral* source; an officer could identify a youth about to age out who would need the program, and work to set up the transition to voluntary "aftercare"-like services. Several groups brought up the idea of building off of existing infrastructure with a single referral point, rather than creating new program.

Mostly, however, the conversation on this question tended to center on the language of "out of home" and whether that was the right categorical eligibility requirement.

Items Requiring Further Investigation

These groups provide a number of valuable insights towards answering the three questions posed. Yet, they also raise several items that require additional discussion and exploration. These seem to fall into four areas: administration, eligibility, services and incentives, and messaging. Essential questions in each of these areas are offered below. It is suggested that these questions be considered in the larger stakeholder meetings to be held in September and October 2015.

Items for Exploration	
Area	*Key Questions*
Administration	• Who is the gatekeeper? • Who refers? • Who runs the program? • What case management and program strategies promote a road to independence that includes ongoing informal support people and personal skills that reduce future reliance/involvement in systems? • How can the program be structured to ensure connection with/enhancement of existing resources/services rather than creation of duplicative services? • How is oversight managed to prevent collateral consequences of juvenile charges and system involvement? • What structure could allow for needed supports while honoring legal adulthood?
Eligibility	• How do we structure eligibility so that youth who are entering adulthood without meaningful supports can access the program, without opening the floodgates? • How strict would reporting and ongoing eligibility requirements be? What would oversight/accountability look like to stay in the program (if at all)? • Accountability arose often. What consequence or accountability measures, if any, would be placed upon program participants? • What level of fluidity is appropriate for program involvement?
Services and Incentives	• How can youth be incentivized to maintain prosocial behavior? • Should there be a flexible stipend, or should a stipend be conditioned on specific usage? • Housing is a huge need. How would the program ensure that young adults can access safe and stable places to live? • How can services and incentives be structured in an empowerment and educational manner verses dictating behavior?
Messaging	• What education/training of formal and informal supports could be provided to allow for them to serve as a primary messenger for an extended supports program? • What strategies could be used about the importance/need of such a program to gain public will and legislative support? • How could the program be set up to ensure that language and labels don't create additional barriers to participation? • What mechanisms can be implemented to ensure youth receive clear, complete, and honest information about the program in a way that they understand and that addresses fears about continued system engagement?

Conclusions

Through these focus groups, voices from more than one hundred individuals was able to be gathered to ensure that broad stakeholder voice was considered in the Young Adults' Support and Services sub-committee's consideration of the original posed questions. Let us return to these questions.

First, "Are extended services and supports are needed?" Overall, a majority of participants expressed that a need existed. The need was especially emphasized for youth with minimal natural supports, long-term or deep system involvement, or who were aging out to homelessness or without completing a treatment program. Both providers and youth acknowledged that one of the greatest barriers to meeting this need would be addressing youths' fears and hesitation surrounding on-going system involvement and ensuring collateral consequences are minimized. Nonetheless, both audiences sited a number of current services and supports that are currently providing services that would be helpful if extended to age 21. Further, 45% of providers participating felt they had the ability within their organization to expand services. Collectively, it appears that a

strong desire and moderate ability to address the need of this population already exists; showing that further exploration via the large stakeholder meetings planned for September and October 2015 are warranted.

Exploration of the second question, that is the desired structure, services to be provided, and oversight mechanisms, garnered much less consensus. Two significant areas of varying opinion exists around whether attaching to the existing B2I program is advantageous, and the role of the court in such a program. Many of the pros and cons discussed by the provider groups and the fears expressed by youth groups speak to these two areas of disagreement. However, most participants seem to agree that the program would need to be administered differently from Probation services provided to those under 19 and would need to voluntary. These issues, alongside the specifics of oversight, will provide essential items for on-going program creation discussion.

A final issue to note when reflecting on these focus groups exists in the youth's strong expression of desire for positive, dependable support people to help them navigate the transition to adulthood. Illustration of this wish existed in the youth's description of who should be the main contact for the program, their description of helpful services, and their thoughts about how to best inform youth about supports and services. Further, provider results show recognition that such support is not present for many youth leaving probation at 19 and would be pivotal in easing their transition towards success.

These groups may mark the first step in an extensive process towards the creation of an extended supports and services program. Nevertheless, the enthusiasm shown and dedication to a collective approach represents a strong commitment to ensuring youth have what they need to succeed.

Appendix A: Young Adult Facilitation Guide
Juvenile Justice Extension of Services and Supports
Focus Groups
Facilitator's Guide

Overview

The Nebraska Probation Administration has made changes in the last couple of years to try to make sure youth with probation involvement have the help they need to make positive changes in their life. Probation is now exploring if they should offer services to youth when they reach age 19 and 20. And if so, what these services and supports should look like. They want to make sure that one of the most important voices, those of young adults currently getting Probation serves are able to share their thoughts. S**o, we need your help!**

Supported by the Young Adults Supports and Services sub-committee of the Children's Commission, a group of policy-makers, probation officers, service providers, and youth (the "stakeholder group") will be gathering in September and October to explore the need and potential structure of extended supports and services for youth who turn 19 on probation and in out of home placement. This group will look at three key things:

1. If such services and supports are needed.
2. If so, how they should be structured, provided, and what oversight is needed.
3. If so, what would it cost? (An outside agency, called Mainspring, is providing the fiscal analysis.)

This packet provides a guide on leading a youth focus group on the questions listed above. This guide includes the step-by-step process for your focus group. The stakeholder group also hopes that these focus groups inspire some young people to participate in the on-going exploration of these questions by attending meetings and providing further insight, as other opportunities emerge.

Thank you, in advance, for leading a focus group. Your efforts and those of the young adults in the focus group will be shaping procedures and policies that could positively affect youth for the years to come!

Focus group purpose

The youth focus groups aim to gather youth insight on the above questions. It is the goal to hear from youth who have current or recent experience with Probation. Gathering voices involved in all levels of the continuum of services, from diversion to YRTC/Detention, is important to the stakeholder group.

Helpful Information

- No matter the design, any programs or services created for 19 or 20 year olds would honor that youth are legally adults and participation would be voluntary.

Focus Group Basics

Attendees:

- Up to 12 young adults
- A facilitator
- A note-taker

Materials Needed:

- Chairs in a circle
- Printed copies of the questions and demographic sheet for each participant

Set-up:

- Print out questions for each participant
- Arrange chairs in a circle or around a table
- Decide who will lead the conversation and who will take notes

Facilitation tips:

- Keep number of participants around 12
- Take about an hour to complete questions
- Ensure the space allows for confidential conversations
- Minimize unnecessary adults/staff in the room
- Encourage all participants speak up
- Allow silence
- Minimize talk on other conversations
- Get through as many questions as possible, but encourage the youth to give in depth answers which may require some further prompting
- Allow them to write down any responses they do not feel comfortable sharing with the group

Facilitation Steps

1. Introductions

2. Session Overview

- Inform participants of the purpose of the focus group and that different focus groups are being held throughout the state to ensure stakeholders have lots of input from many different youth and young adults.
- Purpose: gather the voice of youth to help decide if a program designed to provide supports for youth turning 19 on Probation are needed and what such services might look like.
- Group will be about an hour, we will have an in-depth discussion around each question
- You can always write down any answers you don't feel comfortable sharing.
- You choose how much you participate. If you are uncomfortable at any time, you can choose to not say anything.

3. Review Confidentiality

- Input from these groups will be used to inform a group of stakeholders. Your ideas will be put with lots of other people's. NO names will be used in these findings/report.
- We will just focus on themes, not individuals or specific stories.
- So, try not to worry about what you say being held against you.

4. Ground Rules

- Ensure the space is a safe and confidential space
- Can create a set up expectations or respect for the group and ask the group if they can commit to following the guidelines

5. Complete Info Sheets to collect basic demographic information, be sure to collect these.

6. Handouts

- Pass out printed copies and inform participants of the option to write their responses as well.

7. Questions

- Walk through each of the questions, allow time for everyone to respond
- Ask prompting questions
- Can flow as a conversation as well

- Collect written responses when finished

Questions

Ice-Breaker question: Name and what services or support do you think is most important for youth supervised by Probation?

1. Right now, in Nebraska, court jurisdiction and probation stops at age 19 in juvenile cases. If you had the option to continue your probation case, at age 19, as a way to continue to get services, would you want to?
    a. Why or why not?

2. Are there services that probation is providing that you would want to continue?

3. If special services were provided to youth who had been involved with juvenile justice after they 19, what types of services are most important?
    a. Would you opt to keep your probation case open if that was the only way to continue receiving those services?

4. If services after 19 were available, would you want your current probation officer as your main contact?
    a. Why or why not?

5. Is there anything else you want to share?

Wrap-Up:
- Thank participants for the openness and time
- Answer any questions they may have

Post-session Steps:
- Compile notes, scan written responses, and email to crockwell@nebraskachildren.org
- Contact Cassy (402-817-2003/ crockwell@nebraskachildren.org), Juliet Summers (402.597.3100/jsummers@voicesforchildren.com), or Jeanne Brandner (402.471.4976/Jeanne.brandner@nebraska.gov) with any questions.

Appendix B: Young Adult Assent Form
Participant Assent Form

Introduction
You are being asked to participate in a focus group as part of an information-gathering effort to help a stakeholder group of advocates, service providers, policy makers, family members, youth, and state officials explore whether or not to offer more services to kids when they reach age 19 and 20. And if so, what these services and supports should look like. The stakeholder group is looking at three questions.

4. If such services and supports are needed.
5. If so, how they should be structured, provided, and what oversight is needed.
6. If so, what would it cost? (An outside agency, called Mainspring, is providing the fiscal analysis.)

Focus groups will consist of a series of discussion questions and anonymous informational survey. Questions asked will cover if these serves are wanted, what they should look like and who should have oversight. Groups are facilitated by staff of Project Everlast, Voices for Children, Nebraska Probation Administration, or a community-based services/program that you are already involved in, so they will take place in a safe environment.

Voluntary
Focus group participation is completely voluntary and you/your teen can stop at any time or skip questions.

Confidentiality
Approximately five focus groups will be held across the state with notes from each group being combined before any results are presented. Names are not collected, unless offered voluntarily, nor are they put in the notes. Information gathered will be used to write a report that will be presented to the stakeholder group with the purpose of helping develop recommendations and make decisions. The report will focus on themes, not specific people or stories. No names will be reported to stakeholder members or Probation. Only notes from each focus group and information sheets will be gathered. Nothing said in this group will be held against participants in anyway.

Potential Risks
It is possible you may experience sadness, disappointment or other emotions, as you share your experiences during the focus group. To minimize this risk, you will only be asked to share when you wish and conversation will be directed in a way that avoids potential problems.

Questions
If you have questions, contact Cassy (402-817-2003/crockwell@nebraskachildren.org), Juliet Summers (402.597.3100/jsummers@voicesforchildren.com), or Jeanne Brandner (402.471.4976/Jeanne.brandner@nebraska.gov) with any questions.

After reading this form and receiving answers to all your questions. Please check the box associated with your decision for participation.

❑ I agree to participate ❑ I decline to participate

Participant (Print Name): _____

Participant's Signature: _____ Date: _____

Appendix C: Young Adult Feedback Form

Juvenile Justice Services Extension – Youth Feedback
About You

Answer the below questions and return to the person leading your group or to Cassy Rockwell at 215 Centennial Mall South, Suite 200, Lincoln NE 68508, crockwell@nebraskachildren.org, or fax to 402.476.9486. You do not have to put your name on this form. This information will be used only to capture the demographics of youth participants.

Age: _____ Town You Call Home: _____

1. What is your gender?
   - ❑ Male
   - ❑ Female
   - ❑ Trans or Transgender
   - ❑ Other (please specify):_____

2. Check your current living situation.
   - ❑ Biological Family
   - ❑ Adoptive Home
   - ❑ Foster Home
   - ❑ Guardianship Home
   - ❑ In My Own Apartment/House
   - ❑ Homeless/Couch-surfing
   - ❑ Group Home
   - ❑ YRTC
   - ❑ Treatment Program
   - ❑ Other (please specify): _____

3. Please check which Probation services you are (or were) involved in?
   - ❑ Diversion
   - ❑ Day/Evening Reporting
   - ❑ Tracker
   - ❑ Electronic Monitor
   - ❑ Mental Health/Counseling
   - ❑ Community Service
   - ❑ Substance Abuse Treatment
   - ❑ Educational Services
   - ❑ Drug Court
   - ❑ Other (Please Specify) _____

4. How long have you been involved, or were you involved in the Juvenile Justice System?
   - ❑ 0-2 years
   - ❑ 2-4 years
   - ❑ 4-6 years
   - ❑ 6-8 years
   - ❑ 8-10 years
   - ❑ 10 years or longer

5. Should Probation offer voluntary services for youth after the age of 19?
   - ❑ Yes
   - ❑ No
   - ❑ Not Sure

6. If services were offered to youth with juvenile justice experience after age 19, what's the best way to keep youth informed of these services? (check all that apply)
   - ❑ Email
   - ❑ Social Media
   - ❑ Texting
   - ❑ Web Site
   - ❑ In-person Meetings
   - ❑ Other (Please Specify) _____

7. If you said that Social Media was the best way to keep you informed which social media do you prefer? (check all that apply)
   - ❑ Twitter
   - ❑ Facebook
   - ❑ Pinterest
   - ❑ Google+
   - ❑ Linked In
   - ❑ Other? (Please Specify) _____

8. In terms of racial background, how do you identify yourself?
   - ❑ White
   - ❑ African American/Black
   - ❑ Hispanic/Latino
   - ❑ Asian
   - ❑ Native Hawaiian/Pacific Islander
   - ❑ Native American/Alaskan Native
   - ❑ Other (please specify): _____

9. In terms of your ethnicity, how do you identify yourself?
   - ❑ Latino/Hispanic
   - ❑ Non-Latino/Non-Hispanic

Juvenile Justice Service Extension Young Adult Survey

Instructions
The Nebraska Probation Administration has made changes in the last couple of years to try to make sure youth with probation involvement have the help they need to make positive changes in their life. Probation is now exploring if they should offer services to youth when they reach age 19 and 20. And if so, what these services and supports should look like. They want to make sure that the voices of young adults currently getting Probation services are heard. Because you know what Juvenile Justice is like, we want your help!

Supported by the Young Adults Supports and Services sub-committee of the Children's Commission, a group of policy-makers, probation officers, service providers, and youth (the "stakeholder group") will be gathering in September and October to explore the need and potential structure of extended supports and services at age 19 and 20 for youth with juvenile justice experience. This group will look at:

1. If such services and supports are needed.
2. If so, how they should be structured, provided, and what oversight is needed.
3. If so, what would it cost? (An outside agency, called Mainspring, will do this.)

Below you'll find questions to help make the law work in the best way possible. Your answers will be combined with everyone else's answers and presented to foster parents, policy makers, service professionals and other youth at a meeting on September 18th, 2015 to help decide if services should be offered after age 19. Your personal answers will not be connected back to you, so feel free to be honest. ***Answering any question and/or speaking during the focus group is COMPLETELY YOUR CHOICE. You can choose to skip any (or all questions) both on this handout and in the group.***

Questions

1. Right now, in Nebraska, court jurisdiction and probation stops at age 19 in juvenile cases. If you had the option to continue your probation case, at age 19, as a way to continue to get services, would you want to?

    a. Why or why not?

2. Are there services that probation is providing that you would want to continue?

3. If special services were provided to youth who had been involved with juvenile justice after they 19, what types of services are most important?

    a. Would you opt to keep your probation case open if that was the only way to continue receiving those services?

4. If services after 19 were available, would you want your current probation officer as your main contact?

    a. Why or why not?

5. Is there anything else you want to share?

6. If you'd like to be contacted about opportunities to be involved in the stakeholder group, list your name and contact information below.

Appendix D: Adult Facilitation Guide

Juvenile Justice Extension of Services and Supports
Focus Groups
Facilitator's Guide

Overview

Supported by the Young Adults Supports and Services sub-committee of the Children's Commission, a group of policy-makers, probation officers, service providers, and youth (the "stakeholder group") will be gathering in September and October to explore the need and potential structure of extended supports and services for youth as they age out of juvenile probation at age 19. This group will look at three key things:

1. If such services and supports are needed.
2. If so, how they should be structured, provided, and what oversight is needed.
3. If so, what would it cost? (An outside agency, called Mainspring, is providing the fiscal analysis.)

This packet provides a guide on leading a focus group on the questions listed above. This guide includes the step-by-step process for your focus group. Thank you, in advance, for leading a focus group. Your efforts and those of the focus group participants will be shaping procedures and policies that could positively affect youth for the years to come!

Focus group purpose

The focus groups aim to gather practical insight on the above questions. It is the goal to hear from multiple perspectives what the real needs and challenges are for young people as they age out of juvenile court jurisdiction. Gathering voices involved in all levels of the continuum of services, from diversion to YRTC/Detention, from judges and lawyers to probation officers and treatment providers, and from urban to rural jurisdictions, is important to the stakeholder group.

Helpful Information

- No matter the design, any programs or services created this young adult population would honor that participants are legally adults and participation would be voluntary.

Focus Group Basics

Attendees:

- Up to 12 participants
- A facilitator
- A note-taker

Materials Needed:

- Chairs in a circle
- Printed copies of the questions and demographic sheet for each participant

Set-up:

- Print out questions for each participant
- Arrange chairs in a circle or around a table
- Decide who will lead the conversation and who will take notes

Facilitation tips:

- Keep number of participants around 12
- Take about an hour to complete questions
- Ensure the space allows for confidential conversations
- Encourage all participants to give input
- Allow silence
- Minimize talk on other conversations
- Get through as many questions as possible, but encourage participants to give in depth answers which may require some further prompting
- Allow participants to write down any responses they do not feel comfortable sharing with the group

Facilitation Steps

1. Introductions

2. Session Overview

- Inform participants of the purpose of the focus group and that different focus groups are being held throughout the state to ensure stakeholders have lots of input from many different youth and young adults.
- Purpose: gather input to help decide if a program designed to provide supports for youth turning 19 on Probation are needed and what such services might look like.
- Group will be about an hour, we will have an in-depth discussion around each question
- You can always write down any answers you don't feel comfortable sharing.
- You choose how much you participate. If you are uncomfortable at any time, you can choose to not say anything.

3. Review Confidentiality

- Input from these groups will be used to inform a group of stakeholders. Your ideas will be put with lots of other people's. NO names will be used in these findings/report.
- We will just focus on themes, not individuals or specific stories.

4. Ground Rules

- Ensure the space is a safe and confidential space
- Can create a set up expectations or respect for the group and ask the group if they can commit to following the guidelines

5. Complete Info Sheets to collect basic demographic information, be sure to collect these.

6. Handouts

- Pass out printed copies and inform participants of the option to write their responses as well.

7. Questions

- Walk through each of the questions, allow time for everyone to respond
- Ask prompting questions
- Can flow as a conversation as well
- Collect written responses when finished

Questions

Ice-Breaker question: Name and what services or support do you think is most important for youth supervised by Probation?

1. Do you think Nebraska should allow extended court jurisdiction and/or probation oversight on a voluntary basis beyond age 19 where continued treatment and services are needed and agreed to?

    a. What do you see as pros and cons of this policy?

2. In some cases, youth who are in out of home placement due to juvenile justice involvement do not have a home to return to. Would you be in favor of policy changes allowing these young adults to voluntarily enter the Bridge to Independence program if it was documented that they do not have a home to return to?

    a. If not Bridge to Independence, do you believe Probation should develop and administer a similar set of services for youth who do not have a home to return to?

3. For the broader population of youth under probation oversight, do you believe it is important to offer extended supports and services at age after a youth turns 19? Why or why not?

4. If yes, what types of services do you see as most important to offer?

5. Who should be the main referral source and provide the case management for extended services?

Wrap-Up:

- Thank participants for their openness and time
- Answer any questions they may have

Post-session Steps:

- Compile notes, scan written responses, and email to Juliet Summers (402.597.3100/jsummers@voicesforchildren.com),
- Contact Juliet or Jeanne Brandner (402.471.4976/Jeanne.brandner@nebraska.gov) with any questions.

Appendix E: Adult Assent Form

Participant Assent Form

Introduction
You are being asked to participate in a focus group as part of an information-gathering effort to help a stakeholder group of advocates, service providers, policy makers, family members, youth, and state officials explore whether or not to offer more services to young adults aging out of probation at age 19, and if so, what these services and supports should look like. The stakeholder group is looking at three questions.

7. If such services and supports are needed.
8. If so, how they should be structured, provided, and what oversight is needed.
9. If so, what would it cost? (An outside agency, called Mainspring, is providing the fiscal analysis.)

Focus groups will consist of a series of discussion questions and anonymous informational survey. Questions asked will cover if these serves are wanted, what they should look like and who should have oversight. Groups are facilitated by staff of Project Everlast, Voices for Children, Nebraska Probation Administration, or a community-based services/program that you are already involved in.

Voluntary
Focus group participation is completely voluntary.

Confidentiality
Approximately five focus groups will be held across the state with notes from each group being combined before any results are presented. Names are not collected, unless offered voluntarily, nor are they put in the notes. Information gathered will be used to write a report that will be presented to the stakeholder group with the purpose of helping develop recommendations and make decisions. The report will focus on themes, not specific people or stories. No names will be reported. Only notes from each focus group and information sheets will be gathered. Nothing said in this group will be held against participants in anyway.

Questions
If you have questions, please ask your facilitator or contact
Juliet Summers (402.597.3100/jsummers@voicesforchildren.com), or
Jeanne Brandner (402.471.4976/Jeanne.brandner@nebraska.gov).

After reading this form and receiving answers to all your questions, please check the box associated with your decision for participation.

❑ I agree to participate ❑ I decline to participate

Participant (Print Name): _____

Participant's Signature: _____Date: _____

PLEASE RETURN THIS ASSENT FORM TO YOUR FOCUS GROUP FACILITATOR, OR BY E-MAIL OR FAX TO: jsummers@voicesforchildren.com 402-597-2705.

Appendix F: Adult Feedback Form

Juvenile Justice Services Extension – Adult Feedback

Answer the below questions and return to the person leading your group or to Juliet Summers at 7521 Main St. Omaha, NE 68127, jsummers@voicesforchildren.com, or fax to 402.597-2705. You do not have to put your name on this form. This information will be used only to capture the demographics of focus group participants.

City/County/District (please list any you work in): _____

10. What is your primary role in working with youth on probation?
    - ❑ Judge
    - ❑ Lawyer (please specify role): _____
    - ❑ Probation officer
    - ❑ Government official or staff
    - ❑ Shelter or group home staff
    - ❑ Treatment provider
    - ❑ Detention or YRTC staff
    - ❑ Diversion coordinator
    - ❑ Educator, school administrator, or tutor
    - ❑ Other (please specify): _____

11. If you have previous experience in another role(s) serving the juvenile justice population, please list here: _____

12. Please check which, if any, Probation services you provide:
    - ❑ Diversion
    - ❑ Day/Evening Reporting
    - ❑ Tracker
    - ❑ Electronic Monitor
    - ❑ Mental Health/Counseling
    - ❑ Community Service
    - ❑ Substance Abuse Treatment
    - ❑ Educational Services
    - ❑ Drug Court
    - ❑ Other (Please Specify) _____

13. How long have you worked in juvenile justice or with at-risk youth?
    - ❑ 0-5 years
    - ❑ 6-10 years
    - ❑ 11-15 years
    - ❑ 16-20 years
    - ❑ 20 years or longer

14. Should Probation or another entity offer voluntary services for probation-involved youth after the age of 19?
    - ❑ Yes
    - ❑ No
    - ❑ Not Sure

15. If services were offered to youth with juvenile justice experience after age 19, would you and/or your organization be able to extend your own work to include this population?
    - ❑ Yes
    - ❑ No
    - ❑ Not sure
    - ❑ Not applicable

16. In terms of racial background, how do you identify yourself?
    - ❑ White
    - ❑ African American/Black
    - ❑ Hispanic/Latino
    - ❑ Asian
    - ❑ Native Hawaiian/Pacific Islander
    - ❑ Native American/Alaskan Native
    - ❑ Other (please specify): _____

17. In terms of your ethnicity, how do you identify yourself?
    - ❑ Latino/Hispanic
    - ❑ Non-Latino/Non-Hispanic

18. What is your gender?
    - ❑ Male
    - ❑ Female
    - ❑ Trans or Transgender
    - ❑ Other (please specify):_____

Juvenile Justice Service Extension Adult Survey

Instructions

The Nebraska Probation Administration has made changes in the last couple of years to try to make sure youth with probation involvement have the help they need to make positive changes in their life. A taskforce of the Children's Commission is now looking at whether Probation should offer extended, voluntary supports to youth beyond the age of 19, and if so, what these services and supports should look like. The taskforce will be meeting in September and October to explore the need and potential structure of extended supports and services beyond age 19 for youth with juvenile justice experience. This group will look at:

1. If such services and supports are needed.
2. If so, how they should be structured, provided, and what oversight is needed.
3. If so, what would it cost? (An outside agency, called Mainspring, will do this.)

Below are the questions discussed in the focus group. Please feel free to fill out this survey with additional thoughts or concerns. Your answers will be combined with everyone else's answers and presented to the taskforce at a meeting on September 18th, 2015 to help decide if services should be offered after age 19. ***Answering any question and/or speaking during the focus group is voluntary and input will not be individually reported. You can choose to skip any (or all) questions both on this handout and in the group.***

Questions

1. Do you think Nebraska should allow extended court jurisdiction and probation oversight on a voluntary basis beyond age 19 where continued treatment and services are needed and agreed to?

    a. What do you see as pros and cons of this policy?

2. In some cases, youth who are in out of home placement due to juvenile justice involvement do not have a home to return to. Would you be in favor of policy changes allowing these young adults to voluntarily enter the Bridge to Independence program if it was documented that they do not have a home to return to?

    a. If not Bridge to Independence, do you believe Probation should develop and administer a similar set of services for youth who do not have a home to return to?

3. For the broader population of youth under probation oversight, do you believe it is important to offer extended supports and services at age after a youth turns 19? Why or why not?

4. If yes, what types of services do you see as most important to offer?

5. Who should be the main referral source and provide the case management for extended services?

Appendix C

EXTENDED SUPPORTS AND SERVICES FOCUS GROUPS: STAKEHOLDER FEEDBACK
COMPILED: SEPTEMBER 2015

INTRODUCTION

The Young Adults' Supports and Services Sub-committee of the Children's Commission, in partnership with the Nebraska Probation Administration is exploring the need and potential structure of a supports and services program for 19 and 20 year old young adults with juvenile justice system involvement and minimal natural supports. To ensure stakeholders had a voice in the development of such a program, 16 focus groups were held in early September 2015; 8 with young adults and 8 with adult stakeholders. All youth groups were held in person.

KEY THEMES - YOUTH

- We are afraid to loss our adult freedoms and want to be done with the system.
- Services MUST be voluntary, informal, and respect my personal choices.
- Don't forget about the awesome work already happening in my community…instead of something new, just help me be better connected.
- Life is hard and some youth need and want help.
- Youth need time, practice and support to transition.
- Support, listen and care about us. Personal connections MATTER!
- We deserve to have expectations and accountability.
- Be creative in talking about and 'selling' the program.

KEY THEMES – PROVIDER

- Young adults are leaving our system without connections and deserve extended supports.
- How Youth Gain Access/Transition into the Program Matters.
- Eligibility MUST be flexible!
- Housing, case management, and basic life skill services are essential.
- Ensure transition to independence; avoid further system reliance.

CASE MANAGEMENT SUGGESTIONS – YOUTH

Case Management Suggestions	
Alternative Support People	*Support Person Traits*
Mentor of the Youth's Choosing	Understand the program and services available
Drug & Alcohol Counselor	Nice/Kind/Supportive
Youth Counselor (like those at YRTC)	Respectful
Alumni of Juvenile Justice System	Understanding
Volunteer	Honest
Older with More Life Experience	Listens to What Youth Wants
Without a Probation Title Not	Visits Frequently
	Follows Up

REFERRAL/IDENTIFICATION PROCESS SUGGESTIONS – PROVIDER

Providers had many thoughts concerning how the program could be tailored to catch the young people needing ongoing support, while filtering out those for whom it isn't necessary. Several ideas were provided, including:

- Anyone (attorney, probation, counselor, etc.) are able to refer a youth, and the program determines whether to accept. The court would not need to be involved.
- The court could order the program upon the youth's request.
- Not just out of home placement, but language of "no appropriate home to return to" or "lacks stable familial support" or something to that effect
- One group expressed that there should be "no wrong door" into the program, have multiple referral sources.

- Again, a strong sentiment that there are probation youth who could or should be 3(a) cases but aren't, and we should absolutely offer something to help them transition.
- One group of probation officers felt that it should be the same eligibility requirements as currently exist in b2I, but without the 3(a) requirement.
- Some participants felt the judge would be the most appropriate gatekeeper. Other participants were concerned that the judge or probation might be biased against certain youth.
- Another possibility suggested looking into the history of DHHS involvement or number of calls. If there is not a family support system or if support system is in chaos, or if there is chronic involvement, than those young adults should be given priority.
- Possibly focusing on a subset of the probation youth like 3(b) cases as an eligibility requirement.

PRO'S & CON'S DISCUSSION – PROVIDER

Pros:

- All 19 year olds need support to successfully transition to adulthood.
- Highly vulnerable population with likelihood to enter adult system
- Close gap for those ineligible for Bridge to Independence
- Bridge to Independence provides an example

Cons

- Young adults won't want to participate
- Lack of consequence
- Cost & public will
- Slippery slope to further system involvement
- Negative impact on Bridge to Independence

DESIRED SERVICES - YOUTH

Desired Services and Supports		
Type of Service	*Offered while Probation-Involved*	*Available via Extension Program*
Treatment	Substance Abuse Counseling Urine Analysis/Drug Tests	Counseling Drug and Alcohol Treatment Urine Analysis/Drug Testing
Life Skills	Pregnancy/Parenting Practice with daily living skills Financial Literacy	Moving/Housing/Leases/Renter's Rights Pregnancy/Parenting Cooking/ How to Buy Groceries Independent Living Budgeting/How to Pay Bills Getting State ID and other documents
Social	Connection to Social, fun, community, and civic Groups	Fun, Positive Social Groups Help finding new social groups/positive friends
Coaching/Personal Support	Day Reporting Someone to "check in"	Service Navigation One-stop shop organization Help Accessing Other Services & Systems (food stamps, vocational rehabilitation, disability, etc.) Someone to Check-in/Call for Help Guidance
Employment & Education	Job Skills Resume Creation/Building How to Search for Jobs	Career/Education Resources Help Job and College Searching Education Services and Scholarships Employment Skills and Search Summer Housing while in College
Other	Medicaid Thinking for a Change Car/Transportation	Transportation Medical Coverage Utility Assistance Car Programs including how to get insurance, registration

DESIRED SERVICES - PROVIDER

Suggested Services Discussion		
Service Type	*Specific Services*	*Need/Discussion*
Case Management	Life Coach or Navigator style Like B2I's Independence Coordinators Help access public supports Determining professional goals and action steps	Distinct training needed, like that used by B2I
Basic Life Skills	Financial Literacy Opening & maintaining a checking account Budgeting/Credit Literacy Personal Hygiene Getting to interviews and appointments on time	Independent living skills of all levels are needed and youth need time to practice and be coached in developing these.
Education & Employment Assistance	Completing College Applications, FAFSA/Financial Assistance in attending college or completing a G.E.D. Job Training/Filling out job applications	
Finding Supports	Family Finding Community Connections Positive, Social Opportunities.	Access to community resources can be difficult Lack of transportation
Housing	Contract with transitional living programs or landlords	Too many homeless young adults Too few shelter beds and long-term housing assistance programs
Treatment	Mental Health Developmental Disability Ways to access needed treatment, Extended Medicaid coverage Substance Abuse	One participant felt the program should *only* be offered for specific treatment purposes. Substance abuse is especially important for youth who turn 19 mid-program.
Health	Extended Medical Coverage Physical Health Family Planning/Sexual Health	

QUESTIONS FOR FURTHER THOUGHT

Focus groups raised a number of important questions in four areas.

Administration

- Who is the gatekeeper?
- Who refers?
- Who runs the program?
- What case management and program strategies promote a road to independence that includes ongoing informal support people and personal skills that reduce future reliance/involvement in systems?
- How is oversight managed to prevent collateral consequences of juvenile involvement?
- How is oversight managed to prevent collateral consequences of juvenile charges and system involvement?
- What structure could allow for needed supports while honoring legal adulthood?

Eligibility

- How do we structure eligibility so that youth who are entering adulthood without meaningful supports can access the program, without opening the floodgates?
- How strict would reporting and ongoing eligibility requirements be? What would oversight/accountability look like to stay in the program (if at all)?

- What level of fluidity is appropriate for program involvement?

Services and Incentives

- How can youth be incentivized to maintain pro-social behavior?
- Should there be a flexible stipend, or should a stipend be conditioned on specific usage?
- Housing is a huge need. How would the program ensure that young adults can access safe and stable places to live?

Messaging

- What education/training of formal and informal supports could be provided to allow for them to serve as a primary messenger for an extended supports program?
- What strategies could be used about the importance/need of such a program to gain public will and legislative support?
- How could the program be set up to ensure that language and labels don't create additional barriers to participation?
- What mechanisms can be implemented to ensure youth receive clear, complete, and honest information about the program in a way that they understand and that addresses fears about continued system engagement?

Appendix C
Fiscal Analysis

Fiscal Analysis of Young People under the Jurisdiction of the AOP Opting into Bridge to Independence

Programs	2016	2017	2018
Description - Costs of Extending Care to 21			
Estimated number of JJ youth in voluntary care per month at age 19	39	40	41
Estimated number of JJ youth in voluntary care per month at age 20	26	25	25
Average monthly maintanence cost - relative foster care	$519.29	$534.87	$550.91
Average monthly maintenance cost - direct stipends	$760	$760	$760
Number of youth expected to receive direct stipends	65	65	66
Total Average monthly cost - direct stipends	**$49,400**	**$49,400**	**$50,160**
Total annual maintenance cost	**$592,800**	**$592,800**	**$601,920**
Total Monthly Administrative Cost for Direct Stipends	$29,640	$29,640	$30,096
Total annual administrative costs (host homes & direct stipends)	**$29,640**	**$29,640**	**$30,096**
Foster Care Review Office Costs	$560	$577	$594
Total Foster Care Review Office Costs	**$72,800**	**$74,984**	**$78,422**
Public caseworker average salary and benefits	$47,681.67	$49,112.12	$50,585.48
Number of youth per caseworker	16	16	16
Public caseworker total cost	$193,706.78	$199,517.99	$208,665.12
Public supervisor average salary and benefits	$64,978	$66,927	$68,935
Number of youth per supervisor	96	96	96
Supervisor Total Cost	$43,995.52	$45,315.39	$47,392.92
Total annual case management costs	**$237,702**	**$244,833**	**$256,058**
Total Operating Costs	**$95,081**	**$97,933**	**$102,423**
Average Monthly Medicaid Expenditure Per Youth (STATE SHARE ONLY)	$173	$178	$184
Total Annual Medicaid Expenditure	**$134,940**	**$138,988**	**$145,360**
Total Estimated Expenses - Extending Care to 21	**$1,162,963**	**$1,179,179**	**$1,214,279**
Revenues			
FC IV-E Penetration Rate 1 - With VPA Model	0.2200	0.2200	0.2200
FMAP rate	0.5327	0.5327	0.5327
Total Annual IV-E Maintenance Revenue	**$69,473**	**$69,473**	**$70,541**
IV-E Administrative Rate	0.50	0.50	0.50
Total Annual IV-E Administrative Revenue	**$47,875**	**$49,213**	**$51,370**
Estimated Total Annual Title IV-E Revenue	**$117,347**	**$118,686**	**$121,911**
Total State Share Care to 21 Expenses	**$1,045,616**	**$1,060,493**	**$1,092,368**

Fiscal Analysis of 3B Wards under the Jurisdiction of DHHS Opting into Bridge to Independence[7]

Programs	2016	2017	2018
Description - Costs of Extending Care to 21			
Estimated number of DHHS 3B youth in voluntary care per month at age 19	37	0	0
Estimated number of DHHS 3B youth in voluntary care per month at age 20	0	37	0
Average monthly maintanence cost - relative foster care	$519.29	$534.87	$550.91
Average monthly maintenance cost - direct stipends	$760	$760	$760
Number of youth expected to receive direct stipends	37	37	0
Total Average monthly cost - direct stipends	**$28,120**	**$28,120**	**$0**
Total annual maintenance cost	**$337,440**	**$337,440**	**$0**
Total Monthly Administrative Cost for Direct Stipends	$16,872	$16,872	$0
Total annual administrative costs (host homes & direct stipends)	**$16,872**	**$16,872**	**$0**
Foster Care Review Office Costs	$560	$577	$594
Total Foster Care Review Office Costs	**$41,440**	**$42,683**	**$0**
Public caseworker average salary and benefits	$47,681.67	$49,112.12	$50,585.48
Number of youth per caseworker	16	16	16
Public caseworker total cost	$110,263.86	$113,571.78	$0.00
Public supervisor average salary and benefits	$64,978	$66,927	$68,935
Number of youth per supervisor	96	96	96
Supervisor Total Cost	$25,043.60	$25,794.91	$0.00
Total annual case management costs	**$135,307**	**$139,367**	**$0**
Total Operating Costs	**$54,123**	**$55,747**	**$0**
Average Monthly Medicaid Expenditure Per Youth (STATE SHARE ONLY)	$173	$178	$184
Total Annual Medicaid Expenditure	**$76,812**	**$79,116**	**$0**
Total Estimated Expenses - Extending Care to 21	**$661,994**	**$671,225**	**$0**
Revenues			
FC IV-E Penetration Rate 1 - With VPA Model	0.2200	0.2200	0.2200
FMAP rate	0.5327	0.5327	0.5327
Total Annual IV-E Maintenance Revenue	**$39,546**	**$39,546**	**$0**
IV-E Administrative Rate	0.50	0.50	0.50
Total Annual IV-E Administrative Revenue	**$27,252**	**$28,014**	**$0**
Estimated Total Annual Title IV-E Revenue	**$66,798**	**$67,559**	**$0**
Total State Share Care to 21 Expenses	**$595,197**	**$603,665**	**$0**

[7] Because complete date regarding the demographics of 3B wards under the jurisdiction of DHHS was not available, this fiscal analysis assumes that the remaining 37 3B wards will turn 19 in 2016 and voluntarily opt into b2i. This analysis also assumes that these 37 young people will remain a part of b2i until they turn age 21. As a result, these assumptions represent the highest possible estimate of additional expenses related to the expansion of b2i to this population in 2016 and 2017.

EVALUATION AND DATA WORKGROUP REPORT

November 3, 2015

The Evaluation and Data Workgroup of the Bridge to Independence Advisory Committee reconvened in September 2015 to discuss program processes, review the state statute and previous recommendations, and develop a new set of recommendations for 2016. Workgroup members met in person on 9/2/15 and 10/6/15 and by phone on 10/28/15. Below is a summary of key findings from current program data and a new set of recommendations.

CURRENT STATUS

Program Data

The Evaluation and Data workgroup was unable to obtain results from the National Youth in Transition Database (NYTD) survey, DHHS's current primary method of evaluating program effectiveness. NYTD is administered to program participants upon enrollment and every 6 months after. Additionally, the workgroup was not provided with reasons for early discharges from the program, as required in Neb. Rev. Stat. 43-4512. Below is a summary of data the workgroup was able to obtain, reflecting the last 10 months of implementation (December 2014 through September 2015):

- The number of young adults in the program has consistently grown each month, from 96 in December 2014 to 146 in September 2015
- An average of 10 young adults per month signed Voluntary Services and Support Agreements
- Well over half were identified as female (64%)
- The majority have resided in the ESA and NSA (56%), as opposed to the SESA, CSA, and WSA (44%)
- The percentage of IV-E eligible young adults has fluctuated a bit month-to-month, with an overall average of 20% (21% in September were eligible)
- 53 young adults have left the program since December: 26 "graduated" (turned 21), and 27 were terminated due to either loss of contact with their Independence Coordinator or failure to meet one of the eligibility requirements
- On average, 97% had contact with their Independence Coordinator within the last 30 days

Looking at the 146 young adults who were enrolled in the program in September:

- 5 were living out-of-state
- 11 were pregnant or expecting, and 28 had dependents
- 7 were "couch surfing"; none were in a shelter
- 6 graduated from the program; 5 were terminated
- 91% received Medicaid within the last month; 5 were covered by Letters of Entitlement
- 33% were meeting the educational requirement, 42% were meeting the employment requirement, and 21% were working to remove barriers to employment
- 51 had an IEP while they were in foster care, and 98 had a mental health diagnosis while in care

Adoption & Guardianship Assistance

A total of four young adults have participated in the adoption assistance piece of the program. Similarly, four young adults have participated in the guardianship assistance piece, although all four were transitioned into the core program per state statute in July. No early discharges have occurred within these populations.

Satisfaction Survey Results

Satisfaction surveys have been collected by DHHS from nine young adults statewide. These satisfaction surveys were designed by the Evaluation Workgroup and adopted by DHHS. Results from these surveys are highlighted below.

- **Sex:** 7 were female, 2 were male
- **Length of time in program:** 4 were in the program 1-3 months, 1 was in the program 4-6 months, 1 was in the program 7-9 months, and 3 were in the program 10-12 months
- **Race/ethnicity:** 5 were white, 2 were Black/African American, 1 was Hispanic/Latino, and 1 was Russian

Participants were asked to respond to the following items on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree). The average score of all 9 participants is listed below for each time.

General Questions	
The information I received about the Bridge to Independence program was easy to understand (including printed materials and verbal explanations from DHHS staff).	4.7
I helped lead the development of my Transitional Living Plan.	4.4
I believe the needs and goals in my Transitional Living Plan (including the services I am to receive) meet my needs and will help me become more independent.	4.6
Program Satisfaction Questions	
My Independence Coordinator listens to me and treats me with dignity and respect.	5
My Independence Coordinator communicates and explains things in a way I can understand.	5
My Independence Coordinator is available to meet or talk on the phone when I need him/her, or at times that are convenient to me.	5
My Independence Coordinator takes the time to get to know me and build a positive relationship with me.	5
My Independence Coordinator helped (or is helping) me identify an adult or family member to be a support after I leave the Bridge to Independence program.	4.8
My Independence Coordinator has helped me learn independent living skills.	4.8

Young people were also asked to respond to the following questions. Their answers are typed verbatim below.

What is your favorite thing about the program?

Easy going, voluntary. Help and support.

Having someone there if I need anything. The help.

The support it provides both financially and mentally. Helps young adults that don't have help from "mommy and daddy" go get on feet and be success.

The information, mentor, and what the program offers.

Good communication between [my worker] and I.

What is your least favorite thing?

I just wish [my worker] was more strict and pushing me.

Nothing really except the short length of it.

I wasn't in it long enough because of my age.

What would you change about the program?

The length we can be involved with it. Age range.

Don't let people "piggy back" off the system.

Why are you leaving the program?

Aging out. I'm about to be 21.

I'm too old now. I aged out.

Aging out and graduating from program.

How did the program help you?

Helped me with job finding, helped me learn more community resources. Very good program.

With a lot. Helped financially.

Help me get the things I need and more information on other programs.

Saving money mostly, still [my worker] has been helpful in my success as well.

I matured more with better vision of my goals.

RECOMMENDATIONS

Evaluation tool

Background: Currently, federal requirements mandate that all states implement a 22-question National Young Adults in Transition Database (NYTD) survey with all young adults in foster care at 17, and then again at 19 and 21. States have the option of implementing two more comprehensive versions of NYTD instead of the basic 22-question survey: NYTD Plus Abbreviated (57 questions) and NYTD Plus Full (88 questions). Currently, Nebraska is using the 22-question NYTD survey both with NYTD participants (in accordance with federal requirements) and with young people in B2I (at entry into the program and every 6 months after).

I. We recommend that Nebraska DHHS switch from the 22-question NYTD survey to the NYTD Plus Abbreviated with both populations, and that the survey continue to be administered at the time of entry into the program and every 6 months after. *(Previous recommendation, slightly adjusted.)*

II. We recommend that a public/private partnership be explored to allow a contract with an independent external evaluator for outreach and collection of surveys, as this agency would have more time to dedicate to collecting surveys and could help young people feel more comfortable in answering honestly. Young adults could take the survey by phone, by submitting a written copy via mail, or online. *(Previous recommendation.)*
    a. We recommend that during Year 1 of this contract emphasis be placed on collecting surveys from young adults in the program, with efforts expanding to those not in the program in Year 2. Surveys should continue to be collected from young adults by DHHS per federal guidelines. *(Previous recommendation.)*
    b. We recommend all NYTD responses be stored in a manner that allows the independent external agency to have ongoing and easy access to data. *(Previous recommendation.)*

III. We recommend that random ID numbers be assigned at the time the young person takes the survey to maintain confidentiality. We recommend that DHHS explore whether the Jim Casey Youth Opportunities Initiative would be available for technical assistance on this. *(Previous recommendation.)*

IV. We recommend that private funding streams be explored to offer incentives to young people to encourage participation in the survey. We recommend that these incentives by offered in the form of $10 gift cards for young adults in B2I, and that this be expanded to those not in the program when possible. *(Previous recommendation.)*

Fiscal Accountability

I. We recommend that DHHS track all expenditures and provide quarterly reports detailing itemized program service costs and program administrative costs, including, but not limited to, specifics about administrative costs, salaries, training costs (including itemized costs, the cost of materials, the number of attendees at each training, travel costs, and the cost to train the trainers), and staff and supervisor turnover and changes (including the location of staff and supervisors) to the Advisory Committee. This should also include itemized adoption and guardianship costs and the state-extended guardianship assistance program costs. *(Previous recommendation. Note: this recommendation was adopted by DHHS, but no quarterly reports have been submitted to the best of the Evaluation Workgroup's knowledge.)*

II. We recommend that the Advisory Committee review these reports, provide recommendations to DHHS and the Children's Commission if necessary, and include the financial reports and any recommendations made as a part of their annual report to the Children's Commission, HHS Committee of the Legislature, DHHS, and the Governor of the State of Nebraska. *(Previous recommendation.)*

Tracking Supportive Services

I. To ensure young adults are receiving the supportive services they need to guide them to success, case managers should clearly document and track specific services provided in the young adult's transition plan and in reports for case reviews and permanency hearings. *(Previous recommendation, adopted per DHHS.)*
    a. We recommend that the Foster Care Review Office (FCRO) continue to review files for young adults in the program to track service provision. We recommend the FCRO include information about how the program is operating and detailed findings regarding the recommendation above in their annual report to the Advisory Committee. *(New recommendation.)*

II. We recommend that judges or hearing officers or both utilize a series of age and developmentally appropriate questions modeled after those in Through the Eyes' Transition Planning Guide or in NRCYD's resource during hearings to ask young adults about their transition plan, services they're receiving, etc. We recommend the Court Improvement Project look into how these hearings are being handled and provide a report to the Advisory Committee following the first year of implementation. *(Previous recommendation, adjusted.)*

Young Adult Satisfaction

I. We recommend that DHHS continue to distribute satisfaction surveys to all young adults leaving the program to assess the reason for leaving and overall satisfaction with the experience. We recommend that these surveys be provided on a quarterly basis to the Advisory Committee. *(Previous recommendation, adjusted.)*
    a. We recommend this survey be provided along with a stamped envelope for young adults to use to return the survey. We recommend a follow-up phone call be made if the survey is not returned in 3 weeks. If the Independence Coordinator is administering the survey in person, we recommend the young adult be provided an envelope to put their survey in when complete, that the young adult seal said survey, and that the survey be provided directly to the individual in charge of tracking satisfaction survey results. *(Previous recommendation, adjusted.)*

II. We recommend that a public/private partnership be explored to allow for an incentive of $10 gift cards for young adults taking the exit survey. *(Previous recommendation.)*

III. We recommend the independent external agency be responsible for collecting these surveys, administering stipends, analyzing results, and developing the annual report to the Advisory Committee. *(Previous recommendation.)*

Public/Private Partnership

I. We recommend private funding and public/private partnerships be explored to support the implementation of these recommendations. *(Previous recommendation.)*

Recommendations Regarding Ongoing Implementation

Background: During the process of information-gathering, the Evaluation and Data Workgroup's attention was drawn to several programmatic concerns regarding the program's current operations. The recommendations below attempt to address, bring to light, and possibly mitigate some of these potential issues.

I. Despite recent legislative changes, some young people in the program are still not currently receiving Medicaid; rather, they are being covered by letters of entitlement, meaning that all medical costs are coming out of the program budget and not Medicaid. As of October 2015, five young people were being covered by these letters. We recommend that all young people in the program (including those under

guardianship) be covered by Medicaid rather than letters of entitlement to ensure the sustainability of the program.

    a. We also recommend NFOCUS be programmed to send notification letters to both young adults and their Independence Coordinators any time a young person in the program is deemed ineligible for Medicaid or when Medicaid verification is needed.

II. Some issues have also been identified with Native young adults being able to access services. For example, young people in the Santee tribe leave the system at 18, and the court order doesn't specify they are being discharged to independent living (which is a required component of eligibility per law). We recommend that potential solutions to this be explored to ensure Native young adults are able to access the program.

    a. One potential solution to this issue – and other issues that have been identified regarding the inclusion of youth involved with the juvenile justice system – currently being discussed by the Juvenile Justice Workgroup is lowering the Bridge to Independence program age to 18. We recommend that the Advisory Committee evaluate the pros, cons, and possible implications of this prior to any final decision. We recommend data be collected from young adults and stakeholders as a part of this process.

III. Should a similar program be created for young adults involved with juvenile justice, we recommend evaluation and data collection processes operate the same as the current Bridge to Independence program, and that the Evaluation and Data Workgroup receive and review program performance data for both groups of young people.

IV. We recommend the Advisory Committee and FCRO look at the role of Independence Coordinators in helping young people budget, determine how best to spend their stipend, access financial management education, etc. We would like to note that financial management should be a core component of the Bridge to Independence program.

V. In addition to the data discussed in the *Current Status* section of this report, we recommend DHHS provide the following data to the Evaluation and Data Workgroup on a biannual basis (in April and October) via an excel spreadsheet of raw, individual-level data, minus identifiable information.

    a. DOB (or current age)
    b. City/zip code/Service Area
    c. Race/ethnicity
    d. Eligibility category
    e. Date of discharge from foster care system (and age of youth, if DOB is not provided)) and reason for discharge (e.g. adoption, guardianship, discharged to independent living, aged out)
    f. Date of application to Bridge to Independence program (and age of youth, if DOB is not provided)
    g. Date Voluntary Services and Support Agreement was signed (and age of youth, if different from above and if DOB is not provided)
    h. NYTD survey results
    i. Date of discharge from the Bridge to Independence program (and age of youth, if DOB is not provided) and reason for discharge (e.g. aged out, terminated due to lack of contact, terminated due to lack of maintaining eligibility [including type of eligibility], etc.)
    j. Whether youth was provided a satisfaction survey upon discharge

Attachment 4

Foster Care Review Office
B2i Case Review Report
February 1, 2015 – September 30, 2015

Nebraska's Bridge to Independence Program (**B2i**) was designed to maximize opportunities and supports for the young adult ages 19 and 20 as they transition from foster care to adulthood. DHHS started serving young adults in the B2i program in October of 2014.

The Foster Care Review Office (FCRO) was given the responsibility of oversight by the Legislature to ensure that the program is meeting the needs of young adults who are enrolled in the Bridge to Independence (B2i) program. The FCRO began work immediately on the case review tools and development of the process for reviews. Along the way the FCRO consulted with young adults, DHHS, the Children's Commission and B2i committees to ensure that the case review process, data collection tools and data to be collected were aligned with the program's goals.

DHHS Independence Coordinators (ICs) have been working individually with the young adults enrolled in the program since October, 2014. The Young Adult and their IC develop a plan and then work on the goals they have outlined. The IC assists the young adult through "authentic engagement". This ultimately means that the young adult is the decision maker and the IC provides adult counsel and guidance. This ensures that the young adult is taking ownership for their choices and decisions while they have the support of their IC.

Starting in February 2015 the Foster Care Review Office began case reviews with young adults that had been enrolled in the B2i program for at least 4 months, with the goal of reviewing the cases of young adults every 6 months thereafter. Starting in September 2015 the FCRO began second case reviews of those still enrolled in the program.

As part of the case review process, the FCRO Review Specialist notifies DHHS IC Supervisors of the young adult's cases that will be reviewed during the next month. The IC notifies the young adult and a time is scheduled that best accommodates the young adult. The Review Specialist then meets with the young adult enrolled in the program to gather information and insight as to how the program is working from their perspective.

Initially cases were being reviewed "face to face" in a place of the young adult's choosing. However conference calls became the standard vehicle for case reviews with the young adult due to scheduling conflicts with the young adult, distance and the need to be flexible in order to meet with the young adult at a time that best met their work and school schedules. It does not appear that the young adult finds the conference call method to be less "friendly", nor do they hold back from participating in a meaningful way in their case review. Young adults are given a choice of a face to face whenever possible and the majority choose to the conference call option as it better fits their busy lifestyle.

This report focuses on the findings and data collected from **91 first** case reviews that occurred from **February 1, 2015 through September 30, 2015**. Data from the second cases that began in September of 2015 are not a part of this report.

Of the initial 91 first case reviews:

- There were 59 (64.8%) females and 32 (35.2%) males.
- Race:
  - White 59 (64.8%)
  - Black 19 (20.9%)
  - Asian 3 (3.3%)
  - American Indian 3 (3.3%)
  - Other or Unknown 7 (7.7%)

- Ethnicity:
    - Hispanic 17 (18.7%)
    - Non-Hispanic 71 (78%)
    - Unknown 3 (3.3%)
- Service Areas:
    - 46 (50.5%) Eastern
    - 25 (27.5%) Southeast
    - 10 (11%) Central
    - 6 (6.6%) Northern
    - 4 (4.4%) Western
- The majority were living in shared (59.3%) or independent (16.5%) housing.
- Of the female population, 16.9% were expecting a child and 26.4% of the females were already parenting at least one child.
- Of the population reviewed, 4 were married, 87 were single.
- Of the young adult reviewed, eligibility at time of entry was listed as:
    - Completing High School 11
    - Post-Secondary Education 38
    - Special Programs 13
    - Employed 80 Hours Per Month 52
    - Medically or DD Incapable 2

  **Some had more than one category checked*.
- Employment:
    - 37.4% were employed full-time
    - 18.7% were employed part-time.
    - 33% were seeking employment at the time of the review.
- Education:
    - 10 (11.0%) were enrolled in high school (4 full-time /6 part-time)
    - 29 (31.9%) were pursuing post-secondary education (25 full-time /4 part-time).

The goal is that B2i data can be used as a longitudinal approach to measuring the progression of the young adult throughout their time in the B2i program. For example: stabilization of their housing; employment; high school completion, and entry into and possible completion of post-secondary education.

It is also envisioned that by looking at areas that the young adult is working on during the ages of 19-20 may lead to the re-examination of the programs and services for youth ages 14 through 18 that are in the foster care system to ensure that those services are developmentally appropriate and aligned with the needs and interests of the youth to better prepare them for their transition to adulthood.

During the first round of B2i many of the young adults had been out of foster care and on their own prior to enrolling in B2i. Those young adults who were age 20 and almost age 21 had a shorter experience with B2i prior to aging out of the program. Some of those enrolled near 21, aged out before they had a case review. Others were just turning 19 and starting their transition into adulthood and will have the full benefit of B2i until they age out at age 21. Over time it may be helpful to look at the various points of entry to see if the young adults have more or less need of specific services. It may also be beneficial to look at the types of services received from providers while living in certain types of placements.

Based our initial case reviews, case plans were written with the young adult's involvement 100% of the time, and NYTD was completed for 90 of the 91 young adults reviewed. Independence Coordinators were found to be meeting with the young adults on a monthly basis as required, 100% of the time.

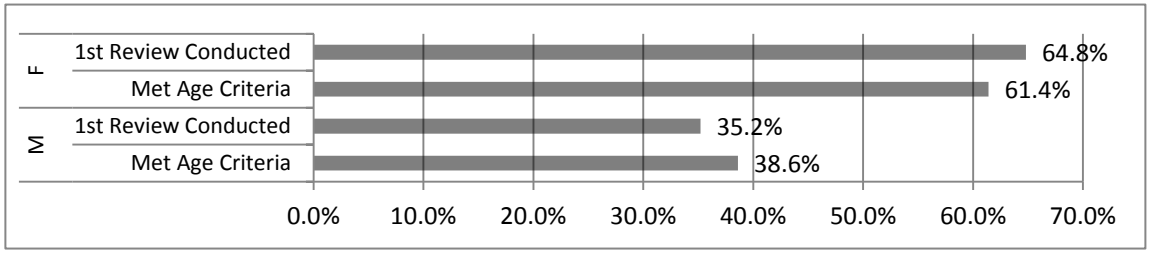
As this program continues and additional data is gathered from second case reviews we will be better able to analyze the data collected to determine what additional goals are focused on, the appropriateness of the goals based on the needs of the young adult, and the how the young adult is progressing in each goal category.

Met Age Criteria to 1st Review Conducted Demographic Comparison

Gender

Met Age Criteria (19 & 20)		
Male	68	38.6%
Female	108	61.4%
Total	176	100%

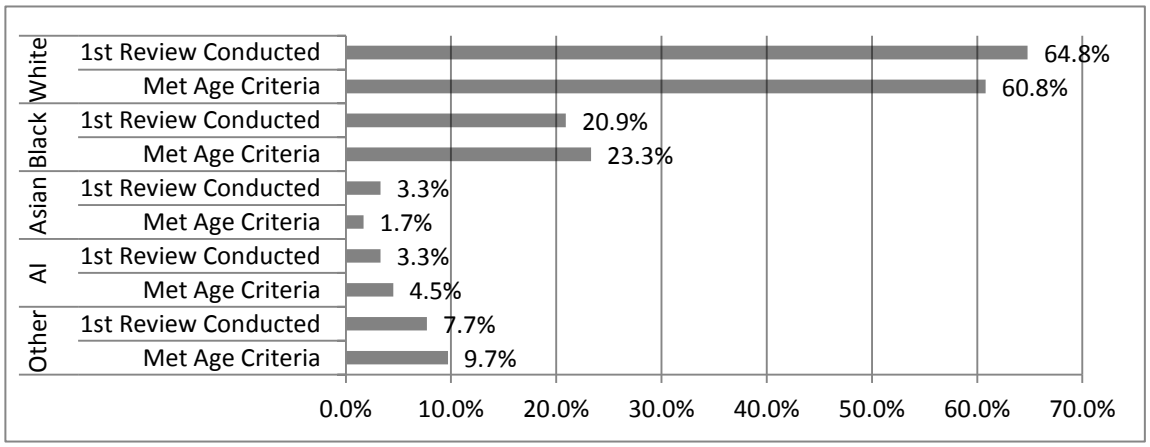
1st Review Conducted		
Male	32	35.2%
Female	59	64.8%
Total	91	100%



Race

Met Age Criteria (19 & 20)		
White	107	60.8%
Black	41	23.3%
Asian	3	1.7%
American Indian	8	4.5%
Other or Unknown	17	9.7%
Total	176	100%

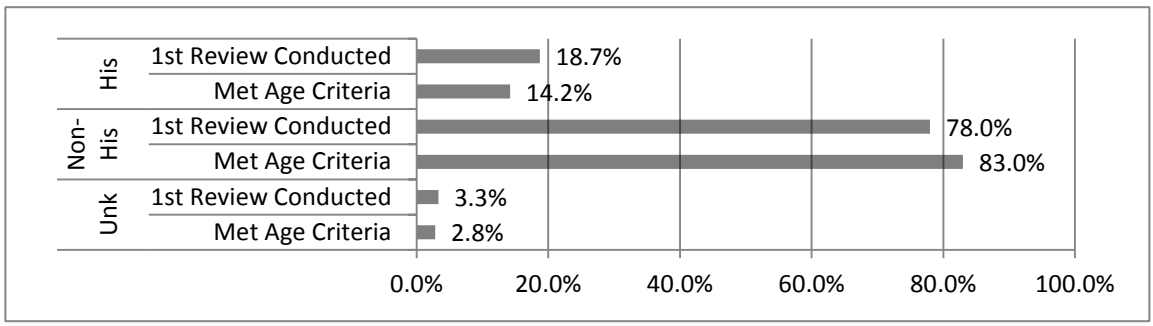
1st Review Conducted		
White	59	64.8%
Black	19	20.9%
Asian	3	3.3%
American Indian	3	3.3%
Other or Unknown	7	7.7%
Total	91	100%



Ethnicity

Met Age Criteria (19 & 20)		
Hispanic	25	14.2%
Non-Hispanic	146	83.0%
Unknown	5	2.8%
Total	176	100%

1st Review Conducted		
Hispanic	17	18.7%
Non-Hispanic	71	78.0%
Unknown	3	3.3%
Total	91	100%



1st Case Review Details (91 Total)

Gender	Count	Percent
Female	59	64.8%
Male	32	35.2%
Total	91	100.0%

IVE	Count	Percent
No	60	65.9%
Yes	23	25.3%
Unknown	8	8.8%
Total	91	100.0%

Marital Status	Count	Percent
Single	87	95.6%
Married	4	4.4%
Total	91	100.0%

Pregnant	Count	Percent
No	49	83.1%
Yes	10	16.9%
Total	59	100.0%

With Children	Count	Percent
No	67	73.6%
Yes	24	26.4%
Total	91	100.0%

Eligibility at Entry	Count
Comp. High School	11
Post-Secondary	38
Special Programs	13
Emp. 80 Hours/Month	52
Med/DD Incapable	2
Total (*Multi. Resp.)	116

Some have more than one eligibility at entry

Service Area	Count	Percent
Eastern	46	50.5%
Southeast	25	27.5%
Central	10	11.0%
Northern	6	6.6%
Western	4	4.4%
Total	91	100.0%

Enrolled in School	Count	Percent
Yes	39	42.9%
- High School	*10*	*11.0%*
-- Full-Time	*4*	*4.4%*
-- Part-Time	*6*	*6.6%*
- Post Secondary	*29*	*31.9%*
-- Full-Time	*25*	*27.5%*
-- Part-Time	*4*	*4.4%*
No	52	57.1%
Total	91	100.0%

Housing Type	Count	Percent
Shared housing	54	59.3%
Independent Housing	15	16.5%
Relative	9	9.9%
Dorm or campus housing	5	5.5%
With parent/guardian	3	3.3%
Couch Surfing	2	2.2%
Foster Home	1	1.1%
Host Homes	1	1.1%
Trans. Housing	1	1.1%
Total	91	100.0%

Employment Status	Count	Percent
Full Time	34	37.4%
Seeking	30	33.0%
Part Time	17	18.7%
Not Seeking	10	11.0%
Total	91	100.0%

The following data has been filtered to only include 1st reviews between 02/01/2015-09/30/2015. Future analysis on subsequent reviews will be provided at a later date.

Nebraska Children's Commission
521 South 14th Street
Lincoln, NE 68508

November 13, 2015

Beth Baxter, Chairperson
Nebraska Children's Commission

Dear Beth Baxter,

Please accept the attached report from the Juvenile Services (OJS) Committee for the November 2015 Nebraska Children's Commission ("Commission") meeting. This report contains information and recommendations regarding the Youth Rehabilitation and Treatment Centers (YRTCs) and the juvenile justice system of care.

This report is submitted for the approval of the Nebraska Children's Commission at the November 17, 2015 meeting. The Juvenile Services (OJS) Committee requests that the Commission forward this report to the Judiciary Committee of the Nebraska Legislature. The Juvenile Services (OJS) Committee is pleased to advance this report for the Commission's consideration.

Respectfully,

Nicole Brundo
Juvenile Services Committee Co-Chair

Kim Hawekotte
Juvenile Services Committee Co-Chair

Enclosure:
Juvenile Services (OJS) Committee Report (2015)

Nebraska Children's Commission

Juvenile Services Committee

Report to the Nebraska Children's Commission and Judiciary Committee

November 17, 2015

Juvenile Services Committee

Report to the Nebraska Children's Commission and Judiciary Committee

November 17, 2015

The Juvenile Services Committee ("Committee") was created by LB821 (2012) and modified by LB561 (2013) to create recommendations related to the Youth Rehabilitation and Treatment Centers ("YRTCs") and the juvenile justice system of care to the Nebraska Children's Commission ("Commission") and Judiciary Committee of the Legislature. After releasing its Phase I Strategic Recommendations, the Committee has continued to meet to further the recommendations in the Phase I report and provide a forum for collaboration amongst juvenile justice stakeholders.

The past two years have seen large changes due to the juvenile justice reform initiatives in LB561 (2013) and LB464 (2014). These changes reflect a desire from stakeholders at all levels to effectively serve youth in the juvenile justice system, and a change in philosophy from punitive and corrections based to rehabilitative and trauma informed. Nebraska's juvenile system remains in a state of flux as the effects of the reform become observable. As further changes to the juvenile justice system are contemplated, the Committee emphasizes that a successful juvenile justice system is a comprehensive, accountable, culturally competent continuum of care that meets the needs of youth and families. The information and recommendations below reflect the Committee's work and dedication to attaining such a system for the youth and families of Nebraska. This report contains first, the Committee's recommendations and work plan, and second, past accomplishments from the Phase I Strategic Recommendations.

Mission

Design a comprehensive, accountable, culturally competent, continuum of care in the juvenile justice system that meets the needs of families and youth while maintaining public safety.

Vision

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

Goal

The Juvenile Services Committee's goal is to work collaboratively with the executive, legislative, judicial, and county branches of government; the Nebraska Children's Commission ("Commission");

and other key stakeholders to establish and support the development of the Ideal Juvenile Justice Treatment System that will prevent children and youth from entering or becoming more deeply involved in the juvenile justice system.

Legislative Recommendations (2016 Legislative Session)

Foundational Principles

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

Legal System Changes

3. Require all youth involved in the juvenile justice system have quality legal counsel. This requirement should be codified in statute to ensure that youth have access to counsel who are competent in the practice of juvenile law. Necessary funding should be appropriated to comply with this requirement.
4. Encourage the Supreme Court of Nebraska to require dedicated Continuing Legal Education (CLE) hours for all legal parties who practice in juvenile court, and dedicated Judicial Branch Education (JBE) hours for judges who hear juvenile law matters.
5. Create and/or clarify existing statutory language to ensure that the Juvenile Court has jurisdiction over youth and families, regardless of the filing type. The Court must have the authority to order services for the entire family in order to treat the underlying family issues often experienced by youth in the juvenile justice system.

Core Design and Framework

6. Utilize the Child and Adolescent System Program (CASSP) Principles as a core design framework for creating effective Community based services for youth at each level of involvement in the juvenile justice system. CASSP Principles are attached at Appendix B.
7. Develop a continuum of services that addresses the strengths and needs of the youth through risk assessment, needs assessments and effective case management.

Nebraska Children's Commission Related Recommendations

8. The Juvenile Services Committee is currently under the umbrella of the Nebraska Children's Commission ("Commission"), set to sunset in 2016. If extended, the Juvenile Services Committee should be established as a standing advisory committee to oversee juvenile justice reform and serve as a body to encourage collaboration amongst stakeholders. If not extended, the Committee should stand with a different administrative structure as an advisory committee.
9. Establish and require uniform statewide screening and assessment tools, including educational assessments, which shall be conducted when youth first encounter the juvenile justice system,

at various times when moving between levels of care, and when there is a change in clinical status or presentation. Screening and selective assessment should be conducted when youth entered residential programs, including the county juvenile detention center and YRTCS. All juvenile justice entities (Law enforcement, all legal representatives, and judicial entities) and system stakeholders must utilize and follow assessment recommendations. All assessment and recommendation information obtained must be shared with all stakeholders who have a need to know and right to know to optimize care for each youth.

10. Continue incentivizing and encouraging counties, groups of counties, and tribes to access funding under the Community-based Juvenile Services Aid Program to divert youth from the juvenile justice system, reduce the number of youth in detention and secure confinement, and assist in transitioning youth from out of home placement. Additionally, incentivize demonstrating a successful use of braided or blended funding in programs in evidence based programs supporting the above goals.
11. Recommend that the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) and the Georgetown Center for Juvenile Justice Reform Crossover Youth Practice model to be implemented statewide.
12. The Juvenile Services Committee will provide input and collaborate with the B2i Advisory Committee on its recommendations regarding extending voluntary supports for youth gaining out of the child welfare system to the juvenile justice population.
13. Fund a research project through one of Nebraska's Universities to examine data related to status offenders and determine the best policies to serve this population. Status offenders are youth who are charged with or adjudicated for conduct that would not constitute a crime if committed by an adult [Neb. Rev. Stat. §43-245(25)]. This population requires different services and supports than other types of juvenile offenders, and is at risk for being pushed further into the juvenile and adult justice systems.

YRTC Related Recommendations

The juvenile justice system is undeniably different than it was when first examined by this Committee over two years ago to create the Phase I Strategic Plan. The Plan includes the recommendation that all necessary action be completed to transition the YRTCs into regionally based facilities, based on Missouri's regional model. Since this time, representatives of the Office of Juvenile Services have continued to collaborate with the Committee and provide information about the changes in the YRTC population and treatments. It is clear that the effects of legislative change are still playing out in the demographics and needs of youth in the YRTCs, and the Committee believes it would be premature to make specific recommendations on the structure of a regional system without further analysis. The Committee has consulted with and received presentation and information from Missouri's Division of Youth Services director and staff. Missouri's juvenile justice reform effort took place over a span of fifteen years of careful planning, stakeholder buy-in, culture change, and continuous data review and analysis. Nebraska is still experiencing the effects of sea change in its juvenile justice system, and anticipates the potential for further change in the 2016 legislative session. The Committee's plans and priorities for this process are below:

14. The Committee has reaffirmed its goal of transitioning Nebraska's justice system to a regional model where youth are served in the least restrictive environment as close to their communities as possible.
15. The Committee has created a Data Analysis and Mapping Taskforce ("Taskforce") to create recommendations related to the process of moving to a regional system. The Taskforce has representation from the Office of Juvenile Services, Probation, the Foster Care Review Office, and the Juvenile Justice Institute at the University of Nebraska – Omaha. The first meeting of the Taskforce will take place on December 8, 2015, and will report to the full Committee at its January meeting.
16. The Committee will use the information identified by the Data Analysis and Mapping Taskforce to create recommendations regarding a pilot site for a regional facility, to determine the type of youth to be served, the kinds of programs to be offered, and the intake requirements. Potential populations to be served at this pilot site include the population of juvenile justice system involved youth who are receiving treatment out of state, youth who are committed to a YRTC at the age of 18, or another population identified by the Taskforce.

Additional Committee Priorities

17. The Committee plans to continue its research and analysis regarding screening and assessments, and anticipates releasing recommendations regarding establishing uniform statewide screening and assessment tools in 2016.
18. The Committee will continue to work with the B2i Advisory Committee to provide input on the extension of voluntary services to youth aging out of the juvenile justice system.
19. As additional legislative bills are introduced to continue or restructure the juvenile justice reform efforts, the Committee will provide feedback and recommendations to the Nebraska Children's Commission and Judiciary Committee of the Legislature.

Previous Recommendations and Accomplishments

The Juvenile Services Committee submitted the Phase I Strategic Recommendations in December of 2013 to the Commission and the Judiciary Committee of the Legislature. The recommendations contained within were considered foundational to creating the ideal juvenile justice system, and built upon to legislatures work in LB561 (2013). The listing below details legislation and changes that align with the Committee's recommendations:

Committee Recommendation: Place youth in a YRTC only when community safety concerns exist after non-response to less restrictive settings. Develop guidelines to restrict YRTC placement to only those youth adjudicated of the most serious offenses or who present a danger to the community.

> **Accomplishment**: LB464 (2014) changed the YRTC entrance criteria so that youth may be placed in a YRTC only after all levels of probation supervision have been exhausted, and placement at a YRTC is a matter of immediate and urgent necessity for the protection of the juvenile or the person or property of another or it appears that the juvenile is likely to flee the jurisdiction of the court [Neb. Rev. Stat. §43-586].

Committee Recommendation: Require YRTCs to provide evidence based, trauma informed treatment for behavioral health disorder, mental health disorders, and substance abuse orders and substance abuse disorders to include appropriate medication assisted treatment.

> **Accomplishment**: LB464 (2014) requires the Office of Juvenile Services to begin implementing evidence based practices, policies, and procedures by January 15, 2016. The Office of Juvenile Services has done significant work on this requirement already, and anticipates meeting this requirement in January 2016.

Committee Recommendation: Change statutory language so that all juvenile law violations (excluding minor traffic offenses) originate in juvenile court, for all youth under age 18.

> **Accomplishment**: LB464 (2014) made changes to the juvenile court's original jurisdiction so that all misdemeanors involving youth under the age of 16 are filed and heard in juvenile court. All cases involving misdemeanors for youth aged sixteen years old are filed in in the juvenile court, and beginning on January 1, 2017, all cases involving misdemeanors for youth who are seventeen years of age will also be filed in juvenile court. Felonies involving youth under the age of 14, must be filed and heard in juvenile court. Class IIA and IV felonies involving youth under the age of 18 must originate in juvenile court. [Neb. Rev. Stat. § 43-246.01]

Committee Recommendation: The Phase I Strategic Plan makes numerous recommendations meant to support counties, groups of counties, and tribes to identify services gaps in the juvenile justice services array and access funding through the Community-based Juvenile Services Program to support the creation of needed juvenile justice services to improve outcomes for youth who are in the juvenile justice system or at-risk for system involvement.

> **Accomplishment**: LB464 reaffirmed the goals of the Community based Juvenile Services Program, which include prioritizing programs and services that divert youth from the juvenile justice system, reduce the number of youth in detention and secure confinement, and assist in transitioning youth from out of home placement. Programs funded through the Community based Juvenile Services Aid Program must be based on or grounded in evidence-based practices, programs, and research. [Neb. Rev. Stat. §43-4404.02, LB464 (2014)]

Committee Recommendation: Work with the Bridge to Independence ("B2i") Advisory Committee of the Nebraska Children's Commission to extend voluntary services for children who are aging out of systems to include children who are in out of home placement and have been in the juvenile justice system.

> **Accomplishment**: The B2i Advisory Committee established a Juvenile Justice Taskforce to make recommendations regarding the extension of voluntary services to the juvenile justice population. This Taskforce convened multiple focus groups consisting of stakeholders and young adults, including a focus group made up of the Juvenile Services Committee. The Juvenile Justice Taskforce has forwarded its recommendations to the Commission for approval at the November 2015 Commission meeting.

Juvenile Services Committee Membership

Member Name	Member Type	Location	Organization
Jeanne Brandner	Voting	Lincoln	Administrative Office of Probation
Nicole Brundo (Co-Chair)	Voting	Omaha	Douglas County Attorney's Office, Juvenile Division
Kim Culp	Voting	Omaha	Douglas County Juvenile Assessment Center
Barb Fitzgerald	Voting	Lincoln	LPS - Yankee Hill Program
Judge Larry Gendler	Voting	Pappillion	Sarpy County Juvenile Court
Tony Green	Voting	Lincoln	DHHS, Division of Children and Family Services
Kim Hawekotte (Co-Chair)	Voting	Lincoln	Foster Care Review Office
Dr. Anne Hobbs	Voting	Lincoln	Juvenile Justice Institute
Ron Johns	Voting	Gering	Scotts Bluff County Detention Center
Nick Juliano	Voting	Boys Town	Boys Town
Cynthia Kennedy	Voting	Lincoln	Nebraska Crime Commission
Tom McBride	Voting	Lincoln	Nebraska Juvenile Justice Association
Jana Peterson	Voting	Kearney	DHHS, Division of Children and Family Services
Cassy Rockwell	Voting	Lincoln	Nebraska Children and Families Foundation
Juliet Summers	Voting	Omaha	Voices for Children in Nebraska
Dr. Richard Wiener	Voting	Lincoln	University of Nebraska, Lincoln
Dr. Ken Zoucha	Voting	Hastings	DHHS, Division Behavioral Health
Jim Bennett	Resource	Lincoln	Administrative Office of Probation
Sen. Kathy Campbell	Resource	Lincoln	Nebraska Legislative Council
Sen. Colby Coash	Resource	Lincoln	Nebraska Legislative Council
Dannie Elwood	Resource	Lincoln	DHHS, Division of Medicaid & Long-Term Care

Updated 10/23/2015

Juvenile Services Committee Membership

Catherine Gekas Steeby	Resource	Lincoln	DHHS, Division of Medicaid & Long-Term Care
Christine Henningsen	Resource	Lincoln	Center on Children, Family and the Law
Liz Hruska	Resource	Lincoln	Nebraska Legislative Fiscal Office
Mark Mason	Resource	Lincoln	Administrative Office of Probation
Katie McLeese Stephenson	Resource	Lincoln	Nebraska Court Improvement Project
Monica Miles-Steffens	Resource	Lincoln	Administrative Office of Probation
Jerall Moreland	Resource	Lincoln	Ombudsman's Office
Judge Linda Porter	Resource	Lincoln	Lancaster County Juvenile Court
Adam Proctor	Resource	Lincoln	Magellan Behavioral Health
Julie Rogers	Resource	Lincoln	Office of Inspector General of Nebraska Child Welfare
Dan Scarborough	Resource	Geneva	DHHS, Division of Children and Family Services

Updated 10/23/2015

Appendix B

CASSP Principles

1. **Youth-centered:** Services are planned to meet the individual needs of the youth, rather than to fit the youth into an existing service. Services consider the youth's family and community contexts, are developmentally appropriate and youth-specific, and also build on the strengths of the youth and family to meet the mental health, social, spiritual, and physical needs of the youth.

2. **Family –focused:** Services recognize that the family is the primary support system for the youth. The family participates as a full partner in all stages of the decision-making and treatment planning process, including implementation, monitoring and evaluation. A family may include biological, adoptive and foster parents, siblings, grandparents and other relatives, and other adults who are committed to the youth. The development of mental health policy at state and local levels includes family representation.

3. **Community-based:** Whenever possible, services are delivered in the youth's home community, drawing on formal and informal resources to promote the youth's successful participation in the community. Community resources include not only mental health professionals and provider agencies, but also social, religious and cultural organizations and other natural community support networks.

4. **Multi-system:** Services are planned in collaboration with all the youth-serving systems involved in the youth's life. Representatives from all these systems and the family collaborate to define the goals for the youth, develop a service plan, develop the necessary resources to implement the plan, provide appropriate support to the youth and family, and evaluate progress.

5. **Culturally competent:** Culture determines our world view and provides a general design for living and patterns for interpreting reality that are reflected in our behavior. Therefore, services that are culturally competent are provided by individuals who have the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of a particular group of people.

6. **Least restrictive/least intrusive:** Services take place in settings that are the most appropriate and natural for the youth and family and are the least restrictive and intrusive available to meet the needs of the youth and family, while maintaining public safety.

Adapted from Pennsylvania Child and Adolescent Service System Program

Nebraska Children's Commission

Annual Report to the Governor and the Health and Human Services Committee of the Legislature

November 17, 2015

Submitted Pursuant to Neb. Rev. Stat. §43-4207

The Nebraska Children's Commission

Annual Report and Update on Activities

December 1, 2015

The Nebraska Children's Commission (Commission) was created in 2012 by the Nebraska State Legislature to provide a leadership forum for the collaboration in child welfare and juvenile justice reform among the three branches of government and public and private stakeholders at the state, regional, and community levels and devise a strategic plan for child welfare and juvenile justice. The Commission is required to submit an annual report of its activities as per LB87 (2015). It is the intent of the Commission that this document serves not only as a report of activities, but also as a meaningful and thoughtful contribution to the continued reform and improvement of Nebraska's child welfare and juvenile justice systems.

Commission History

The Nebraska Children's Commission was created as a result of LR37, an investigation by the Health and Human Services Committee that identified a number of gaps in the service delivery model for children and families. LR37 evaluated and assessed the effects of child welfare reform started in 2009 by the Department of Health and Human Services (DHHS).

One of LR37's many significant findings was that a lack of clear vision and overarching planning for the provision of services for children has created a fragmented system. Nebraska, like many states, had implemented a number of child welfare and child abuse initiatives. These initiatives lacked a long term coordinated plan, and did not achieve true reform. To help remedy this problem, the legislature created the Nebraska Children's Commission to serve as a leadership body for child welfare and juvenile justice, and to create a statewide strategic plan for child welfare and juvenile justice reform.

2015 Activities

The Commission is now in its fourth year and continues to work on the original charges as provided by LB821, responsibilities added by subsequent legislation, and strategic plan priorities. Some highlights from the year include:

- In January members met for the Commission's first annual retreat featuring a presentation on leadership from Senator Colby Coash, information regarding the utilization of data enhance the child welfare system from Chapin Hall's Jennifer Haight, and a facilitated discussion to reaffirm the Commission's direction and focus. The Commission will continue to hold an annual retreat.

- In July the Commission experienced a change in leadership when Beth Baxter became Chair, Gene Klein became Vice-Chair, and Karen Authier moved into the role of Past Chair.
- The Commission released the Child Welfare Financing Primer, a document intended to inform thoughtful discussion about child welfare funding in Nebraska.
- New voting member Paula Wells was welcomed in the role of foster parent. Matthew Blomstedt (Commissioner of Education) designee Steve Milliken, Katie McLeese Stephenson (Court representative), Courtney Phillips (CEO of the Department of Health and Human Services), and Doug Weinberg (Director of Children and Family Services) were also welcomed as ex-officio members. Senator Kate Bolz (Appropriations Committee) and Senator Patty Pansing-Brooks (Judiciary Committee) also joined as legislative representatives. A list of current membership is attached as Appendix A.
- The Commission expanded its knowledge and familiarity with the communities and initiatives of Nebraska by holding meetings outside of the usual meeting location in Lincoln, including Omaha and Grand Island.
- Significant progress was made on the Commission's website, accessible at http://childrens.nebraska.gov.

Committees

The Commission completes some of its assigned tasks through Committees created by legislation. The Commission appoints members to ensure that each Committee has a balanced membership representing all three branches of government, system stakeholders, community representatives, and families and youth whose lives have been impacted by the child welfare and juvenile justice systems. Committees complete their work and forward recommendations to the Commission for approval and advancement to the Legislature, Governor's Office, and DHHS.

Bridge to Independence Advisory Committee (Mary Jo Pankoke, Chair)

Statutory Information: This Committee was created by LB216 (2013) and codified at Neb. Rev. Stat. §473-4513 to make recommendations to the Department of Health and Human Services (DHHS) and Commission regarding the Bridge to Independence Program, extended guardianship assistance, and extended adoption assistance.

The Bridge to Independence Advisory Committee has been meeting since July 2013 to make recommendations regarding the creation of a program offering voluntary services and support for youth who have aged out of foster care before attaining permanency. This program was implemented on October 1, 2014, and the Committee continues to monitor the program and make recommendations for improvement.

This Committee has also focused its attention on youth served in the juvenile justice-system. Recognizing that this population needs similar supports and services, a workgroup was formed to examine the possibility of implementing a similar program to serve these youth. The workgroup has consulted with a national firm to perform an analysis of the program's potential fiscal impact.

Priority Recommendations/Focus:

1. The Committee will continue to focus on monitoring the implementation of B2i in partnership with DHHS, the Foster Care Review Office, and other stakeholders to create recommendations for improvement to the B2i program.
2. Support the Juvenile Justice Extension Task Force's recommendation to expand the B2i program to the juvenile justice population, by allowing the young people under the jurisdiction of the Administrative Office of Probation and 3B wards under the jurisdiction of DHHS who are in out-of-home placement at age 18 to voluntarily enroll in the B2i program.

See Appendix B for full Bridge to Independence Advisory Committee report.

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

Statutory Information: This Committee was created by LB530 (2013) and codified at Neb. Rev. Stat. §43-4217 to make recommendations on foster care reimbursement rates, statewide standardized level of care assessment, and adoption assistance payments.

The Committee submitted final recommendations regarding implementation of a new rate structure~~,~~ and level of care assessment tools in May 2014. The Committee continues meeting to monitor the rate implementation and complete other tasks requested by the Commission and DHHS.

The FCRRC created the Level of Care Subcommittee (now called the Level of Responsibility Workgroup) to create a tool to identify the level of care needed by the child, and identify the responsibilities of the caregiver to ensure the child receives the appropriate level of care to address his/her needs. The Level of Responsibility workgroup has resumed meeting to refine and revise this tool, the Nebraska Caregiver Responsibilities Tool (NCR). The workgroup has identified a number of proposed changes to the tool, including changing the name to reflect the purpose of the tool, including information about transportation responsibilities, and language from the Preventing Sex Trafficking and Strengthening Families Act regarding the reasonable and prudent parent standard.

The Foster Care Rates Subcommittee has also resumed meeting to examine the efficacy of the current foster care reimbursement rates that became effective of July 1, 2014. Members include representatives from agencies that administer the rates, DHHS, lead agency

Nebraska Families Collaborative, and Probation and a representative of the Nebraska Foster and Adoptive Family Association (NFAPA). This group will work to advance recommendations to the FCRRC on any potential changes that should be made to the base rates. Work includes a review of agency policies surrounding transportation, foster parent reimbursement structures in other states, and information on child raising costs from the United States Department of Agriculture (USDA).

DHHS requested that the Foster Care Reimbursement Rate Committee unbundle the group home rates for purposes of Title IV-E compliance. The Foster Care Reimbursement Rate Committee convened the Group Home Rate Sub-Committee to perform this task with membership representation from group home providers, DHHS and Probation. The Group Home Rate Subcommittee completed the task to the satisfaction of DHHS. The FCRRC and Commission requested that the subcommittee continue to meet to calculate the actual costs of providing group home services utilizing the same methodology used to unbundle the rates. The Subcommittee completed this task, and the final report is attached. In addition to its assigned tasks, the subcommittee also provided a forum for group home providers to share information about policies and practices with the intent of improving the effectiveness of group home care.

Priority Recommendations/Focus:

1. There is a need for the issue of group home care to be looked at further through a legislative review, in order to measure the quality of care, cost of care, and performance outcomes. Identifying the acuity of children and youth served is important when considering outcome based performance measures.
2. The FCRRC is focused on creating recommendations on foster care reimbursement rates and the statewide standardized level of care assessment for its report to the legislature in 2016.

See Appendix C for full FCRRC update and Group Home Subcommittee Report.

Juvenile Services Committee (Nicole Brundo and Kim Hawekotte, Co-Chairs)

Statutory Information: Created by LB821(2012) and codified at Neb. Rev. Stat. §43-4203, this Committee examines the structure and responsibilities of the Office of Juvenile Services and makes recommendations related to the Youth Rehabilitation and Treatment Centers (YRTCs) and the juvenile justice system of care.

The Juvenile Services Committee has remained highly active with monthly meetings after submitting its Phase I Strategic Recommendations in 2013. The Committee structured its work in 2015 by thoroughly reviewing its Phase I Plan and delving more deeply into the report's priority topics to create the recommendations in the 2015 Report.

The Committee focused on its recommendation to transition Nebraska's juvenile justice system to a regional model. The Director and Deputy Director of Missouri's Division of Youth Services traveled to Nebraska to provide consultation and information about Missouri's regional juvenile justice model. The Committee is utilizing the insight provided from this presentation to inform their recommendations to implement changes necessary to transition to a regional model.

Priority Recommendations/Focus:

1. The Committee has created a Data Analysis and Mapping Taskforce ("Taskforce") to create recommendations related to the process of moving to a regional system. The Taskforce has representation from the Office of Juvenile Services, Probation, the Foster Care Review Office, and the Juvenile Justice Institute at the University of Nebraska – Omaha. The first meeting of the Taskforce will take place on December 8, 2015, and will report to the full Committee at its January meeting.
2. The Committee will use the information identified by the Data Analysis and Mapping Taskforce to create recommendations regarding a pilot site for a regional facility, to determine the type of youth to be served, the kinds of programs to be offered, and the intake requirements. Potential populations to be served at this pilot site include the population of juvenile justice system involved youth who are receiving treatment out of state, youth who are committed to a YRTC at the age of 18, or another population identified by the Taskforce.
3. As additional legislative bills are introduced to continue or restructure the juvenile justice reform efforts, the Committee will provide feedback and recommendations to the Nebraska Children's Commission and Judiciary Committee of the Legislature.

See Appendix D for full Juvenile Services (OJS) Committee Report.

Psychotropic Medication Committee (Candy Kennedy-Goergen, Chair)

Statutory Information: The Psychotropic Medication Committee was established by LB821 (2012) and codified at Neb. Rev. Stat. §43-4203(2)(a) to examine state policy regarding the psychotropic drugs prescribed for children who are wards of the state and administration of such drugs to such children.

The Committee recommended a framework based on the American Academy of Child and Adolescent Psychiatry's *Position Statement of Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline* of policies and procedures for children receiving psychotropic medications in the Commission's 2012 Phase I Strategic Plan. Additionally, the Committee was authorized by the Commission in 2014 to provide guidance to research and assess practices for prescribing psychotropic medications to children and adolescents living in Nebraska.

The Psychotropic Medications Committee has resumed meeting with the intention of reviewing the policies and procedures of administering psychotropic drugs to state wards and providing guidance on psychotropic medication research protocols. The Committee receives updates from the Department on the implementation of policy and procedure designed to provide oversight and monitoring for the utilization of psychotropic medications in children who are state wards.

Priority Recommendations/Focus:

1. Continue to support DHHS's implementation of the Commission's approved framework for the utilization of psychotropic medication for children who are state wards.
2. Continue to partner with Nebraska's universities to support and provide guidance on psychotropic medication research protocols.

Workgroups

The Nebraska Children's Commission was charged with the statutory duty of creating a statewide strategic plan for child welfare and service reform under Neb. Rev. Stat. §43-4204. The Commission created four workgroups to create recommendations to further the goals identified in the Phase I Strategic Plan. Each is chaired by a Commission member and provides regular updates and reports to the Commission on the workgroup's progress toward its strategic plan goals.

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

Strategic Plan Goal: Encourage timely access to effective services through community ownership of child well-being.

The Community Ownership of Child Well-Being workgroup has been meeting regularly and working diligently on a number of important topics, including creating common criteria for evidence based and informed practices, inventorying evidence based programs in Nebraska, and identifying existing community collaboration efforts to enhance efforts and reduce duplication. The group put forth a vision for a state level collective impact group, and recommended the Commission recognize the Prevention Partnership as that group focused on improving the well-being of children. The Commission approved the Prevention Partnership as this body at the May 2015 meeting. In 2013**,** the workgroup held a number of listening sessions across the state to learn about the ongoing child well-being activities in communities and how the Commission could support their work. The workgroup will also hold another round of community listening sessions in Fremont, Omaha, Sarpy County, Lincoln, Grand Island, North Platte, and the Panhandle region to obtain information from

communities that are implementing Community Response to obtain data on the results and how it is coordinated with Alternative Response.

Priority Recommendations/Focus:

1. Establish a clear understanding of how successful prevention efforts across the state support the Alternative Response Program.
2. Document successful prevention efforts underway in communities across the state.
    a. The workgroup has provided an inventory of evidence based programs in communities that have implemented Alternative Response (attached to workgroup report).
    b. The workgroup is working with the Prevention Partnership to identify existing community collaboration efforts, categorized by community, county, system and outcome.

See Appendix E for full Community Ownership of Child Well-Being report.

Data, Technology, Accountability and Reporting (DTAR) (David Newell, Chair)

Strategic Plan Goal: Utilize technological solutions to information exchange and ensure measured results across systems of care.

The Data, Technology, Accountability and Reporting Workgroup has been meeting to work towards the statutory duty to identify the type of information needed for a clear and thorough analysis of progress on child welfare indicators as per Neb. Rev. Stat. §43-4204(1)(d). Formerly the IT Workgroup, the group reviewed its role in the Commission and renewed its focus after a report to the Health and Human Services Committee of the Legislature providing information on three categories of promising technological solutions: case management software, data warehouse, and predictive analytics software. The group has collaborated with Chapin Hall to bring presentations on the use of data in child welfare and juvenile justice to the Commission.

Priority Recommendations/Focus:

1. Data transparency and comparability promotes ongoing quality improvement in child welfare. The following steps should be undertaken to support ongoing quality improvement:
    a. Nebraska should make the Nebraska Foster Care Profile and Hot Spot reports produced by Chapin Hall publically available as soon as possible.
    b. Nebraska should increase the amount of juvenile justice data available to stakeholders and the public. The measures necessary to monitor the juvenile justice system should be determined and made widely and publically available.

c. Support Nebraska's migration from the Child and Family Services Review (CFSR) Round 2 measures to the CFSR Round 3 measures (or closest proxies) as soon as possible and make plans to sunset the use of CFSR Round 2 measures.

System of Care (Gene Klein, Chair)

Strategic Plan Goal: Support a family driven, child focused, and flexible system of care through transparent system collaboration with shared partnerships and ownership.

The System of Care Workgroup has remained active in the Division of Behavioral Health's Design for a Nebraska System of Care (SOC) Planning Project. The workgroup continues to advocate moving forward with the implementation of the project.

The Workgroup also continues to support the implementation of the Division of Children and Family Services' Alternative Response Project. Most recently System of Care Workgroup Chair and Commission Vice Chair Gene Klein provided public comment on the Alternative Response regulations to support the Department's implementation of the program. The Commission will provide feedback on the Department's report on the Alternative Response evaluation as per Neb. Rev. Stat. §28-712(1) with the assistance of the System of Care Workgroup.

Priority Recommendations/Focus:

1. The System of Care Workgroup's priority is to partner with DHHS in its implementation and continued improvement of Alternative Response. The workgroup looks forward to working with DHHS to provide feedback following the Alternative Response evaluation report.
2. An additional priority is to support the implementation of the Division of Behavioral Health's Design for a Nebraska System of Care (SOC) Planning Project.

Workforce (Susan Staab, Chair)

Strategic Plan Goal: Foster a consistent, stable, skilled workforce serving children and families.

The Workforce Workgroup recognizes the critical importance of caseworkers to achieving safety, permanency, and well-being for children in Nebraska. The group developed a report with recommendations related to the recruitment and retention of quality caseworkers. This continued the work done by the group in 2014 to identify the priority areas to achieve its strategic plan goal. DHHS and lead agency Nebraska Families Collaborative (NFC) presented information to the Commission following the workgroup's report regarding their efforts to recruit and retain skilled caseworkers. The Commission and workgroup support DHHS and

lead agency NFC's continued efforts to professionalize and enhance the role of caseworker in the child welfare system. The workgroup has additionally identified a need to increase the number of caseworker and supervisor candidates with Bachelor and Master Degrees in social work.

Priority Recommendations and Focus:

1. The Workforce Workgroup continues to support its two key focus areas to recruit and retain child welfare workers in Nebraska: increased salary and compensation, and the development of career trajectories.
2. Examine ways to increase the number of candidates with Bachelor and Master of Social Work degrees in the child welfare workforce, including:
    a. Continuing to explore financial incentives for attaining a Master of Social Work degree, such as a salary differential for attaining higher education, tuition reimbursement or loan forgiveness programs, and
    b. Stakeholder partnership with Nebraska's Schools of Social Work to increase capacity in building a child welfare workforce with social work education through long term investment and collaboration.
3. Examine the possibility of requiring all child welfare case managers and supervisors to have degrees from accredited schools of social work, with the understanding that this would require a long term plan of investment in and partnership with Nebraska's universities.

The full report of the Workforce Workgroup is attached as Appendix C of the Lead Agency Taskforce Report.

Taskforces

The Commission has created taskforces to create recommendations on limited scope issues that do not fall within existing Committees or Workgroups.

Lead Agency Taskforce (Beth Baxter, Chair)

Statutory Information: The Commission was charged by LB821 and codified at Neb. Rev. Stat. §43-4204 with creating recommendations relating to the potential of contracting with not for profit entities as lead agencies.

The Commission convened a group of stakeholders to have a series of thoughtful conversations about what an ideal child welfare system should look like, and the potential role of a lead agency within that system. The taskforce created a report setting forth the seven components of a seamless system of care necessary for any child welfare agency, public or private, to effectively serve children and families. The report included recommendations on the potential role of a private agency within the ideal seamless system

of care. The Lead Agency Taskforce is not currently active, but is awaiting the further direction of the Health and Human Services Committee of the Legislature and Governor's Office, and remains willing to resume work in support of a successful child welfare system.

Priority Recommendations and Focus:

1. The Lead Agency Taskforce believes that the lead agency model can be effective if the seven components of a seamless system of care are present: (1) Outcomes and Accountability; (2) Clarification of Roles and Responsibility; (3) Quality Case Management Workforce; (4) Trust; (5) Adaptive and Individualized to Children, Families, and Communities; (6) Coordinated and Flexible Service Delivery Model; and (7) Single Data Repository/Warehouse.
2. Those in authority for determining whether lead agencies will be utilized should consider the broader issues of whether or not Nebraska should establish contracts that delegate child welfare responsibilities. The State remains responsible for the placement and care of children who are state wards when lead agencies are utilized.
3. Case managers and supervisors are the foundation of the child welfare system. If the foundation of case workers and supervisors is built, the State will have a strong child welfare system regardless of the structure.

See Appendix F for full Lead Agency Taskforce Report.

Legal Parties Taskforce (Kim Hawekotte, Chair)

Issue: The Commission formed this group to examine and make recommendations related to legal parties and the practice of law in the Juvenile Court.

This Taskforce was initially formed to begin its examination of legal parties with Guardians ad Litem charged with representing the best interests of children involved in child welfare cases following LR542 examining issues regarding the current Guardian ad Litem system and report from the Office of the Auditor of Public Accounts on the Douglas County Juvenile Court Guardian ad Litem System. The Taskforce thoroughly examined the role of the Guardian ad Litem in Nebraska and other states to create recommendations to the Judiciary Committee of the Legislature, some of which were codified in LB15 (2015).

Since submitting these recommendations, the Taskforce has continued working to elevate and professionalize the practice of law in the Juvenile Court and is in the process of creating presentations for court stakeholders on recent juvenile law practice related legislation.

Priority Recommendations and Focus:

1. Continue enhancing the professionalism of the legal parties within juvenile court through the evaluation of the roles and responsibilities of legal parties.

2. Encourage professionalism and attainment of competencies in the practice of juvenile law by:
    a. Increasing the amount of juvenile practice specific trainings available to legal parties and other system stakeholders,
    b. Encouraging the Supreme Court of Nebraska to require dedicated Continuing Legal Education (CLE) hours for all legal parties who practice in juvenile court, and
    c. Researching the legal education in law schools provided to students with interest in pursuing careers in juvenile practice.
3. Research and evaluate the prosecutorial models of Nebraska and other jurisdictions.
4. Research and evaluate solutions to the problems posed by conflicting jurisdiction between the district and juvenile courts, including the feasibility of implementing a unified family court system in Nebraska or codification of the holding of *In Re Stephanie H.*, 10 Neb. App. 908, 639 N.W.2d 668 (2002).
5. Review data regarding the timeliness of adjudication hearings and appeal process in Nebraska, and other states' processes for possible improvement.

DHHS Division of Children and Family Services Alternative Response

PRESENTATION TO THE CHILDREN'S COMMISSION

NOVEMBER 17, 2015

Nebraska Revised Statute 28-712

"**The department shall** provide a report of an evaluation of the status of alternative response implementation pursuant to subsection (2) of this section to the commission and electronically to the Legislature by November 15, 2015. **The commission shall** provide feedback on the report to the department before December 15, 2015."

A) The screening process used to determine which cases shall be assigned to alternative response

- Hotline receives a report of child abuse and neglect
- This report is accepted or not accepted based on application of the Structured Decision Making (SDM) screening criteria
- Accepted reports are then screened applying the 21 Alternative Response (AR) Exclusionary Criteria and the 6 Review Evaluate & Decide (RED) Team criteria
- Accepted reports aka Intakes are either AR eligible or AR ineligible
- AR ineligible families are assigned to the Traditional Response (TR) pathway (Assessment/Investigation) for a response
- 50% of AR eligible intakes are assigned to the AR pathway-50% of AR eligible intakes are assigned to the TR pathway
- The screening process, exclusionary criteria and RED Team criteria were developed in collaboration with the AR Statewide Advisory Committee, the AR Director's Steering Committee and the DHHS Internal Workgroup

B) The number and proportion of repeat child abuse and neglect allegations within a specified period of time following initial intake

- This data is being captured via NFOCUS and is being reflected in the Continuous Quality Improvement Packet
- Allegation has been defined as: Accepted report of abuse and neglect
- The specified period of time has been defined as: Within 12 months of the initial accepted report
- Analyzing this data today would be premature, as the sample size to date is very small and period of time pilot has been implemented is very short

C) The number and proportion of substantiated child abuse and neglect allegations within a specified period of time following initial intake

- This data is being captured via NFOCUS and is being reflected in the Continuous Quality Improvement Packet
- Substantiated has been defined as: Accepted report of abuse and neglect that has been assigned a Traditional Response (assessed/investigated) and the finding was agency substantiated or court substantiated
- The specified period of time has been defined as: Within 12 months of the initial accepted report
- Analyzing this data today would be premature, as the sample size to date is very small and period of time pilot has been implemented is very short

D) The number and proportion of families with any child entering out of home care within a specified period of time following initial intake

- This data is being captured via NFOCUS and is being reflected in the Continuous Quality Improvement Packet
- Entering out of home care has been defined as: child(ren) placed in any setting outside the family home
- The specified period of time has been defined as: within 6 months from the date the first intake was accepted for assessment
- Analyzing this data today would be premature, as the sample size to date is very small and period of time pilot has been implemented is very short

E) Changes in child and family well being in the domains of behavioral and emotional functioning and physical health and development as measured by a standardized assessment instrument to be selected by the department

- The standardized assessment instrument selected is the PFQWB Protective Factor Questionnaire-Well Being (PFQWB)
- Created in collaboration with CCFL
- This tool is a combination of: the protective factor questionnaire (FRIENDS), items from the SDM Family Strengths and Needs Assessment, the Strengths and Difficulties Questionnaire (EBP wellbeing tool) and items from the New Mexico Court Improvement Project. While the tool is a combination of various tools, an independent data analysis of each tool will be completed.
- The data collected from the PFQWB will not be analyzed as though it was from one tool.

F) The number and proportion of families assigned to the alternative response track who are reassigned to a traditional response

- This data is being captured via NFOCUS and is being reflected in the Continuous Quality Improvement Packet
- Two categories: Programmatic and Technical
- Programmatic Track changes are driven by the 5 Mandatory Response Reassignment criteria or the 7 RED Team referral criteria
- Technical track reassignments are driven by NFOCUS data definitions or operator error

G) A cost analysis that will examine, at a minimum, the costs of the key elements of services received

DHHS collects expenditures via NFOCUS and SharePoint Databases

DHHS collects expenditure data on both formal and informal supports and services by payer source and by county

The most prevalent services utilized have been on concrete/informal supports such as housing (rent, deposits, cleaning and utilities), transportation (motor vehicle repair, gas, tires and a windshield), food and clothing

The most prevalent formal services utilized have been intensive family preservation (IFP) and family support

Personnel costs are also a part of the cost analysis

The department may begin using alternative response in up to five additional alternative response demonstration project locations on or after January 1, 2016 Neb.Rev.Stat. 28-712

- Expansion planning has been occurring over the past 6 months
- The AR Statewide Advisory Committee and the AR Director's Steering Committee have provided valuable input into this plan
- Phase I Expansion is scheduled to begin in early 2016 and includes the following counties:
  - 25 counties in the Western Service Area
  - 4 counties in the Central Service Area, and
  - 6 in the Northern Service Area

Considerations for expansion planning included:

- Data on AR eligible families
- Community preparedness
- Service Area Administrator input/staffing readiness
- Clustering next to existing pilot sites
- AR must be implemented in 93 counties prior to 2019

Families Served through Alternative Response as of 11/09/2015

Alternative Response (AR)			
		Current AR Families	Total Families Served through AR
Western Service Area	1-Oct-14	0	0
	2-Nov-15	15	30
Central Service Area	1-Oct-14	0	0
	2-Nov-15	7	46
Northern Service Area	1-Oct-14	0	0
	2-Nov-15	8	24
Southeast Service Area	1-Oct-14	0	0
	2-Nov-15	18	162
DHHS Eastern Service Area	1-Oct-14	0	0
	2-Nov-15	12	55
Statewide	1-Oct-14	0	0
	2-Nov-15	60	317

Agenda Item XVI

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
11-15-2015

Legislative Report:
Alternative Response Implementation
Pursuant to Neb. Rev. Stat. 28-712 (3)

Department of Health & Human Services
DHHS
NEBRASKA

1. The Department shall provide a report of an evaluation on the status of alternative response implementation pursuant to subsection (2) of this section to the commission and electronically to the Legislature by November 15, 2015.
2. The Department shall contract with an independent entity to evaluate the alternative response demonstration projects. The evaluation shall include, but not limited to:
   a) The screening process used to determine which cases shall be assigned to alternative response;
   b) The number and proportion of repeat child abuse and neglect allegations within a specified period of time following initial intake;
   c) The number and proportion of substantiated child abuse and neglect allegations with a specified period of time following initial intake;
   d) The number and proportion of families with any child entering out of home care within a specified period of time following initial intake;
   e) Changes in child and family well-being in the domains of behavioral and emotional functioning and physical health and development as measured by a standardized assessment instrument to be selected by the department;
   f) The number and proportion of families assigned to the alternative response track who are reassigned to a traditional response; and
   g) A cost analysis that will examine, at a minimum, the costs of key elements of services received.

The Department of Health and Human Services (DHHS), Division of Children and Family Services (DCFS) implemented an Alternative Response pilot project on October 1, 2014 in five counties across Nebraska (Scotts Bluff, Hall, Lancaster, Dodge and Sarpy). Alternative Response is one intervention DCFS has implemented as part of the Title IV-E Wavier Demonstration Project awarded by the U.S. Department of Health and Human Services, Administration on Children Youth and Families (ACF) in 2013. As part of the terms and conditions of the demonstration project, the state was required to secure a third party, independent evaluator to assess the process, outcomes and costs of the project. The University of Nebraska at Lincoln, Center on Children, Families, and the Law (CCFL) was awarded the contract for the program evaluation.

The development of the Alternative Response program was a collaborative project with internal and external stakeholders. To obtain feedback from the numerous entities, various Alternative Response Committees were created:

- The Alternative Response Internal Workgroup is comprised of DCFS field staff and administrators who researched Alternative Response and drafted the program and practice model; recommendations from this workgroup were shared with the Director's Steering Committee and the Alternative Response Statewide Advisory Committee.
- The Alternative Response Director's Steering Committee representatives include the Foster Care Review Office, Office of Inspector General, Region V Behavioral Health, Lancaster County Attorney's Office, Court Improvement Project, Nebraska Children and Families Foundation, a Child Advocacy Center, Voices for Children and internal DCFS Administrators.
- The Alternative Response Statewide Advisory Committee is comprised of the Director's Steering Committee along with community and family partnering organizations.

DCFS utilized the expertise of the members within each workgroup to obtain feedback and generate ideas on how best to develop an Alternative Response model for Nebraska. Their participation was vital to the development and implementation of Alternative Response. DCFS continues to meet regularly with each of these committees to share implementation and program progress.

I. Screening Criteria and Response Reassignment

The Alternative Response eligibility criteria, known as the exclusionary criteria, were developed in collaboration with internal and external statewide stakeholders. Currently there are 21 exclusionary criteria applied to intakes accepted at the hotline to determine eligibility for Alternative Response.

Exclusionary Criteria: Any Intake Accepted for Assessment that meets one or more of the criteria listed below will automatically be assigned to a local office for a Traditional Response.

1. Report alleges physical abuse that:
    i. has resulted in serious bodily injury to a child (Neb Rev Stat 28.109 (20))
    ii. involves a child under the age of 6 years AND has an injury to the head or torso
    iii. involves a child that is limited by disability
    iv. is likely to cause death or severe injury to a child (i.e. shaken baby, rough handling of an infant)
2. Reported domestic violence.
3. Report alleges sexual assault and/or sex trafficking of a child/minor. (Neb Rev Stat 28-319.01 and 28-320.01; 28-830 (13) and 28-831).
4. Report alleges a child in imminent danger due to sexual exploitation.
5. Report alleges neglect that has resulted in serious bodily injury to a child. (Neb Rev Stat 28-109).
6. Any report that requires Child Advocacy Centers, Law Enforcement and DHHS coordination. (Neb Rev Stat 28-728, Section 3, Sub-section D, Sub-section iii).
7. Report alleges maltreatment resulting in a child death and other children reside in the home of the alleged perpetrator.
8. Report alleges newborn with a positive urine or meconium drug screen for alcohol or drugs AND
    i. parent has as an addiction
    ii. prior delivery of drug exposed infant without successful drug treatment
    iii. no preparation for infant's arrival
    iv. current use and expressed intent to breastfeed or is breastfeeding
    v. no in home support system or alternative primary care arrangements
9. Report alleges the manufacturing and/or use of methamphetamine (Neb Rev Stat 28-401 (14)) or other controlled substance (Neb Rev Stat 28-401 (4)).
10. Report of a positive methamphetamine or other controlled substance screen or test during the term of a pregnancy.
11. Report alleges a child had contact with methamphetamine or other controlled substance including a positive meconium or hair follicle screen or test.
12. A report of an adult or caretaker residing in the home with a child where such adult or caretaker has previously had their parental rights terminated or relinquished their parental rights during a court involved case. Caretaker definition: Neb Rev Stat 71-6721(3) which means a parent, foster parent, family member, friend, or legal guardian who provides care for an individual.
13. A report alleging abuse or neglect in a household where an active DCFS traditional investigation is occurring on one or more individuals residing in the home.

14. A report alleges abuse or neglect in a household where an individual or family is currently receiving services through the Protection and Safety section of the Division of Children and Family Services.
15. Report alleges abuse or neglect that is occurring in an out of home setting (i.e. foster care, kinship care).
16. Previous court substantiated reports of abuse/neglect.
17. Previous agency substantiated and currently on Central Registry.
18. Past maltreatment concerns not resolved at case closure and there are two or more children under the age of 5 or 1 child under the age of 2.
19. Parent name, whereabouts or address unknown at the time of the report.
20. Law Enforcement citation for child abuse issued to the parent/caretaker which is directly related to the intake.
21. DHHS is aware of a pending or current law enforcement investigation.

As required by Neb. Rev. Stat 28-710 (4), the department shall adopt and promulgate rules and regulations to carry out sections 2 to 4 of this act. The public hearing for said rules and regulations occurred on August 21st, 2015. The exclusionary criteria listed below are embodied into the rules and regulation submitted to the Attorney General's Office which incorporated the testimony from the public hearing. The criteria have been modified for clarity.

Exclusionary Criteria means criteria which, if alleged or otherwise learned by the Department, automatically excludes an Intake Accepted for Assessment from eligibility for Alternative Response. Exclusionary Criteria include

1. physical abuse of a child (i) under the age of six involving an injury to the head or torso; or (ii) with a disability; or (iii) which resulted in serious bodily injury to a child as defined in Neb. Rev. Stat. § 28-109(20); or (iv) is likely to cause death or severe injury to a child;
2. domestic violence involving a caretaker AND the alleged perpetrator has access to the child or Caretaker;
3. sexual assault of a child as defined in Neb. Rev. Stat. §§ 28-319.01, 28-320.01 ;
4. sex trafficking of a minor as defined in Neb. Rev. Stat. §§ 28-830(14), 28-831(3);
5. sexual exploitation of a child as defined in Neb. Rev. Stat. § 28-707(d);
6. neglect of a child resulting in serious bodily injury as defined in Neb. Rev. Stat. § 28-109(20);
7. allegations require Child Advocacy Center, Law Enforcement, and Department coordination (Neb. Rev. Stat. § 28-728(3)(d)(iii));
8. a Household Member allegedly caused the death of a child;
9. a newborn whose urine or meconium has tested positive for alcohol AND whose Caretaker (i) has an alcohol addiction; or (ii) previously delivered a drug-exposed infant and did not

successfully complete drug treatment; or (iii) did not prepare for the newborn's birth; or (iv) currently uses controlled substances as defined by Neb. Rev. Stat. § 28-401 or alcohol and breastfeeds or expresses intent to breastfeed; or (v) has no in-home support system or alternative primary care arrangements;

10. a Household Member uses or manufactures methamphetamine or other controlled substances as defined in Neb. Rev. Stat. §§ 28-401, 28-405;
11. a pregnant woman tested positive for methamphetamine or other controlled substance as defined in Neb. Rev. Stat. §§ 28-401, 28-405;
12. a child has had contact with methamphetamine or other controlled substance as defined in Neb. Rev. Stat. §§ 28-401, 28-405, including a positive meconium or hair follicle screen or test;
13. a child resides with a Household Member whose parental rights have been terminated or relinquished during a court-involved case;
14. abuse or neglect of a child who resides with (i) the subject of an active Traditional Response or (ii) an individual or family that is receiving services through the DCFS Protection and Safety section or (iii) an individual or family who is involved in juvenile court petition pursuant to Neb. Rev. Stat. § 43-247(3)(a);
15. child abuse or neglect has occurred in an out-of-home setting;
16. a Household Member has a prior court substantiated report of child abuse or neglect or is a sex offender;
17. a Household Member appears on the central registry of child protection cases under Neb. Rev. Stat. § 28-720;
18. a child under the age of two or at least two children under the age of five reside(s) with a Household member where the current maltreatment concerns are the same as prior maltreatment concerns included in an Intake Accepted for Assessment;
19. a child whose Caretaker's identity or whereabouts are unknown;
20. law enforcement has cited a Caretaker for the child abuse or neglect alleged in the Intake Accepted for Assessment;
21. the Department is made aware by law enforcement of an ongoing law enforcement investigation involving a Household Member; and
22. a safety concern is otherwise identified which requires Department intervention within 24 hours.

In addition to the exclusionary criteria, the intake screening process includes a supplementary set of criteria that if alleged in the intake accepted for assessment, requires a Review, Evaluate and Decide (RED) Team review. These criteria are not an automatic exclusion from Alternative Response, the RED Team conducts a critical analysis of the familial dynamics including but not limited to the severity of the allegation, vulnerability of child(ren) involved, and family history to

determine appropriate track assignment. The original RED Team criteria applied to intakes accepted at the hotline to determine eligibility for Alternative Response are outlined below.

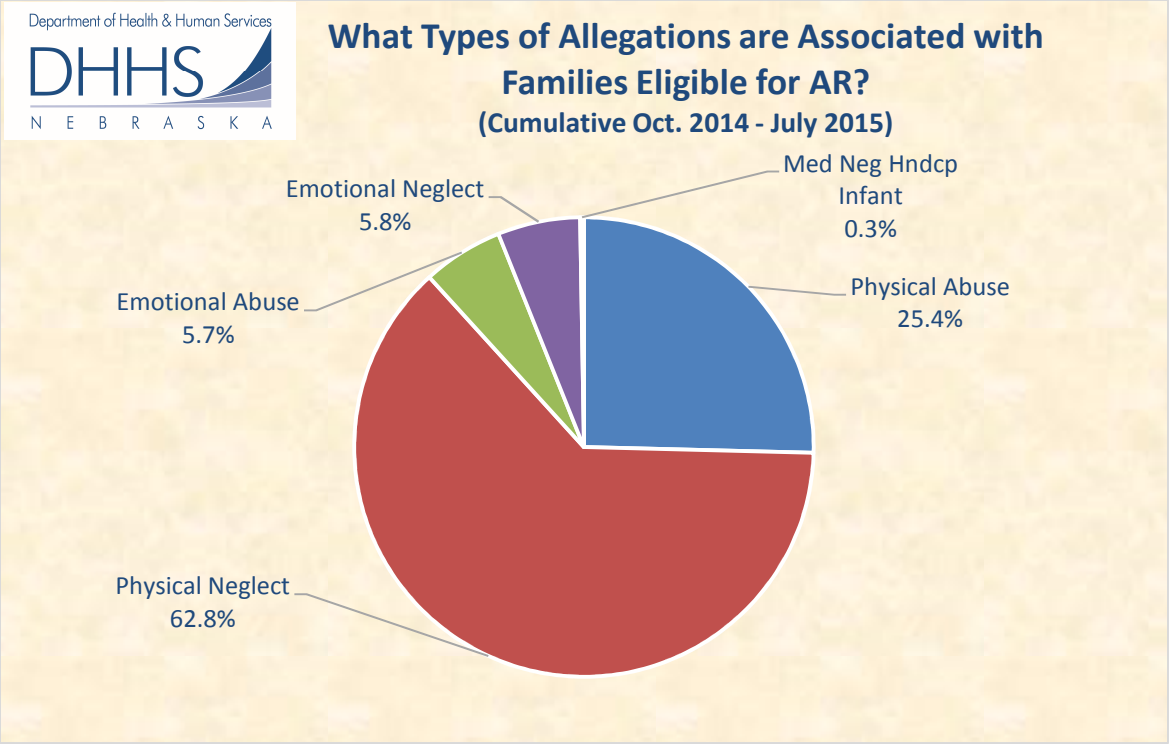
Review, Evaluate and Decide (RED) Team Criteria: Any Intake Accepted for Assessment that does not meet the exclusionary criteria described above, require further review and analysis. The original 6 RED Team criteria applied to intakes accepted at the hotline to determine eligibility for Alternative Response includes intakes that have the following circumstances:

1. Report by a physician, mental health or other health care provider alleging significant parental mental health diagnosis.
2. Report alleges symptoms related to a parental significant mental illness including but not limited to: psychotic behaviors, delusional behaviors and/or danger to self of others.
3. Biological parent(s) of alleged victim is a current or former state ward.
4. Family has had a prior accepted report within the past 6 months and there are two or more children under the age of 5 or 1 child under the age of 2.
5. Current open Alternative Response Case.
6. Report alleges abuse or neglect AND alcohol/or other substance abusing issues AND there are two or more children under 5 or one child under 2.

After the initial implementation of Alternative Response, a larger proportion than expected of intakes eligible for Alternative Response had allegations of physical abuse (Refer to Diagram 1). Therefore, in October 2014, a 7th RED Team Criteria was added to assess for appropriate track assignment.

7. Intake Accepted for Assessment includes an allegation of physical abuse that does not rise to the level of physical abuse identified in the Exclusionary Criteria.

Diagram 1



*Data Source, **Alternative Response IV-E Pilot Project Statistics 8.5.2015**

In response to the testimony provided at the Alternative Response public hearing held on August 21st, 2015 and for purposes of clarity to both the exclusionary and RED Team criteria, an additional RED Team criteria was included into the Alternative Response regulations.

8. A Household Member or alternate caregiver noted on the Intake Accepted for Assessment has a history of using or manufacturing methamphetamine or other controlled substances as defined in Neb. Rev. Stat 28-401, 28-405.

Table 1 on the following page is a depiction of accepted reports of child abuse and neglect taken by the statewide hotline and the number and percent of intakes/families eligible for Alternative Response. From October 1, 2014 through July 31, 2015, 7.3% of all intakes accepted at the hotline were eligible for Alternative Response. This data suggests that NE is taking a conservative approach with AR implementation.

What Percent of Statewide Intakes are Eligible for Alternative Response?

(October 1, 2014 through July 31, 2015)

Table 1

Department of Health & Human Services DHHS NEBRASKA	
Total Number of Accepted Child Abuse and Neglect Intakes/families	9,977
Of the Total Number of Accepted Child Abuse and Neglect Intakes, How Many Intakes/families are Eligible for AR?	732
% AR Families Eligible for AR	7.3%

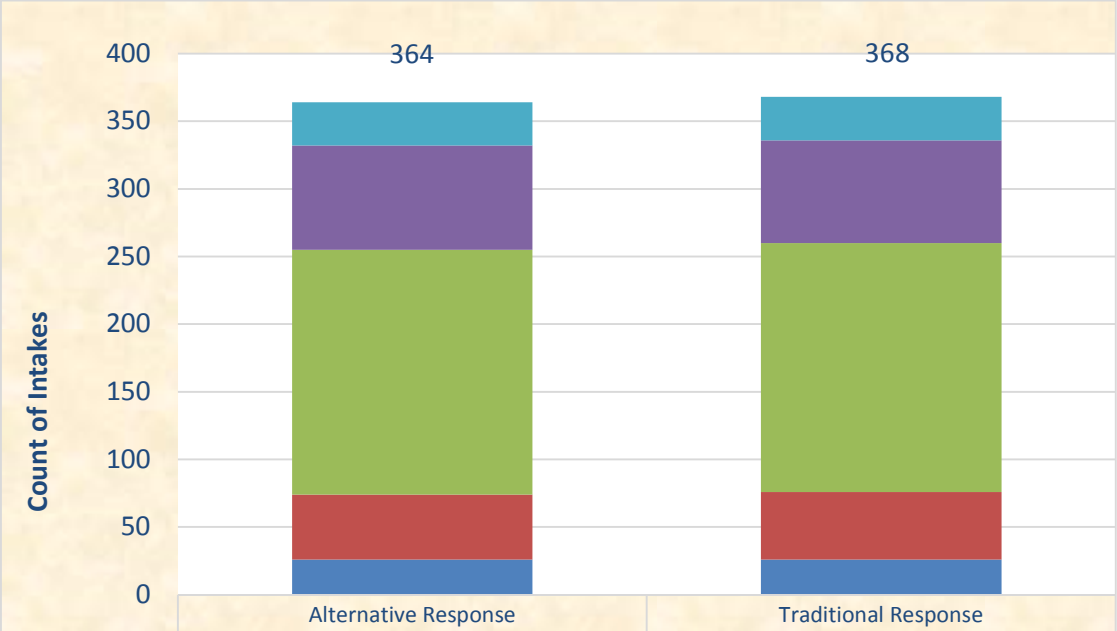
* Data Source, **Alternative Response IV-E Pilot Project Statistics 8.5.2015**

Diagram 2 depicts the randomization of accepted intakes to AR and TR.

The Number of Families Eligible for AR by Initial Track Assignment

(October 1, 2014 through July 31, 2015)

Diagram 2



	Alternative Response	Traditional Response
Scotts Bluff	32	32
Sarpy	77	76
Lancaster	181	184
Hall	48	50
Dodge	26	26

* Data Source, **Alternative Response IV-E Pilot Project Statistics 8.5.2015**

Of the 364 intakes/families assigned to Alternative Response, 114 intakes/families were reassigned to Traditional Response. Response reassignments or track changes, are divided in two categories: programmatic and technical. The programmatic category includes intakes that are reassigned to Traditional Response when the following dynamics occur:

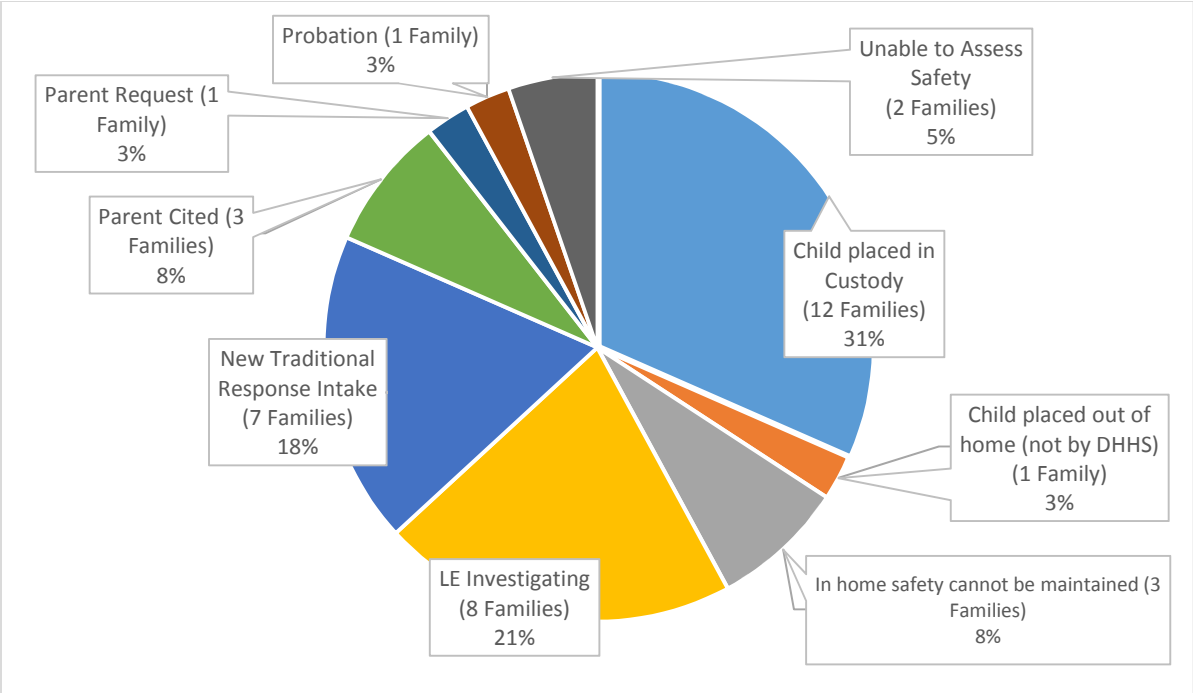
1. Mandatory Response Reassignment – The intake will automatically transfer from AR to TR if:
    a. A safety threat is present and cannot be managed in the home
    b. DCFS cannot assess for child safety
    c. Law enforcement will continue investigating the child abuse or neglect Intake Accepted for Assessment
    d. The caretaker requests a Traditional Response
    e. DCFS learns a household member allegedly caused the death of a child
2. RED Team Decision - A CFS Specialist will complete a 'Notice to RED Team' referral when an exclusionary criteria or red team criteria is learned about a family that is currently receiving Alternative Response. The RED Team will review the familial information to determine appropriate track assignment.

From October 1, 2014 through July 31, 2015 38 intakes or 34% of the 114 intakes reassigned to Traditional Response were programmatically driven (Refer to Diagram 3).

Programmatic Reasons for Track Changes from Alternative Response to Traditional Response

(October 1, 2014 through July 31, 2015)

Diagram 3



*Data prepared by RED Team Coordinator 8.5.2015

The technical category includes intakes that are were initially assigned to AR and then reassigned to Traditional Response (TR) due to how the Intake Specialists or Hotline staff applied the exclusionary criteria. Once the Intake Specialist has closed the intake as an AR case, the NFOCUS data system does not allow the Intake Specialist to make an assignment change to TR without creating a track change. In order to address this particular challenge, DCFS completed the following:

- Further definition was applied to the exclusionary criteria
- Integrated RED Team data with NFOCUS data
- Provided additional training to Hotline staff and implemented supervisory reviews all intakes that were preliminary determined to be AR eligible in order to have a second level of review.

II. Outcome Evaluation

The independent, third party evaluator contracted to conduct the Title IV-E Waiver Demonstration Project was awarded to the University of Nebraska at Lincoln, Center on Children, Families and the Law (CCFL) per Neb. Rev. Stat. 28-712 (3(2)). The evaluation consists of three components: 1. process evaluation, 2. outcome evaluation and, 3. A cost study as agreed upon between Administration for Children and Families (ACF)/DHHS and NE DHHS. DHHS will receive two formal evaluative reports from CCFL in March 2017 (Interim Report) and in February 2020 (Final Report). The three components are described below:

1. Process Evaluation: Description of how the program was implemented.
    - The planning process
    - Organization aspects: staff structure, funding committed, administrative structures, oversight
    - The number and type of staff involved including training, education and experience
    - The service delivery system
    - Role of courts
    - Contextual factors
    - The degree of implementation with fidelity
    - Barriers encountered
2. Outcome Evaluation: Differences between the experimental and control group in the following outcomes:
    - The number and proportion of repeat maltreatment allegations
    - The number and proportion of substantiated maltreatment allegations
    - The number and proportion of families with any child entering out of home care
    - Changes in child and family well-being

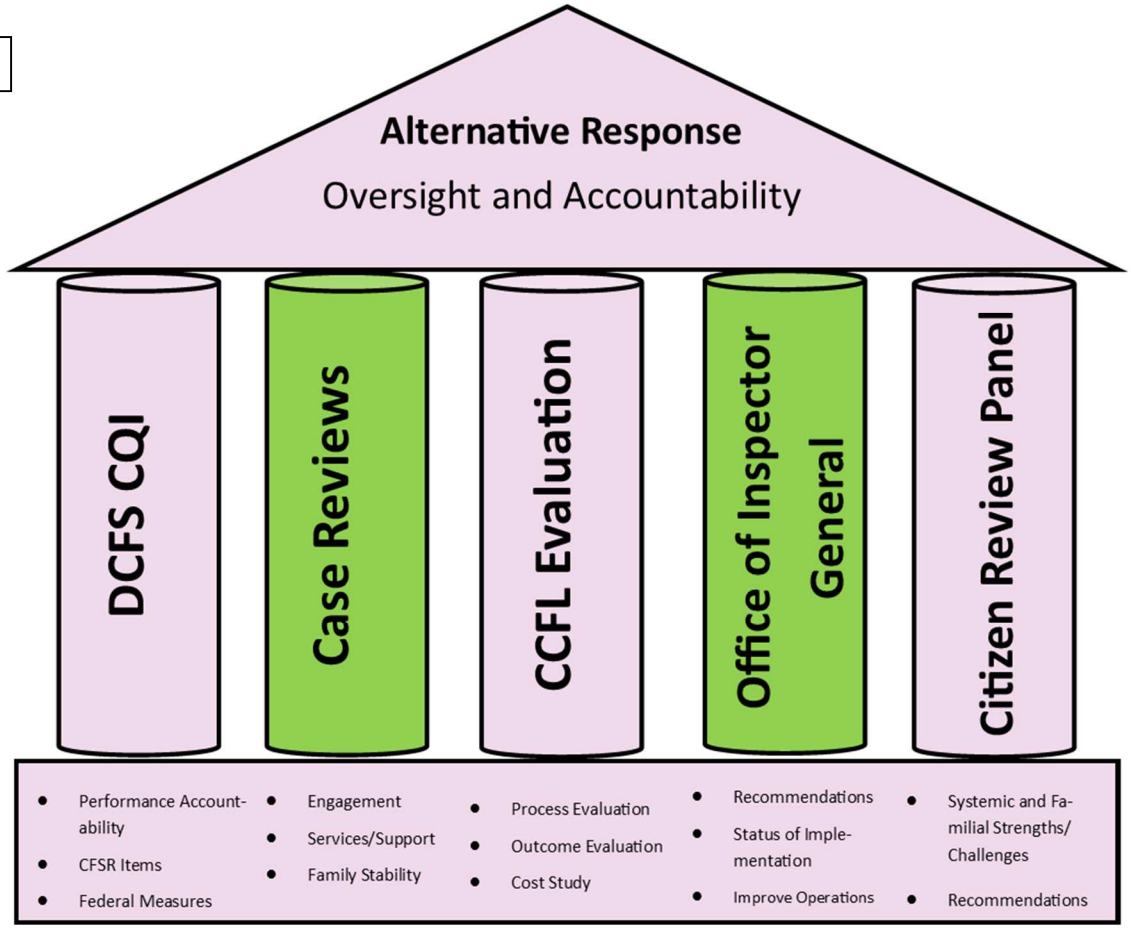
- The number and proportion of families assigned AR who are re-assigned to TR due to an allegation of maltreatment (For experimental group only).

3. Cost Study: Examine the costs of key elements of services designated for the intervention and compare these costs to services available prior to the start of the demonstration.

Given the limited amount of time the pilot has been implemented as well as the limited number of families who have received AR, CCFL has communicated with DCFS that at this time, it is premature to share outcome data analysis.

Knowing that the CCFL data analysis would not be available early on in the pilot implementation, due to the reasons previously cited, DCFS implemented an Oversight and Accountability structure to compliment the CCFL evaluation as well as to monitor the pilot implementation, AR model fidelity, demographic and outcome data and to provide opportunities to for formal feedback (Diagram 4).

Diagram 4



A. DCFS Continuous Quality Improvement:

The CQI data reported monthly directly relates to the core outcomes for AR. The data is used to continually analyze aspects of programmatic performance. Some examples included in the monthly data report: the number of children and families eligible for AR, the number of children and families served, child demographics (age, gender, and ethnicity), types of allegations associated with intakes eligible for AR, response reassignment data, the number of children removed from their family home, the number of children involved in a second accepted intake, the number of families who become court involved, the number of substantiated reports of abuse and neglect, and the average length of time a family receives AR.

The CQI monthly data is shared with and analyzed by the AR Director's Steering Committee, the AR Statewide Advisory Committee and the AR Internal Workgroup who played a significant role with identifying the data elements to be included in the monthly CQI report. This analysis of the data has yielded programmatic changes that have strengthened the quality of the AR model.

B. Case Reviews

Individual case reviews will assess the level of engagement, supports and services provided to the family. More specifically, the case reviews will pinpoint the familial or systemic issues impacting the reasons a subsequent intake is accepted at the hotline. It is anticipated a case review process will be operational within the first quarter of 2016.

C. CCFL Evaluation

In addition to the two formal evaluative reports conducted by CCFL, DCFS has requested and received the following process evaluation interim reports from CCFL:

i. The Nebraska Protective Factor and Wellbeing Questionnaire (PFWQ): a quarterly report assessing the implementation of the PFWQ tool and data analysis on wellbeing and protective factors (Attachment 1).
ii. AR Stakeholder Survey Results: a report analyzing stakeholder perceptions and experiences (Attachment 2).
iii. AR Family Experience Survey: a semi-annual report summarizing data collected from families who are eligible for AR (Attachment 3).
iv. Worker End of Case Survey: a semi-annual report summarizing data collected from case managers who were assigned a family eligible (Attachment 4).

D. Inspector General Report

Reports from the Inspector General will be incorporated into future DHHS AR reports.

E. Citizen Review Panel

An Alternative Response Citizen Review Panel has recently been established. The reports and recommendations generated from this panel will be utilized to identify areas of strength and areas challenges.

III. Service Array

A family's ability to access timely services within their community is vital component of AR. In an effort to expand service capacity, DCFS continues to collaborate with the Nebraska Children and Family's Foundation (Nebraska Children) who leads local efforts aimed at minimizing poverty, homelessness, and child abuse/neglect within communities. Developing and implementing Child Well Being Communities is one strategy designed to achieve this goal. Child Well Being Communities utilize the parental protective factor framework to link families to evidence based, evidence informed and promising practice services available in their community to enhance protective factors and promote family stability and sustainability. Integrating AR efforts with Child Well Being Community efforts enhances the likelihood of family success and reduces the likelihood a family will need future DCFS intervention.

Building service capacity is only one aspect of the overall service array component. The access to flexible funding is another critical component. Purchase cards are available in each pilot site to purchase the concrete supports that are often needed by families. As of July 2015, the most prevalent services utilized include Intensive Family Preservation, Family Support, housing related assistance (rent, cleaning, utilities, and deposits), transportation (motor vehicle repairs, gas, tires, and windshield), food and clothing. Expenditures for services and concrete supports through August 1, 2015 total ~$63,000. While the utilization of flexible funds for concrete services is less than expected, field staff report tremendous support from community agencies who have delivered supports and services at no cost.

Protective Factors Questionnaire: October 2014 – July 2015

Submitted to
The Nebraska Department of Health and Human Services
301 Centennial Mall South
Lincoln, NE 68509

Submitted by
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206 S. 13th Street, Suite 1000
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Draft August 27, 2015

University of Nebraska Lincoln | CENTER ON CHILDREN, FAMILIES, AND THE LAW

Executive Summary

At the request of the Nebraska Department of Children and Family Services (DCFS), the evaluators assisted the Alternative Response (AR) leadership with the development of an adapted version of the Protective Factors Survey, entitled the *Nebraska DCFS Protective Factors Questionnaire*. During this period of review, the Protective Factors Questionnaire (PFQ) was to be administered to AR families during the initial assessment process. Workers documented the family's rating of each item on a 5-point scale of agreement (*1 = Strongly Disagree, 5 = Strongly Agree*) or frequency (*1 = Never, 5 = Always*). This was to be completed at the beginning and end of the case. Documentation of the family's responses was then to be scanned and uploaded into N-FOCUS. These data were then shared with the evaluators to examine changes in families' perceptions of their protective factors over the life of the AR case.

New AR guidelines were released in an AR program manual on July 1, 2015 along with an updated version of the PFQ, now titled the *Nebraska DCFS Protective Factors and Well-Being Questionnaire*. In partnership with DCFS, the PFQ was expanded to include the measurement of well-being. However, the data included in this report only reference the original PFQ. Future reports will examine the usage of this new form.

For this review, DCFS provided the evaluators with all PFQ data on closed AR cases from October 2014 through July 2015. The main conclusions of these analyses are as follows:

- About half (46%) of these cases have completed PFQ data, while the other half (46%) are missing PFQ data. In the remaining 8% of cases, families refused to complete the PFQ. Further analyses of PFQ completion rates are summarized in the full report, including comparisons over the last three quarters and between the pilot counties.
- Of the completed PFQs, the following issues were observed:
    - Families are continuing to refuse to complete the PFQ. Moreover, this appears to be on the rise when looking at these data over the last three quarters.
    - Only 8 cases (6%) have more than one PFQ attached.
    - There were 8 PFQs with incomplete information or blank headers.

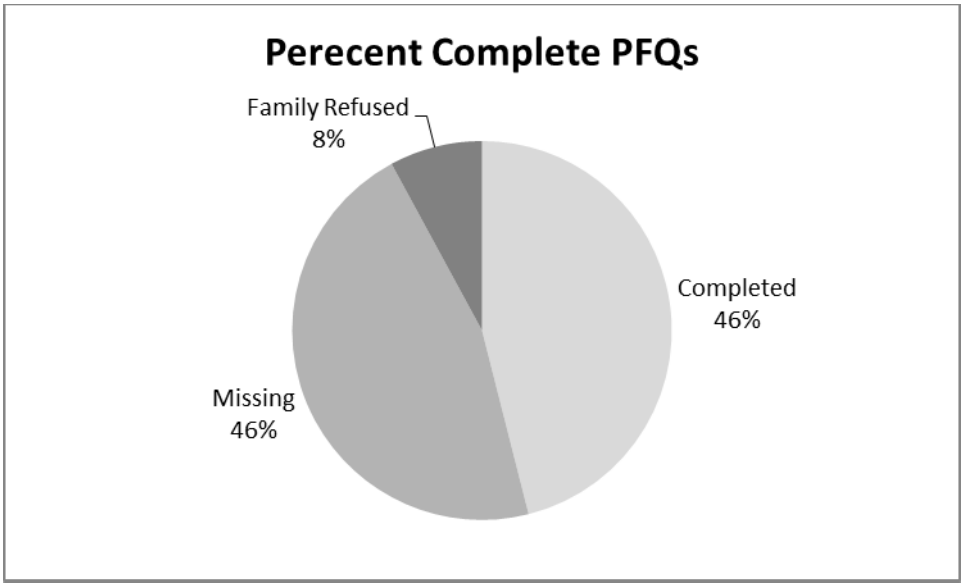
Summary of PFQ Completion

Statewide PFQ completion

The preliminary report of PFQ data included active and closed cases between October and December of 2014. In May 2015 the decision was made to only draw down data for closed cases. Therefore, this report will only include information from closed AR assigned cases. The overall data presented in this report includes PFQs completed between October 2014 and July 2015.

The original dataset provided by DCFS included 262 closed AR cases between October 2014 and July 2015. However, 11 of those cases were screened out, 8 cases changed track to a Traditional Response (TR) and were later screened out, and 70 cases changed tracks in less than 5 days. None of these cases would require the PFQ to be completed with the family; hence these cases were excluded from analyses. Additionally, 33 cases changed tracks from AR to TR after 5 or more days of the intake being accepted. Some of these cases were open long enough to require a PFQ be completed; however, because the ultimate measurement purpose of the PFQ is to examine changes in protective factors through repeated measures, this will only be possible in those cases that remain AR. Therefore, for clarity and the purposes of this report, these cases were also excluded from these analyses. Future reports could look at the completion rates and resultant data from these PFQs, if requested.

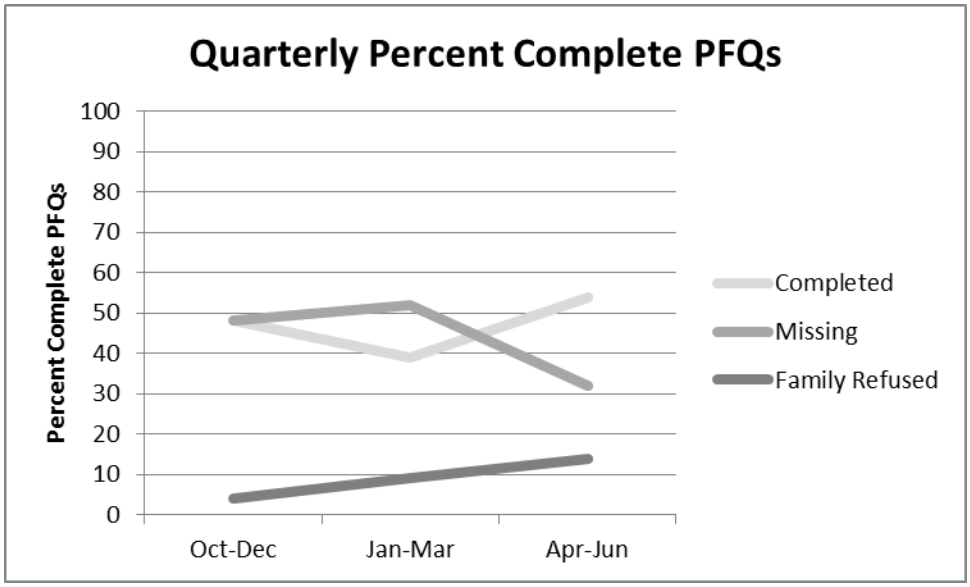
Ultimately, a total of 139 AR cases remained AR and were closed between October 2014 and July 2015. Of those 139 cases, 64 cases (46%) had completed PFQ data, 11 families refused to provide responses (8%), and 64 (46%) did not have a PFQ attached to the case. This distribution is illustrated in the chart below.



In order to examine the fluctuation in completion rates since implementation, the data were split into quarters based on the acceptance date: October through December 2014, January through March 2015,

and April through June 2015. July data was not included in these comparisons so that the quarters were equal; however, this only excluded one case.

In October through December 2014, 27 cases (48%) had completed PFQ data, 27 cases (48%) did not have a PFQ attached, and 2 cases (4%) had families refuse to complete the PFQ. In January through March 2015, 21 cases (39%) had completed PFQ data, 28 cases (52%) had missing PFQ data, and 5 cases (9%) had families refuse to complete the PFQ. In April through June 2015, there were 15 cases (54%) with completed PFQ data, 9 cases (32%) without PFQ data, and 4 cases (14%) had families refuse to complete the PFQ. Because these quarters were defined by when the case was accepted, as cases continue to close, the percentages represented for each quarter will continue to fluctuate. However, on average it appears about half of AR cases have a PFQ attached and the other half is not completed. Additionally, the percentage of families refusing to complete the PFQ appears to be on the rise. The following graph and table summarize the PFQ completion rates over the last three quarters.

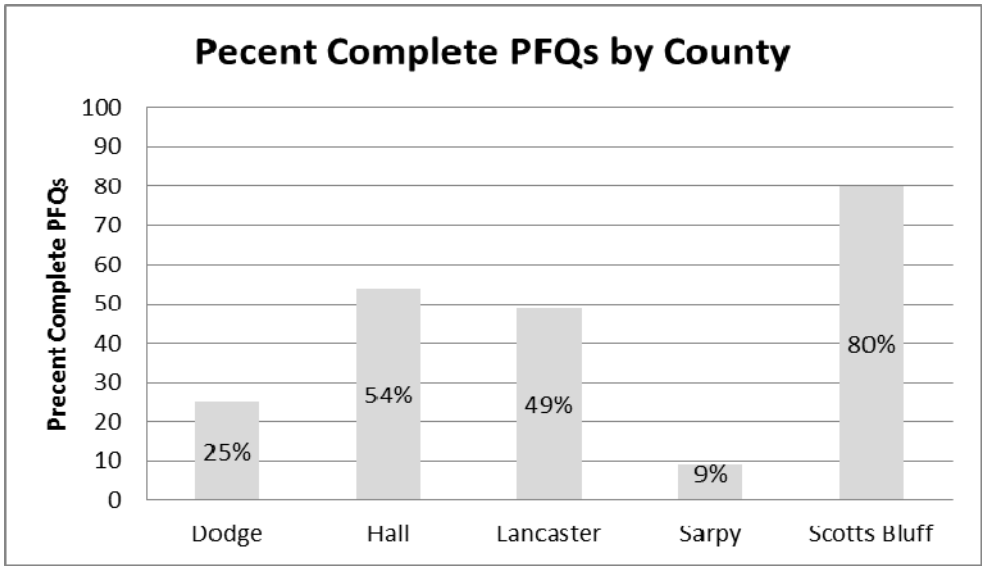


	Oct-Dec	Jan-Mar	Apr-Jun
Completed PFQs	27	21	15
Missing PFQs	27	28	9
Family Refused	2	5	4
Total Closed AR Cases	56	54	28

PFQ completion by pilot county

The percent of completed PFQs varies by pilot county. However, the populations and subsequent number of AR cases also varies meaningfully by county. Due to the small number of cases in the pilot counties

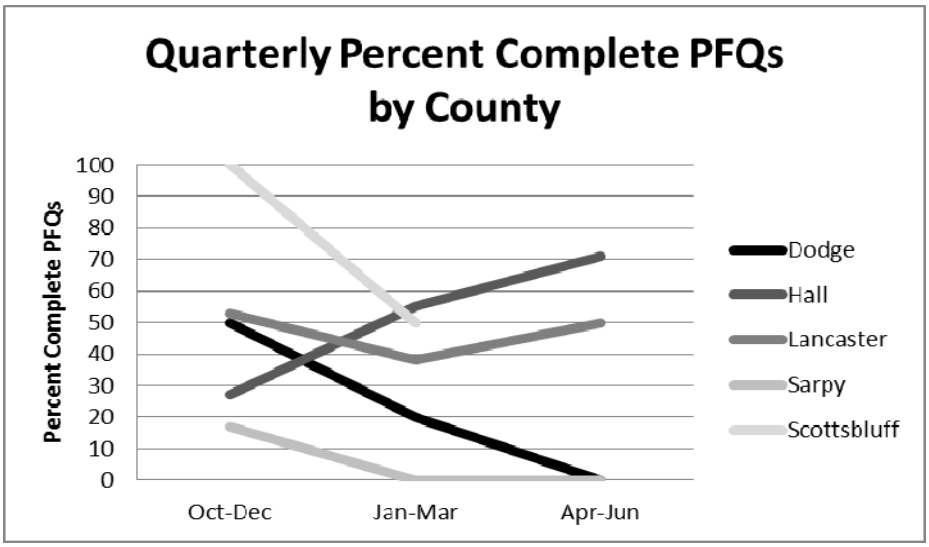
(except for Lancaster), it should be noted that completion rates are impacted heavily by a single PFQ being completed or not completed. Therefore, these percentages should be considered accordingly. The following graph and table summarize the overall PFQ completion rates for each pilot county from October 2014 through July 2015.



	Dodge	Hall	Lancaster	Sarpy	Scotts Bluff
Completed PFQs	3	14	42	1	4
Total AR Cases	12	26	85	11	5
Percent Complete	25	54	49	9	80

In order to examine the fluctuation in completion rates over time, data were split by county and then into quarters based on the acceptance date: October through December 2014, January through March 2015, and April through June 2015. July data was not included in these comparisons so that the quarters were equal; however, this only excluded one case from Lancaster County. Because these data were split into such small groupings, these percentages should be considered cautiously and not absolutely. For example, the numbers are so few in Scotts Bluff County that the completion rate appears to have fallen from 100% to 50%, and while numerically this is true, practically speaking, this is only one case. Furthermore, Scotts Bluff County didn't have a single AR case included in the third quarter data. However, these data still highlight some meaningful trends. For Dodge County, while the number of closed AR cases has remained relatively steady, the completion rate appears to be falling. Additionally, Sarpy County completed 1 PFQ during the first quarter, but no other closed cases have had PFQ data attached since. Bearing in mind that these numbers are low, it may still be advisable to communicate further with these specific counties to promote the completion of the PFQ. On the other hand, Hall County appears to continually be improving on their PFQ completion and Lancaster County is remaining relatively stable with nearly half of their

cases including PFQ data. Generally speaking, all counties need to improve their completion of the PFQ, especially if the goal is 100% completion, which no county is currently achieving. The following graph and table summarize the PFQ completion rates over the last three quarters.



	Oct-Dec					Jan-Mar					Apr-Jun				
	Dodge	Hall	Lancaster	Sarpy	Scotts Bluff	Dodge	Hall	Lancaster	Sarpy	Scotts Bluff	Dodge	Hall	Lancaster	Sarpy	Scotts Bluff
Completed PFQs	2	3	18	1	3	1	6	13	0	1	0	5	10	0	0
Total AR Cases	4	11	34	6	3	5	11	34	3	2	3	7	20	2	0
Percent Complete	50	27	53	17	100	20	55	38	0	50	0	71	50	0	-

Issues with Completed PFQ Data

Different forms

The preliminary PFQ report revealed that two versions of the PFQ form were being used. This issue appears to have been resolved; however, a new version of the PFQ was implemented on July 1, 2015. The new form includes well-being items and is titled the *Nebraska DCFS Protective Factors and Well-Being Questionnaire*. Future reports will examine the use of this new form.

Scanning issues

The preliminary PFQ report stated that three questionnaires had either only the first or only the second page of the PFQ form scanned into N-FOCUS. This issue appears to be resolved.

Noncompliance with AR policy

Family refusal

The preliminary PFQ report noted 1 family refusing to complete the PFQ. The current data includes 10 additional families refusing to fill out the PFQ, for a total of 11. As depicted above, the percentage of families refusing to fill out the PFQ appears to be on the rise. Per AR policy, the CFS Specialist is to ensure the completion of these questionnaires. Further clarity may be necessary to ensure this message is consistently understood by workers (i.e., this questionnaire is mandatory).

Lacking multiple PFQ measures

For the cases included in this report, AR policy stated that the PFQ was to be completed at the beginning of the case and at case closure. The preliminary PFQ report stated that only 1 case had 2 PFQs associated with it. The current data includes 7 additional cases with 2 PFQs, for a total of 8 out of 139 cases (6%). These cases with multiple measures were in Lancaster and Hall Counties. It appears greater communication is needed to ensure workers are completing these questionnaires according to the frequency outlined in policy.

Incomplete header information

There were 8 PFQs with incomplete information or blank headers. Some of the missing information included master case numbers (which were able to be provided by Sheralynn) and not providing the date the PFQ was completed. Omitting the date is a bigger concern, as this prohibits us from knowing when in the case the PFQ was completed. This is meant to be filled out multiple times to track changes in protective factors throughout an AR case. Therefore, it is important to be able to identify when each PFQ was completed.

Alternative Response Stakeholder Survey: Year 1

Submitted to
The Nebraska Department of Health and Human Services
301 Centennial Mall South
Lincoln, NE 68509

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Center on Children, Families, and the Law
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Draft submitted April 7, 2015

University of Nebraska Lincoln | CENTER ON CHILDREN, FAMILIES, AND THE LAW

Executive Summary

As a part of the Alternative Response (AR) program evaluation, CCFL created and distributed a survey to gather information about the experiences and perceptions of AR stakeholders. This 45-item survey was developed in collaboration with the DCFS AR Program Administrator and was comprised of the following dimensions: Purpose of the Group, Meeting Schedule, Meeting Processes (Agendas, Minutes, Action Items), Participation, History of Collaboration, Appropriate Cross Section of Members, Perceived Utility, Inclusiveness in Process, Open Communication, Appropriate Pace of Development, Political and Social Climate for AR, and Perceptions of AR Program Elements.

Contact information was provided by DCFS to CCFL for all individuals that DCFS considered to be AR stakeholders. This included a broad range of individuals internal and external to the department. A total of 166 individuals participated in this online survey. This survey was the first formal gathering of stakeholders' input on the AR implementation process thus far. AR was implemented in 5 pilot counties in October of 2014. This survey was emailed to participants on December 3, 2014, just shortly after initial AR implementation. Responses were collected between December 3, 2014 and December 19, 2014. Therefore, these responses are reflective of the early implementation period. This survey will be administered again midway through the demonstration and near the end of the project.

Responses to this survey were separated into three main groups for comparison purposes: statewide external stakeholders, internal workgroup and subgroup members, and local implementation team members. Most of the average ratings did not vary significantly between groups. Generally, AR stakeholders agreed or strongly agreed with the statements in the survey, meaning most AR stakeholders had generally favorable perceptions of the AR implementation process so far. However, there were some (8 items) significant differences between groups, mostly in regards to perceptions of specific AR program elements. These significant findings, along with comments, indicate that future efforts should be directed at actively involving stakeholders (both currently participating and possibly inviting additional stakeholders to attend AR meetings), examining or reexamining AR program elements with stakeholders, and communicating field-level experiences of AR implementation so far to stakeholders.

About "Title IV-E Child Welfare Waiver Demonstration Project Evaluation"

Through a Title IV-E waiver, the Nebraska Division of Children and Family Services (DCFS) plans to improve contractor accountability and child and family outcomes by conducting a demonstration project with two interventions: Results-Based Accountability™ (RBA) and Alternative Response (AR). RBA provides a framework and process for measuring and improving the performance of contracted service providers, which in turn is expected to improve the outcomes of children and families receiving these services. AR allows for Nebraska's child welfare system to engage with families in a non-investigative and more collaborative way, based on the severity of allegations received at initial intake. It is also expected that this family-centered response will lead to improved outcomes for children and families participating in this approach. The evaluation of these two interventions will contribute to an understanding of whether and how the demonstration accomplished its goals by assessing the planning and implementation process, contextual factors, and barriers and facilitators; achievement of intended outcomes; and the cost effectiveness of each intervention. DCFS has contracted with the UNL-Center on Children, Families and the Law (CCFL) to conduct the program evaluation.

Purpose of AR Stakeholder Survey

As a part of the AR program evaluation, CCFL created and distributed a survey to gather information about the experiences and perceptions of AR stakeholders. Specifically, this survey sought to address stakeholder's perceptions of the following:

- Group functioning and effectiveness
- Effectiveness of local and statewide advisory structure
- Adequacy of meeting frequency and type of interactions
- Opportunities to provide meaningful input into development and implementation of AR
- Inclusiveness of advisory group process and resultant decisions and products
- Ongoing monitoring and revision of implementation plans
- The availability and utility of AR program data
- The extent of partnership with DCFS to expand services and results of those efforts, and perceived changes in level of partnership over time
- Stakeholder and community member knowledge of AR elements
- Stakeholder, community member, and CFS staff support/ endorsement of AR program

This survey was developed in collaboration with the DCFS AR Program Administrator and comprised of the following dimensions: Purpose of the Group, Meeting Schedule, Meeting Processes (Agendas, Minutes, Action Items), Participation, History of Collaboration, Appropriate Cross Section of Members, Perceived Utility, Inclusiveness in Process, Open Communication, Appropriate Pace of Development, Political and Social Climate for AR, and Perceptions of AR Program Elements. Possible respondents included a broad range of AR stakeholders, including statewide external stakeholders (Director's Steering Committee and the Statewide Alternative Response Advisory Board), internal workgroups and subgroups (Alternative Response Internal Workgroup and Alternative Response Internal Subgroup), and local implementation teams from the initial 5 pilot counties (Alternative

Response External Leadership Team for the Southeast Service Area, Fremont Alternative Response External Team, Hall County Alternative Response External Stakeholder Group, Hall County Community Collaboration, Sarpy County Alternative Response External Steering Committee, Scotts Bluff County Alternative Response Advisory Team, and Internal Alternative Response Pilot Site Leadership Team). Because some of the survey items specifically addressed meeting effectiveness, which may vary from group to group, participants were asked to identify the one group with which they felt most strongly affiliated or attended most regularly, and respond to the survey items with that group in mind.

This survey was the first formal evaluation of stakeholders' input on the AR implementation process thus far. This survey will be conducted again midway through the demonstration (April-June 2016) and near the end of the project (January-March 2019). The purpose of this survey is to address a number of short term and intermediate outcomes on the DCFS AR Program Logic Model:

- Stakeholders and community members are engaged and offer meaningful input in AR program development, including initial implementation and the ongoing monitoring and revision of implementation plans
- Building an understanding and buy-in for the AR program
- Community providers work together and with DCFS to expand or enhance services/supports

Ultimately, these outcomes are expected to lead to the long term outcome of strengthened partnership between DCFS, provider agencies, and community stakeholders.

Method

Participants

DCFS provided CCFL with email contact information for all individuals that they considered to be AR stakeholders. This included a broad range of individuals internal and external to the department. In total, DCFS provided 477 names and email addresses. All of these individuals were invited to participate in the AR stakeholder survey. However, six individuals contacted the researchers and asked to be removed from the mailing list because they did not consider themselves to be involved in AR. Additionally, 94 respondents reported that they did not consider themselves a member of any of the groups listed in the survey, and thus did not complete the remaining survey items. Considering nearly 20% of stakeholders did not identify with the groups listed in the survey, future survey efforts will be more inclusive and designed to accommodate an even broader range of individuals participating in AR discussions (i.e., not exclusive to specific AR groups). For this survey, the resulting pool of valid respondents included 377 individuals. Of those, 166 completed the survey for a response rate of 44%. This included 23 statewide external stakeholders, 27 internal workgroup and subgroup members, and 116 local implementation team members.

Procedure

This survey was administered by CCFL using Qualtrics, an online survey site. Invitations asking stakeholders to complete an online survey were emailed on December 3, 2014. A reminder email was sent to individuals who had

not yet completed the survey as of December 10, 2014 and again if they still had not completed the survey as of December 17, 2014. The survey was closed February 10, 2015; however, the last responses were received on December, 19, 2014.

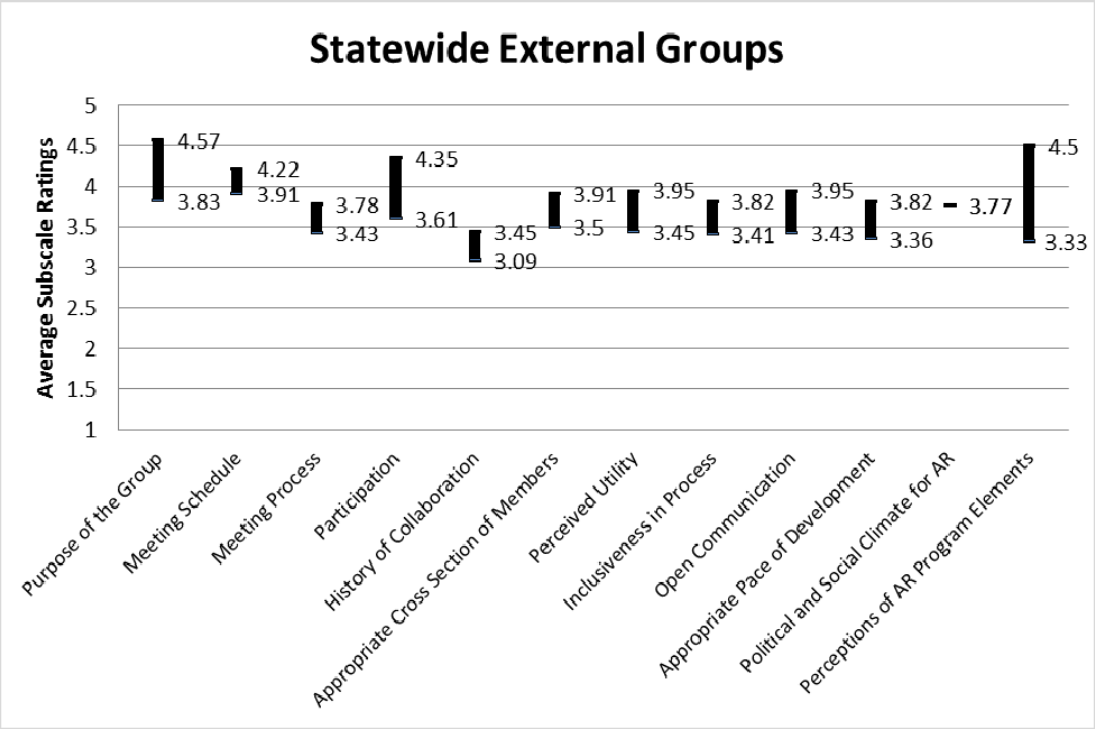
Results

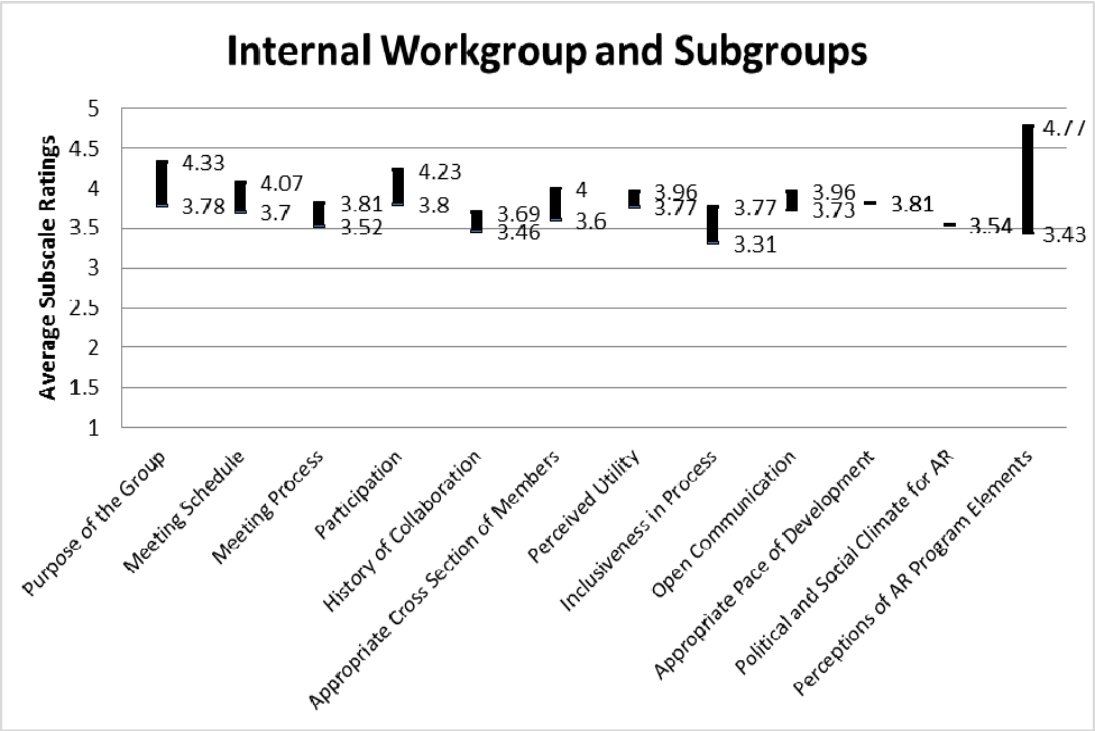
Summary of Responses

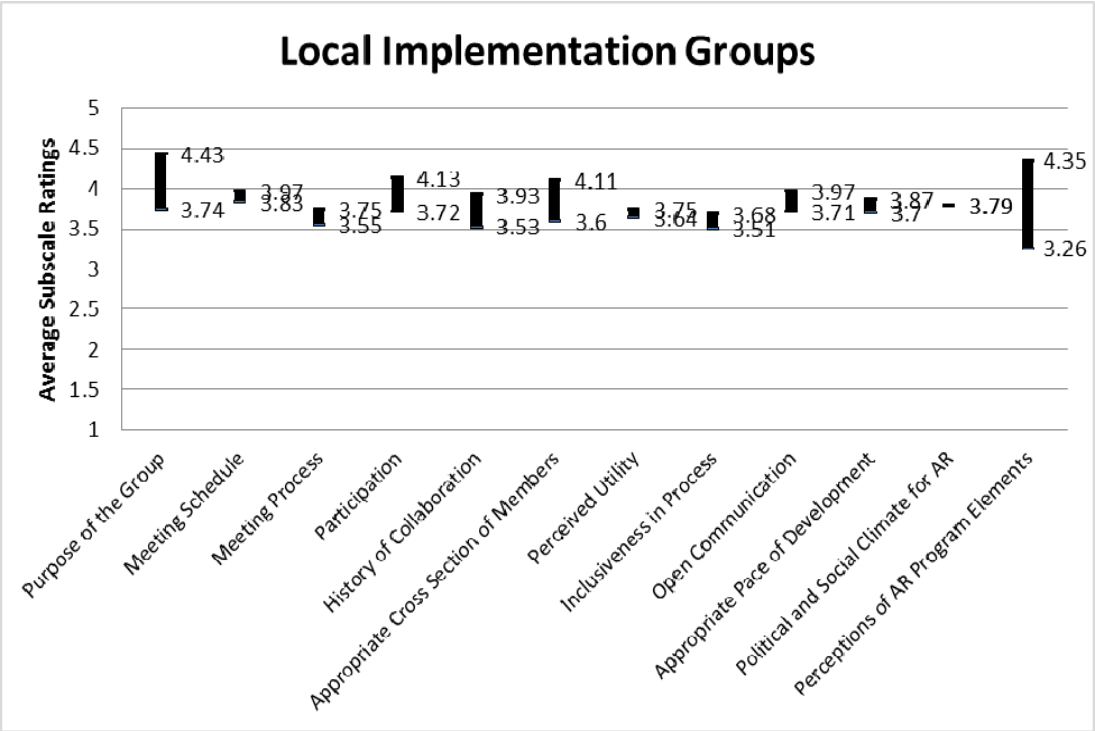
The AR stakeholder survey included 45 items across 12 dimensions: Purpose of the Group (4 items), Meeting Schedule (2 items), Meeting Processes (4 items), Participation (6 items), History of Collaboration (2 items), Appropriate Cross Section of Members (2 items), Perceived Utility (3 items), Inclusiveness in Process (4 items), Open Communication (5 items), Appropriate Pace of Development (2 items), Political and Social Climate for AR (1 item), and Perceptions of AR Program Elements (10 items). Respondents included a broad range of AR stakeholders, which for the purpose of comparisons were grouped into three categories: 1) statewide external stakeholders (Director's Steering Committee and the Statewide Alternative Response Advisory Board), 2) internal workgroup and subgroups (Alternative Response Internal Workgroup and Alternative Response Internal Subgroups), and 3) local implementation teams (Alternative Response External Leadership Team for the Southeast Service Area, Fremont Alternative Response External Team, Hall County Alternative Response External Stakeholder Group, Hall County Community Collaboration, Sarpy County Alternative Response External Steering Committee, Scotts Bluff County Alternative Response Advisory Team, and Internal Alternative Response Pilot Site Leadership Team). Ultimately, this included 23 statewide external stakeholders, 27 internal workgroup and subgroup members, and 116 local implementation team members.

Respondents rated each survey item on a 5-point scale of agreement (*1 = Strongly Disagree, 5 = Strongly Agree*). Generally, respondents indicated that they either agreed or strongly agreed with the survey items, indicating that AR stakeholders had favorable perceptions of the AR implementation process so far, overall. The only exception was the item, "law enforcement should be involved in AR cases." Responses for this item were more moderate, tending towards neutral. Detailed information about the number and percentage of responses for each item can be found in Appendix A, *Overall AR Stakeholder Item Frequencies*. In order to make comparisons, participants were grouped according to membership (statewide external stakeholders, internal workgroup and subgroup members, and local implementation team members). Rating averages for each question by group membership are included in Appendix B, *Average AR Stakeholder Item Ratings*.

The following graphs display the range of average ratings for each dimension by group (statewide external groups, internal workgroup and subgroups, and local implementation groups). For example, the first vertical line on the left represents the range of averages for the *Purpose of the Group* dimension; for the statewide external groups, the lowest question average was 3.83 and the highest questions average was 4.57.


Statewide External Groups
Average Subscale Ratings
5
4.5
4
3.5
3
2.5
2
1.5
1
4.57
3.83
4.22
3.91
3.78
3.43
4.35
3.61
3.45
3.09
3.91
3.5
3.95
3.45
3.82
3.41
3.95
3.43
3.82
3.36
3.77
4.5
3.33
Purpose of the Group
Meeting Schedule
Meeting Process
Participation
History of Collaboration
Appropriate Cross Section of Members
Perceived Utility
Inclusiveness in Process
Open Communication
Appropriate Pace of Development
Political and Social Climate for AR
Perceptions of AR Program Elements


Internal Workgroup and Subgroups
Average Subscale Ratings
5
4.5
4
3.5
3
2.5
2
1.5
1
4.33
3.78
4.07
3.7
3.81
3.52
4.23
3.8
3.69
3.46
4
3.6
3.96
3.77
3.77
3.31
3.96
3.73
3.81
3.54
4.77
3.43
Purpose of the Group
Meeting Schedule
Meeting Process
Participation
History of Collaboration
Appropriate Cross Section of Members
Perceived Utility
Inclusiveness in Process
Open Communication
Appropriate Pace of Development
Political and Social Climate for AR
Perceptions of AR Program Elements



Significant Results

A one-way analysis of variance (ANOVA) was conducted to compare item means between the three overall groups: 1) statewide external stakeholders, 2) internal workgroup and subgroups, and 3) local implementation teams. For statistically significant differences, a Tukey post-hoc test was used to examine the specific group differences observed. For the 45-item survey, responses were generally positive and did not vary significantly between groups. This means that stakeholders generally feel positive about the AR implementation so far. However, significant differences were observed between groups on 8 items, most of which were in the *Perceptions of AR Program Elements* dimension. For these, the two main suggested strategies are 1) greater communication to convey DCFS's intent with the program element and/or a need to better understand stakeholders' insight about the program element, or 2) a need to better explain how DCFS intends to accomplish specific outcomes through AR. Statistically significant differences and potential strategies to address these items are discussed below.

Participation

I regularly participate in the discussions during our meetings, $F(2,156) = 4.60$, $p = 0.01$

The average rating from the local implementation teams (3.83) was significantly lower than that from the statewide external stakeholders (4.35). This indicates a need to elicit greater participation from members of the local implementation teams. Because ratings were higher among statewide external stakeholders, perhaps strategies used to engage these members could also be helpful in raising the perceived level of participation for local implementation team members.

History of Collaboration

Trying to solve problems through collaboration has been common in this local community, $F(2,159) = 3.34$, $p = 0.04$

The average rating from the local implementation teams (3.95) was significantly higher than that from the statewide external stakeholders (3.45). Meaning, local implementation team members perceive greater levels of community collaboration than statewide members. Perhaps this is due to the composition of the statewide external groups (if there were more members from areas with less community collaboration), or may simply be due to the fact that there is greater variety of members participating on the statewide groups.

Perceptions of AR Program Elements

AR families should not be placed on the Central Registry, $F(2,149) = 4.67$, $p = 0.01$

The average rating from the local implementation teams (4.19) was significantly lower than that from the internal group (4.76). Meaning, while both groups tended to agree with this statement, local implementation team members were less likely to agree that AR families should not be placed on the Central Registry. Given that this is a central tenant of Nebraska's AR model, it appears greater communication may be necessary to convey the State's intent with this program element.

Law enforcement should be involved in AR cases, $F(2,147) = 7.15$, $p = 0.001$

The average rating from the local implementation teams (3.26) was significantly lower than those from the statewide (4.06) and internal (3.88) groups. Although this question is worded in the positive, responses were reverse-coded (meaning, *Strongly Agree = 1 and Strongly Disagree = 5*), as DCFS has indicated potential issues with law enforcement involvement in AR cases. Therefore, these ratings indicate a more moderate viewpoint on behalf of the local implementation teams. This may indicate a need for greater communication on behalf of DCFS to convey the importance of this program element or perhaps the local implementation teams have greater insight about how law enforcement could be incorporated within the AR program model without issue.

Contacting parents prior to interviewing their children is an important feature of AR practice for enhancing family engagement, $F(2,147) = 3.25$, $p = 0.04$

The average rating from the internal groups (4.60) was significantly higher than that from the local implementation teams (4.11) and approached significance with the statewide external stakeholders (4.00). Meaning, statewide and local stakeholders were less likely to agree with the need to contact parents prior to interviewing children in AR. Although this program element is considered to be best practice, it is understood that safety must be assessed within the required timeframes. This nuance is not explicit in the survey item. Therefore lower agreement levels could be due to respondents thinking less about the ideal and more about the relative importance of safety. However, it may also be possible that stakeholders have suggestions about how interviews can be accomplished without prior parental

notification. Greater communication may be needed from DCFS to convey the importance of this program element.

Nebraska's AR model is designed to serve families with less severe allegations, $F(2,155) = 4.42$, $p = 0.01$

The average rating from the internal groups (4.77) was significantly higher than those from the statewide (4.23) and local (4.35) groups. Meaning, while all three groups generally agreed with the statement, statewide and local groups are less likely to agree that AR serves families with less severe allegations. This indicates a potential need for DCFS to better communicate their intentions with the AR model and explain to stakeholders how it has been designed to serve families with less severe allegations.

Families in AR will receive more frequent contact with their caseworker, which will allow for better outcomes and quicker resolution, $F(2,136) = 4.96$, $p = 0.01$

The average rating from the internal groups (4.71) was significantly higher than those from the statewide (3.89) and local (4.16) groups. This means that statewide and local stakeholders are less likely to agree that AR will lead to better outcomes and quicker resolution for families as a result of more frequent contact with a caseworker. Further communication from DCFS may be necessary to explain to external stakeholders how this will be accomplished through AR.

Concrete supports will be better addressed through AR as compared to Traditional Response, $F(2,140) = 6.26$, $p = 0.002$

The average rating from the statewide external stakeholders (3.33) was significantly lower than those from the internal (4.29) and local (3.92) groups. Meaning, statewide external group members were less likely to agree that concrete supports will be better addressed through AR (as compared to TR). This indicates a need to better inform statewide external stakeholders on how DCFS plans to accomplish this outcome through AR. Perhaps strategies used to communicate with the local implementation teams would be helpful to raise statewide stakeholders' level of agreement with this statement.

Summary of Comments

The AR Stakeholder survey included areas for participants to write comments after each dimension and one general comment section. Out of 166 respondents, a total of 283 comments were provided by 108 individuals. These comments were reviewed overall and are summarized below.

Meeting Processes

Conversations appear to be open and honest between the different agencies and representatives that attend the various AR meetings. Some respondents also indicated a diligent effort on behalf of DCFS to keep stakeholders informed. However, others indicated that DCFS' style of communication has been too focused on the delivery of information, rather than asking questions or providing stakeholders with options to advise on the direction of the AR program. One respondent said, "I felt like I was there for show and tell only." This appears to be leading some stakeholders to view AR meetings as an inefficient use of their time, as they would like to more clearly see the

effect of their input and observe more productivity result from these meetings. One respondent stated their sense was, “DHHS was going to go this direction despite the feedback.” Another felt AR decisions were “driven internally and we were given documents to respond to, but often the feedback provided resulted in no changes.” It was noted that apparent decision-makers are not always present at meetings; although stakeholders want to understand how their participation is impacting the final decisions being made by DCFS. One respondent said:

> “At times it feels as though decisions can’t be made without certain people present and yet those folks aren’t always available to attend the meeting, in turn decisions aren’t made timely. I feel as though the meeting becomes stagnant at times and we circle around the same information with no clear decision even when the people at the table can make the decision.”

Considering this feedback, it may be beneficial to provide stakeholders with a written summary or documentation of clear action items, details about how past action items have been addressed, or decisions that have been made since the last meeting. A possible solution would be for DCFS to more clearly communicate through the use of agendas (prior to meetings) and the distribution of meeting minutes (after meetings), as comments suggested these are not consistently being used. Stakeholders also commented on how they have assumed additional AR duties voluntarily and in addition to their regular responsibilities. One respondent suggested that if or when meetings are just to share information; email may be a better medium. It also appears that clearer communication is needed for some stakeholders regarding when meetings are scheduled or canceled.

While comments indicated that the level of collaboration within communities is perceived to be strong, some comments indicated a lack of trust in DCFS to follow through with AR as discussed at meetings. Additionally, some are concerned about AR continuing to be made a priority through leadership changes. Comments suggest the need for greater collaboration between DCFS and the community to create more service links, breakdown divisions, and create sustainable change for families needing services after DCFS involvement ends. However, several respondents also remarked on the developing relationships between DCFS and community partners, indicating a recent shift in collaboration and that trust is evolving. On stakeholder remarked that “it was good to see them ask for stakeholder input and participation.” Another said, “I think working collaboratively is something we are striving towards and becoming better at. Over the last 5 years we have broken down many silos and are doing a much better job.” Stakeholders appear to see the need for AR and feel like progress has been made regarding the relationships and level of trust in DCFS. Some commented on the level of community involvement in AR thus far and feel that collaboration between DCFS and most agencies is good. One respondent indicated:

> “This is the great thing we have accomplished! Before starting this process we had numerous local agencies and non-profit organizations working on the same issues but not communicating or working hand in hand. This resulted in too much redundancy in many areas and huge gaps of need in others. Getting everyone on the same page has resulted in a much more effective use of our time, our energy and our resources.”

Moving forward, participants would like to hear more about how the AR program is progressing, especially as it rolls out to additional sites and the model is adjusted from the original implementation plans. External stakeholders are requesting more communication about what is being experienced by workers in the field, while

some internal DCFS staff commented on their desire to be more involved regarding the current and ongoing status of the AR program. As implementation progresses, it may also be necessary to revisit the purpose of the different AR groups, as some respondents expressed a need for more defined roles and group direction. One stakeholder indicated that "it would be beneficial to regroup and ensure each party is aware of their role within the group and within AR as a whole. At times it feels as though people are unsure of their role and the goals of what DHHS is attempting to accomplish with this initiative." A local stakeholder stated, "I think the group is still trying to 'form' and see their purpose. People are interested, but don't yet see their own roles, responsibilities, and how each can contribute." Additionally, there may be a need to reach out to other stakeholders to make sure all necessary system partners are involved. Comments suggested the following stakeholders should be included in AR discussions: more people that are familiar with the research, additional provider agencies, faith-based community partners, cultural centers (including tribal), educational personnel, mental health professionals, law enforcement, legal partners (attorneys, CASA, GAL, judges), and youth and families.

Overall AR Program

Several respondents remarked that AR is a "move in the right direction" and commented on the potential benefits of AR being implemented. One stakeholder commented, "I am excited about the potential outcomes for families serviced in AR." Another stated, "CFS is definitely on the right track with AR. AR should prove to keep families out of the system and address their needs in a much more proactive manner." It appears that stakeholders believe AR can be successful and are eager to see how AR is impacting families. Negative program comments were minimal and appeared to be specific to particular program features (e.g., contact requirements, interview protocol). Several comments expressed a need to figure out the specifics for funding, including funding services in the community, and how workers can access flexible funding sources for AR families. There were also concerns about AR overloading IA workers, especially with the requirement for more frequent family contacts and managing a mixed (AR and TR) caseload. More supports may be necessary to fully, or at least more quickly, realize some of the outcomes proposed to be associated with AR.

Stakeholders would like to see future efforts focused on providing additional training or more comprehensive training for future sites. Stakeholders would also like to further review and consider the exclusionary criteria. Comments indicated that there are too many criteria excluding families from AR, in other words the current criteria are too restrictive. Additionally, some comments underlined a need to manage external perceptions of the AR program, as not all conditions are within the department's control, nor can all conditions be predicted or managed. Respondents expressed recognition that some of the outcomes proposed will take a long time to occur, if at all. A couple of comments highlighted concerns about the evaluation, specifically the use of the randomizer. These comments indicated that the randomizer is "just not right" and "is going to hurt people in the short run." Further communication about the value of the evaluation and how it can be informative, not hurtful, may be necessary.

Conclusion

AR began implementation in 5 pilot counties on October 1, 2014. This survey was the first formal gathering of stakeholders' input on the AR implementation process thus far. Contact information was provided by DCFS to CCFL for all individuals that DCFS considered to be AR stakeholders. This included individuals internal and external

to the department. A total of 166 individuals participated in this online survey. The survey was emailed to participants on December 3, 2014. Responses were received between December 3, 2014 and December 19, 2014. Therefore, these responses are reflective of the early implementation period.

For comparison purposes, respondents were separated into three main groups: statewide external stakeholders, internal workgroup and subgroup members, and local implementation team members. Generally, AR stakeholders agreed or strongly agreed with the statements in the survey and most of the average ratings did not vary significantly between groups. Significant findings, along with comments, indicate that future efforts should be directed at actively involving stakeholders (both current and possibly inviting more stakeholders to attend AR meetings), examining or reexamining AR program elements, and communicating field-level experiences of AR implementation so far.

The purpose of this survey was to address a number of short term and intermediate outcomes:

- Stakeholders and community members are engaged and offer meaningful input in AR program development, including initial implementation and the ongoing monitoring and revision of implementation plans
- Building an understanding and buy-in for the AR program
- Community providers work together and with DCFS to expand or enhance services/supports

Although respondents generally agreed with the survey statements, it appears there is room for improvement with regards to these outcomes. Future survey efforts will examine any increases or changes in respondent ratings as well as the frequency and valence of comments. This survey will be conducted again midway through the demonstration (April-June 2016) and near the end of the project (January-March 2019). Ultimately, these outcomes are expected to lead to the long term outcome of strengthened partnership between DCFS, provider agencies, and community stakeholders.

Appendix A:
Overall AR Stakeholder Item Frequencies

For each survey item, the following tables detail the number and percentage of responses selected for each response option. *SD* = strongly disagree (1), *D* = disagree (2), *N* = neutral (3), *A* = agree (4), *SA* = strongly agree (5). *Total* represents the total number of respondents that provided a rating for that item. For the *Perceptions of AR Program Elements* dimension, *Don't Know* was also included as a response option. For these items *DK* = Don't Know. If a different rating scale was used for an item, it is defined within the table. Percentages may not total 100% due to rounding.

Purpose of the Group	*SD*	*D*	*N*	*A*	*SA*	Total
1. I have a good understanding of the purpose of the group. I know what we are trying to accomplish.	3 (2%)	6 (4%)	7 (4%)	95 (57%)	55 (33%)	166
2. My ideas about what we want to accomplish with this group seem to be the same as the ideas of others.	1 (1%)	8 (5%)	13 (8%)	105 (63%)	39 (24%)	166
3. People in this group have a clear sense of their roles and responsibilities with regard to the AR initiative.	2 (1%)	14 (8%)	38 (23%)	80 (48%)	32 (19%)	166
4. What we are trying to accomplish with this initiative would be difficult for any single organization to accomplish by itself.	1 (1%)	1 (1%)	14 (9%)	65 (39%)	84 (51%)	165

Meeting Schedule	*SD*	*D*	*N*	*A*	*SA*	Total
5. The meeting format (e.g., location, time) makes it easy for me to attend in person.	2 (1%)	10 (6%)	14 (9%)	96 (58%)	43 (26%)	165
6. Meetings occur with the right amount of frequency.	2 (1%)	6 (4%)	35 (21%)	99 (60%)	23 (14%)	165

If respondents did not agree or strongly agree with item 6, the following question was displayed:

7. How frequently should these meetings take place?	Never	Semi-Annually	Once a Quarter	Once a Month	2-3 Times a Month	Total
	-	1 (2%)	16 (38%)	24 (57%)	1 (2%)	42

Meeting Process (Agendas, Minutes, Action Items)	*SD*	*D*	*N*	*A*	*SA*	Total
8. All relevant materials needed for our meetings (e.g., draft policies, sample communications) are distributed in advance, enabling us to read and digest the information before we meet or to share input when we are unable to attend in person.	5 (3%)	23 (14%)	27 (17%)	86 (53%)	22 (14%)	163
9. Meetings are well documented so that we have clear accountability, a reference point when we have questions and a history that keeps us from revisiting territory we have already covered.	2 (1%)	17 (10%)	44 (27%)	85 (52%)	16 (10%)	164

Meeting Process (Agendas, Minutes, Action Items)	*SD*	*D*	*N*	*A*	*SA*	Total
10. Commitments made at our meetings are followed up and not forgotten.	2 (1%)	10 (6%)	35 (22%)	96 (59%)	20 (12%)	163
11. When considering meeting to meeting, there are tangible accomplishments and substantive progress that reinforces the sense that these meetings are effective and productive.	3 (2%)	15 (9%)	41 (25%)	86 (53%)	17 (11%)	162

Participation	*SD*	*D*	*N*	*A*	*SA*	Total
12. The organizations that attend these meetings invest the right amount of time and effort.	0 (0%)	9 (6%)	39 (24%)	92 (58%)	20 (13%)	160
13. I feel involved in what's going on during our meetings.	2 (1%)	13 (8%)	23 (14%)	93 (58%)	29 (18%)	160
14. I am well informed about the AR initiative (why AR is necessary, how the AR model fits within current child welfare practice, major policy decisions, how community and provider agencies will be affected, etc.)	0 (0%)	6 (4%)	15 (9%)	87 (54%)	53 (33%)	161
15. I regularly participate in the discussions during our meetings.	1 (1%)	8 (5%)	28 (18%)	83 (52%)	39 (25%)	159
16. Other's participation is usually energetic and stimulating.	0 (0%)	8 (5%)	42 (26%)	90 (56%)	20 (13%)	160
17. During our meetings, people are generally focused on the task at hand (e.g., minimal sidebars, no passing notes or reading e-mails).	1 (1%)	6 (4%)	21 (13%)	104 (65%)	29 (18%)	161

History of Collaboration	*SD*	*D*	*N*	*A*	*SA*	Total
18. Trying to solve problems through collaboration has been common in this local community.	1 (1%)	16 (10%)	25 (15%)	86 (53%)	34 (21%)	162
19. Agencies in our local community have a history of working collaboratively with DCFS.	3 (2%)	27 (17%)	39 (24%)	73 (45%)	19 (12%)	161

Appropriate Cross Section of Members	*SD*	*D*	*N*	*A*	*SA*	Total
20. The people that attend these meetings represent a cross section of those who have a stake in what we are trying to accomplish.	1 (1%)	5 (3%)	17 (11%)	97 (61%)	39 (25%)	159
21. All the organizations that need to be members of this group have become members of this group.	3 (2%)	18 (11%)	37 (23%)	87 (55%)	13 (8%)	158

Perceived Utility	*SD*	*D*	*N*	*A*	*SA*	Total
22. The quality of our discussions is high (e.g., issues are examined in depth; problems are addressed and not skirted).	3 (2%)	17 (11%)	25 (16%)	91 (57%)	24 (15%)	160
23. Our meetings are a valuable use of my time because we deal with important content.	4 (3%)	11 (7%)	29 (18%)	93 (58%)	23 (14%)	160

Perceived Utility	*SD*	*D*	*N*	*A*	*SA*	Total
24. People feel that our meetings are worthwhile because their participation makes a difference in the outcomes, decisions, and results.	4 (3%)	15 (9%)	39 (24%)	82 (51%)	20 (13%)	160

Inclusiveness in Process	*SD*	*D*	*N*	*A*	*SA*	Total
25. The processes used to elicit the group's input are effective.	3 (0%)	11 (6%)	36 (24%)	96 (58%)	14 (13%)	160
26. It is clear that the group's input is heard and serves a valuable role in the decisions made by DCFS.	6 (4%)	7 (4%)	44 (28%)	77 (48%)	25 (16%)	159
27. When major decisions are made about AR program design and implementation, we are always informed.	4 (3%)	26 (16%)	38 (24%)	76 (48%)	16 (10%)	160
28. Progress updates are regularly shared so that this group is informed about the current status and ongoing direction of the AR initiative.	4 (3%)	19 (12%)	35 (22%)	87 (55%)	13 (8%)	158

Open Communication	*SD*	*D*	*N*	*A*	*SA*	Total
29. People really listen to each other during our meetings.	0 (0%)	4 (3%)	24 (15%)	107 (67%)	25 (16%)	160
30. There is a high level of trust between participants in our meetings.	3 (2%)	13 (8%)	40 (25%)	80 (50%)	24 (15%)	160
31. People feel comfortable challenging the ideas and comments of others in our meetings.	1 (1%)	11 (7%)	40 (25%)	87 (54%)	21 (13%)	160
32. Different ideas and perspectives are often explored in our meetings.	3 (2%)	11 (7%)	34 (21%)	91 (57%)	20 (13%)	159
33. Other members in this group value my opinion.	2 (1%)	4 (3%)	46 (29%)	86 (55%)	19 (12%)	157

Appropriate Pace of Development	*SD*	*D*	*N*	*A*	*SA*	Total
34. DCFS has tried to take on the right amount of work at the right pace with this AR initiative.	0 (0%)	7 (4%)	38 (24%)	88 (55%)	26 (16%)	159
35. In my opinion, DCFS is currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.	4 (3%)	14 (9%)	35 (22%)	85 (53%)	22 (14%)	160

Political and Social Climate for AR	*SD*	*D*	*N*	*A*	*SA*	Total
36. DCFS has tried to take on the right amount of work at the right pace with this AR initiative.	4 (3%)	8 (5%)	33 (21%)	94 (59%)	21 (13%)	160

Perceptions of AR Program Elements	*DK*	*SD*	*D*	*N*	*A*	*SA*	Total
37. AR will be able to keep kids as safe as Traditional Response.	14 (9%)	1 (1%)	5 (3%)	14 (9%)	48 (30%)	76 (48%)	158
38. Nebraska's AR model is designed to serve families with less severe allegations.	0 (0%)	1 (1%)	3 (2%)	7 (4%)	67 (42%)	80 (51%)	158

Perceptions of AR Program Elements	*DK*	*SD*	*D*	*N*	*A*	*SA*	Total
39. The exclusionary and RED (review, evaluate, and decide) team criteria DCFS is using to identify AR-eligible families are the right criteria.	21 (13%)	4 (3%)	13 (8%)	28 (18%)	70 (44%)	23 (14%)	159
40. An important feature of AR is to avoid the use of labels like "perpetrator" or "victim," but rather, use "caregiver" and "child."	4 (3%)	0 (0%)	3 (2%)	18 (11%)	64 (40%)	70 (44%)	159
41. AR families should not be placed on the Central Registry.	7 (4%)	1 (1%)	8 (5%)	16 (10%)	43 (27%)	84 (53%)	159
42. Families in AR will receive more frequent contact with their caseworker, which will allow for better outcomes and quicker resolution.	19 (12%)	2 (1%)	7 (4%)	15 (9%)	50 (32%)	65 (41%)	158
43. Families will receive services faster in AR as compared to Traditional Response.	22 (14%)	0 (0%)	13 (8%)	36 (23%)	51 (32%)	37 (24%)	159
44. Concrete supports will be better addressed through AR as compared to Traditional Response.	16 (10%)	2 (1%)	11 (7%)	27 (17%)	63 (39%)	40 (25%)	159
45. Law enforcement should be involved in AR cases.*	9 (6%)	5 (3%)	23 (14%)	48 (30%)	46 (29%)	28 (18%)	159
46. Contacting parents prior to interviewing their children is an important feature of AR practice for enhancing family engagement.	8 (5%)	2 (1%)	9 (6%)	15 (9%)	58 (37%)	66 (42%)	158

**This item was reverse coded*

Appendix B:
Average AR Stakeholder Item Ratings

Respondents rated each survey item on a 5-point scale of agreement (*1 = Strongly Disagree, 5 = Strongly Agree*). The following tables display the average item ratings for each group of stakeholders (statewide external groups, internal workgroup and subgroups, and local implementation groups). For the following tables, *Average* = average item rating, *SD* = standard deviation, and *N* = number of responses. For the *Perceptions of AR Program Elements* dimension, *Don't Know* was included as a response option. For purposes of calculating the mean, these responses were treated as missing data.

Statewide External Groups

Purpose of the Group	Average	*SD*	N
1. I have a good understanding of the purpose of the group. I know what we are trying to accomplish.	4.04	1.07	23
2. My ideas about what we want to accomplish with this group seem to be the same as the ideas of others.	3.96	0.98	23
3. People in this group have a clear sense of their roles and responsibilities with regard to the AR initiative.	3.83	1.07	23
4. What we are trying to accomplish with this initiative would be difficult for any single organization to accomplish by itself.	4.57	0.66	23

Meeting Schedule	Average	*SD*	N
5. The meeting format (e.g., location, time) makes it easy for me to attend in person.	4.22	0.74	23
6. Meetings occur with the right amount of frequency.	3.91	0.79	23

If respondents did not agree or strongly agree with item 6, the following question was displayed:

7. How frequently should these meetings take place?	Never	Semi-Annually	Once a Quarter	Once a Month	2-3 Times a Month	N
	-	-	50%	50%	-	6

Meeting Process (Agendas, Minutes, Action Items)	Average	*SD*	N
8. All relevant materials needed for our meetings (e.g., draft policies, sample communications) are distributed in advance, enabling us to read and digest the information before we meet or to share input when we are unable to attend in person.	3.43	1.31	23
9. Meetings are well documented so that we have clear accountability, a reference point when we have questions and a history that keeps us from revisiting territory we have already covered.	3.57	0.95	23
10. Commitments made at our meetings are followed up and not forgotten.	3.65	1.07	23
11. When considering meeting to meeting, there are tangible accomplishments and substantive progress that reinforces the sense that these meetings are effective and productive.	3.78	1.00	23

Participation	Average	*SD*	N
12. The organizations that attend these meetings invest the right amount of time and effort.	3.61	0.72	23
13. I feel involved in what's going on during our meetings.	4.13	0.69	23
14. I am well informed about the AR initiative (why AR is necessary, how the AR model fits within current child welfare practice, major policy decisions, how community and provider agencies will be affected, etc.)	4.22	0.90	23
15. I regularly participate in the discussions during our meetings.	4.35	0.78	23
16. Other's participation is usually energetic and stimulating.	3.87	0.82	23
17. During our meetings, people are generally focused on the task at hand (e.g., minimal sidebars, no passing notes or reading e-mails).	4.09	0.67	23

History of Collaboration	Average	*SD*	N
18. Trying to solve problems through collaboration has been common in this local community.	3.45	1.06	22
19. Agencies in our local community have a history of working collaboratively with DCFS.	3.09	1.11	22

Appropriate Cross Section of Members	Average	*SD*	N
20. The people that attend these meetings represent a cross section of those who have a stake in what we are trying to accomplish.	3.91	1.11	22
21. All the organizations that need to be members of this group have become members of this group.	3.50	1.01	22

Perceived Utility	Average	*SD*	N
22. The quality of our discussions is high (e.g., issues are examined in depth, problems are addressed and not skirted).	3.77	1.11	22
23. Our meetings are a valuable use of my time because we deal with important content.	3.95	1.05	22
24. People feel that our meetings are worthwhile because their participation makes a difference in the outcomes, decisions, and results.	3.45	1.22	22

Inclusiveness in Process	Average	*SD*	N
25. The processes used to elicit the group's input are effective.	3.82	1.05	22
26. It is clear that the group's input is heard and serves a valuable role in the decisions made by DCFS.	3.68	1.17	22
27. When major decisions are made about AR program design and implementation, we are always informed.	3.41	1.18	22
28. Progress updates are regularly shared so that this group is informed about the current status and ongoing direction of the AR initiative.	3.82	1.01	22

Open Communication	Average	*SD*	N
29. People really listen to each other during our meetings.	3.95	0.84	22
30. There is a high level of trust between participants in our meetings.	3.45	1.06	22
31. People feel comfortable challenging the ideas and comments of others in our meetings.	3.82	0.59	22
32. Different ideas and perspectives are often explored in our meetings.	3.68	0.95	22
33. Other members in this group value my opinion.	3.43	0.68	21

Appropriate Pace of Development	Average	*SD*	N
34. DCFS has tried to take on the right amount of work at the right pace with this AR initiative.	3.82	1.10	22
35. In my opinion, DCFS is currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.	3.36	1.22	22

Political and Social Climate for AR	Average	*SD*	N
36. The political and social climate seems to be "right" for AR to be successful.	3.77	1.02	22

Perceptions of AR Program Elements	Average	*SD*	N
37. AR will be able to keep kids as safe as Traditional Response.	4.11	1.15	22
38. Nebraska's AR model is designed to serve families with less severe allegations.	4.23	0.81	22
39. The exclusionary and RED (review, evaluate, and decide) team criteria DCFS is using to identify AR-eligible families are the right criteria.	3.68	0.95	22
40. An important feature of AR is to avoid the use of labels like "perpetrator" or "victim," but rather, use "caregiver" and "child."	4.18	0.91	22
41. AR families should not be placed on the Central Registry.	4.50	0.76	22
42. Families in AR will receive more frequent contact with their caseworker, which will allow for better outcomes and quicker resolution.	3.89	1.15	22
43. Families will receive services faster in AR as compared to Traditional Response.	3.47	1.22	22
44. Concrete supports will be better addressed through AR as compared to Traditional Response.	3.33	1.07	22
45. Law enforcement should be involved in AR cases.*	4.06	1.11	22
46. Contacting parents prior to interviewing their children is an important feature of AR practice for enhancing family engagement.	4.00	1.17	22

**This item was reverse coded*

Internal Workgroup and Subgroups

Purpose of the Group	Average	*SD*	N
1. I have a good understanding of the purpose of the group. I know what we are trying to accomplish.	4.33	0.62	27
2. My ideas about what we want to accomplish with this group seem to be the same as the ideas of others.	4.22	0.64	27
3. People in this group have a clear sense of their roles and responsibilities with regard to the AR initiative.	3.78	0.85	27
4. What we are trying to accomplish with this initiative would be difficult for any single organization to accomplish by itself.	4.11	0.93	27

Meeting Schedule	Average	*SD*	N
5. The meeting format (e.g., location, time) makes it easy for me to attend in person.	4.07	0.68	27
6. Meetings occur with the right amount of frequency.	3.70	0.91	27

If respondents did not agree or strongly agree with item 6, the following question was displayed:

7. How frequently should these meetings take place?	Never	Semi-Annually	Once a Quarter	Once a Month	2-3 Times a Month	N
	-	11%	22%	56%	11%	9

Meeting Process (Agendas, Minutes, Action Items)	Average	*SD*	N
8. All relevant materials needed for our meetings (e.g., draft policies, sample communications) are distributed in advance, enabling us to read and digest the information before we meet or to share input when we are unable to attend in person.	3.74	0.94	27
9. Meetings are well documented so that we have clear accountability, a reference point when we have questions and a history that keeps us from revisiting territory we have already covered.	3.52	0.89	27
10. Commitments made at our meetings are followed up and not forgotten.	3.81	0.74	27
11. When considering meeting to meeting, there are tangible accomplishments and substantive progress that reinforces the sense that these meetings are effective and productive.	3.70	0.91	27

Participation	Average	*SD*	N
12. The organizations that attend these meetings invest the right amount of time and effort.	3.84	0.69	25
13. I feel involved in what's going on during our meetings.	3.80	0.96	25
14. I am well informed about the AR initiative (why AR is necessary, how the AR model fits within current child welfare practice, major policy decisions, how community and provider agencies will be affected, etc.)	4.23	0.71	26
15. I regularly participate in the discussions during our meetings.	4.12	0.73	25
16. Other's participation is usually energetic and stimulating.	3.96	0.60	26
17. During our meetings, people are generally focused on the task at hand (e.g., minimal sidebars, no passing notes or reading e-mails).	4.00	0.49	26

History of Collaboration	Average	*SD*	N
18. Trying to solve problems through collaboration has been common in this local community.	3.69	0.79	26
19. Agencies in our local community have a history of working collaboratively with DCFS.	3.46	0.76	26

Appropriate Cross Section of Members	Average	*SD*	N
20. The people that attend these meetings represent a cross section of those who have a stake in what we are trying to accomplish.	4.00	0.76	25
21. All the organizations that need to be members of this group have become members of this group.	3.60	0.87	25

Perceived Utility	Average	*SD*	N
22. The quality of our discussions is high (e.g., issues are examined in depth, problems are addressed and not skirted).	3.96	0.92	26
23. Our meetings are a valuable use of my time because we deal with important content.	3.77	0.95	26
24. People feel that our meetings are worthwhile because their participation makes a difference in the outcomes, decisions, and results.	3.85	0.88	26

Inclusiveness in Process	Average	*SD*	N
25. The processes used to elicit the group's input are effective.	3.69	0.84	26
26. It is clear that the group's input is heard and serves a valuable role in the decisions made by DCFS.	3.77	0.82	26
27. When major decisions are made about AR program design and implementation, we are always informed.	3.31	1.01	26
28. Progress updates are regularly shared so that this group is informed about the current status and ongoing direction of the AR initiative.	3.31	0.97	26

Open Communication	Average	*SD*	N
29. People really listen to each other during our meetings.	3.96	0.60	26
30. There is a high level of trust between participants in our meetings.	3.77	0.82	26
31. People feel comfortable challenging the ideas and comments of others in our meetings.	3.77	0.82	26
32. Different ideas and perspectives are often explored in our meetings.	3.88	0.82	26
33. Other members in this group value my opinion.	3.73	0.92	26

Appropriate Pace of Development	Average	*SD*	N
34. DCFS has tried to take on the right amount of work at the right pace with this AR initiative.	3.81	0.63	26
35. In my opinion, DCFS is currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.	3.81	0.80	26

Political and Social Climate for AR	Average	*SD*	N
36. The political and social climate seems to be "right" for AR to be successful.	3.54	0.71	26

Perceptions of AR Program Elements	Average	*SD*	N
37. AR will be able to keep kids as safe as Traditional Response.	4.54	0.58	26
38. Nebraska's AR model is designed to serve families with less severe allegations.	4.77	0.43	26
39. The exclusionary and RED (review, evaluate, and decide) team criteria DCFS is using to identify AR-eligible families are the right criteria.	3.43	0.99	26
40. An important feature of AR is to avoid the use of labels like "perpetrator" or "victim," but rather, use "caregiver" and "child."	4.56	0.65	26
41. AR families should not be placed on the Central Registry.	4.76	0.44	26
42. Families in AR will receive more frequent contact with their caseworker, which will allow for better outcomes and quicker resolution.	4.71	0.55	26
43. Families will receive services faster in AR as compared to Traditional Response.	3.82	1.01	26
44. Concrete supports will be better addressed through AR as compared to Traditional Response.	4.29	0.69	26
45. Law enforcement should be involved in AR cases.*	3.88	1.05	26
46. Contacting parents prior to interviewing their children is an important feature of AR practice for enhancing family engagement.	4.60	0.58	26

**This item was reverse coded*

Local Implementation Groups

Purpose of the Group	Average	*SD*	N
1. I have a good understanding of the purpose of the group. I know what we are trying to accomplish.	4.15	0.79	116
2. My ideas about what we want to accomplish with this group seem to be the same as the ideas of others.	4.02	0.72	116
3. People in this group have a clear sense of their roles and responsibilities with regard to the AR initiative.	3.74	0.89	116
4. What we are trying to accomplish with this initiative would be difficult for any single organization to accomplish by itself.	4.43	0.66	115

Meeting Schedule	Average	*SD*	N
5. The meeting format (e.g., location, time) makes it easy for me to attend in person.	3.97	0.89	115
6. Meetings occur with the right amount of frequency.	3.83	0.72	115

If respondents did not agree or strongly agree with item 6, the following question was displayed:

7. How frequently should these meetings take place?	Never	Semi-Annually	Once a Quarter	Once a Month	2-3 Times a Month	N
	-	-	41%	59%	-	27

Meeting Process (Agendas, Minutes, Action Items)	Average	*SD*	N
8. All relevant materials needed for our meetings (e.g., draft policies, sample communications) are distributed in advance, enabling us to read and digest the information before we meet or to share input when we are unable to attend in person.	3.59	0.93	113
9. Meetings are well documented so that we have clear accountability, a reference point when we have questions and a history that keeps us from revisiting territory we have already covered.	3.61	0.83	114
10. Commitments made at our meetings are followed up and not forgotten.	3.75	0.75	113
11. When considering meeting to meeting, there are tangible accomplishments and substantive progress that reinforces the sense that these meetings are effective and productive.	3.55	0.83	112

Participation	Average	*SD*	N
12. The organizations that attend these meetings invest the right amount of time and effort.	3.79	0.75	112
13. I feel involved in what's going on during our meetings.	3.79	0.86	112
14. I am well informed about the AR initiative (why AR is necessary, how the AR model fits within current child welfare practice, major policy decisions, how community and provider agencies will be affected, etc.)	4.13	0.72	112
15. I regularly participate in the discussions during our meetings.	3.87	0.83	111
16. Other's participation is usually energetic and stimulating.	3.72	0.74	111
17. During our meetings, people are generally focused on the task at hand (e.g., minimal sidebars, no passing notes or reading e-mails).	3.95	0.77	112

History of Collaboration	Average	*SD*	N
18. Trying to solve problems through collaboration has been common in this local community.	3.93	0.86	114
19. Agencies in our local community have a history of working collaboratively with DCFS.	3.53	0.97	113

Appropriate Cross Section of Members	Average	*SD*	N
20. The people that attend these meetings represent a cross section of those who have a stake in what we are trying to accomplish.	4.11	0.63	112
21. All the organizations that need to be members of this group have become members of this group.	3.60	0.85	111

Perceived Utility	Average	*SD*	N
22. The quality of our discussions is high (e.g., issues are examined in depth, problems are addressed and not skirted).	3.70	0.87	112
23. Our meetings are a valuable use of my time because we deal with important content.	3.75	0.82	112
24. People feel that our meetings are worthwhile because their participation makes a difference in the outcomes, decisions, and results.	3.64	0.84	112

Inclusiveness in Process	Average	*SD*	N
25. The processes used to elicit the group's input are effective.	3.68	0.75	112
26. It is clear that the group's input is heard and serves a valuable role in the decisions made by DCFS.	3.68	0.90	111
27. When major decisions are made about AR program design and implementation, we are always informed.	3.51	0.91	112
28. Progress updates are regularly shared so that this group is informed about the current status and ongoing direction of the AR initiative.	3.55	0.85	110

Open Communication	Average	*SD*	N
29. People really listen to each other during our meetings.	3.97	0.61	112
30. There is a high level of trust between participants in our meetings.	3.74	0.88	112
31. People feel comfortable challenging the ideas and comments of others in our meetings.	3.71	0.84	112
32. Different ideas and perspectives are often explored in our meetings.	3.71	0.83	111
33. Other members in this group value my opinion.	3.81	0.71	110

Appropriate Pace of Development	Average	*SD*	N
34. DCFS has tried to take on the right amount of work at the right pace with this AR initiative.	3.87	0.69	111
35. In my opinion, DCFS is currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.	3.70	0.86	112

Political and Social Climate for AR	Average	*SD*	N
36. The political and social climate seems to be "right" for AR to be successful.	3.79	0.83	112

Perceptions of AR Program Elements	Average	*SD*	N
37. AR will be able to keep kids as safe as Traditional Response.	4.33	0.83	111
38. Nebraska's AR model is designed to serve families with less severe allegations.	4.35	0.74	110
39. The exclusionary and RED (review, evaluate, and decide) team criteria DCFS is using to identify AR-eligible families are the right criteria.	3.75	0.95	111
40. An important feature of AR is to avoid the use of labels like "perpetrator" or "victim," but rather, use "caregiver" and "child."	4.26	0.73	111
41. AR families should not be placed on the Central Registry.	4.19	0.98	111
42. Families in AR will receive more frequent contact with their caseworker, which will allow for better outcomes and quicker resolution.	4.16	0.92	110
43. Families will receive services faster in AR as compared to Traditional Response.	3.89	0.86	111
44. Concrete supports will be better addressed through AR as compared to Traditional Response.	3.92	0.93	111
45. Law enforcement should be involved in AR cases.*	3.26	1.00	111
46. Contacting parents prior to interviewing their children is an important feature of AR practice for enhancing family engagement.	4.11	0.93	110

**This item was reverse coded*

AR Family Experience Survey
Interim Results as of 9/23/15

Submitted to
The Nebraska Department of Health and Human Services
301 Centennial Mall South
Lincoln, NE 68509

Submitted by
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University of Nebraska Lincoln | CENTER ON CHILDREN, FAMILIES, AND THE LAW

Executive Summary

This report summarizes data collected via the *Family Experience Survey* from the beginning of Alternative Response (AR) implementation (October, 2014) through September 23, 2015. The *Family Experience Survey* was designed to assess family satisfaction and relationship with their assigned worker, family engagement, the family's self-perception of their protective factors, and their overall perceptions of their outcomes as a result of involvement with the Department of Children and Family Services (DCFS). Primary caregivers for each AR-eligible family assigned to either AR or Traditional Response (TR) were sent the survey shortly after the case closed.

During this time period, 558 families received the *Family Experience Survey* via U.S. Mail or email. Of these, 78 completed surveys were received, for a 14% response rate. Of the 78 completed surveys, 33 were from AR families (42.3%) and 45 (57.7%) were from TR families. Due to the low response rate, we are unable to conduct statistical significance testing of the differences between AR and TR responses at this time; descriptive information is provided in this report to illustrate trends thus far, including:

- Both AR and TR family caregivers indicated that they primarily felt worried, stressed, hopeful, and respected after the first visit by their worker.
- AR and TR families appear to have comparable levels of family engagement, measured in terms of receptivity to help, buy-in, and relationship with their worker.
- AR family caregivers were slightly more positive than TR families in rating the services they received, in terms of the type and amount of the services.
- Both AR and TR families reported receiving the services they needed at the right time.
- Both AR and TR families indicated that the services they received helped them to feel like they became a better parent, with AR families agreeing slightly more than TR families.
- AR and TR families appeared to have similar levels of agreement that services received allowed their children to be safer, and helped them provide food, clothing and medical care.
- Both AR and TR families report high levels of social connections, and fairly high levels of knowledge of where to go for assistance with food and housing concerns, but much less confidence in where to go if they experienced financial or employment needs.
- AR family caregivers appear to report higher levels of Parental Resilience than TR families.
- Both AR and TR family caregivers report fairly comparable levels on each of the six Protective Factors.
- AR families appear to have higher levels of satisfaction with their worker than TR families, including such areas as ease of contacting the worker; understanding of the family's needs; considering the family's opinion; and encouraging the family to say what they thought.
- Overall, 47.8% of AR and 37.8% of TR family caregivers report that they are better off because of their experience with DCFS. Only 4.3% of AR and 5.4% of TR families believe they are worse off.

Caution is urged in interpretation of these very preliminary results, as it is unknown at this time if any apparent differences are statistically significant.

Family Experience Survey

Integral to the evaluation of AR implementation in Nebraska is the collection of information from workers and families about their perceptions of the family's engagement, needs, the availability and receipt of services, barriers experienced, time spent, and the extent to which services provided to the family improved the family's situation and child well-being. The most efficient and systematic way to collect this information is through end-of-case surveys completed by workers and families. Thus, as each AR-eligible case (that has been randomly assigned by N-FOCUS to AR or TR services) closes, the evaluators at the University of Nebraska Lincoln - Center on Children, Families and the Law (UNL-CCFL) send surveys to the workers and families. An email survey is sent to the worker responsible for the family, to gather perceptions for program evaluation purposes. At the same time, the family's primary caregiver receives a similar type of survey, by either U.S. Mail or email. This report summarizes data collected via the *Family Experience Survey* from the beginning of AR implementation (October, 2014) through September 23, 2015.

The purpose of the *Family Experience Survey* is to gather information about what AR families think of their experience compared to similar (AR-eligible) families who are served through TR. For example, do families in both tracks feel they received the services they needed, and in a timely way? Do families see improvement after receiving services? In the first year of the evaluation, as each AR-eligible AR or TR family case closed, the evaluators sent the primary caregiver a brief survey in U.S. Mail, along with a postage paid envelope for them to send their completed survey directly to UNL-CCFL. The mailing included an informed consent letter, and the materials were available in both English and Spanish versions. Beginning in July 2015, families with email addresses included in N-FOCUS were initially sent the survey by email with two automated reminders. This online version of the survey could be completed using a computer, tablet or smartphone. If the primary caregiver did not complete the survey online, they were then sent a paper version using U.S. Mail. As an incentive gift, the evaluators sent each family a $10 Walmart gift card immediately upon receipt of their completed survey.

The *Family Experience Survey* was designed to assess several constructs of interest: family satisfaction and relationship with their assigned worker, family engagement, the family's self-perception of their protective factors, and their overall perceptions of their outcomes as a result of involvement with DCFS. Family engagement was measured using a modification of the Yatchmenoff (2005) client engagement scale, which contains four sub-scales: receptivity, buy-in, mistrust, and working relationship, plus an overall engagement score. This measure was utilized in the cross-site evaluation of Differential Response conducted by the Quality Improvement Center on Differential Response (QIC-DR), and was further adapted for use in Nebraska based upon feedback provided by the QIC-DR project lead, Lisa Merkel-Holguin. Family protective factors were measured using an adaptation of the items contained in the *Protective Factors Survey* (Friends National Resource Center for Community Based Child Abuse Prevention). These items are identical to those included in the *Nebraska Protective Factors and Well-Being Questionnaire* utilized during case management with families assigned to AR. As sufficient numbers of surveys are completed, the responses from AR-eligible families who receive AR and TR services will be compared on these measures. In addition, these data will be linked to measures of family outcomes obtained in N-FOCUS and to the worker's perceptions obtained from the worker end-of-case survey, to obtain a more complete picture of family experiences and outcomes under AR versus TR.

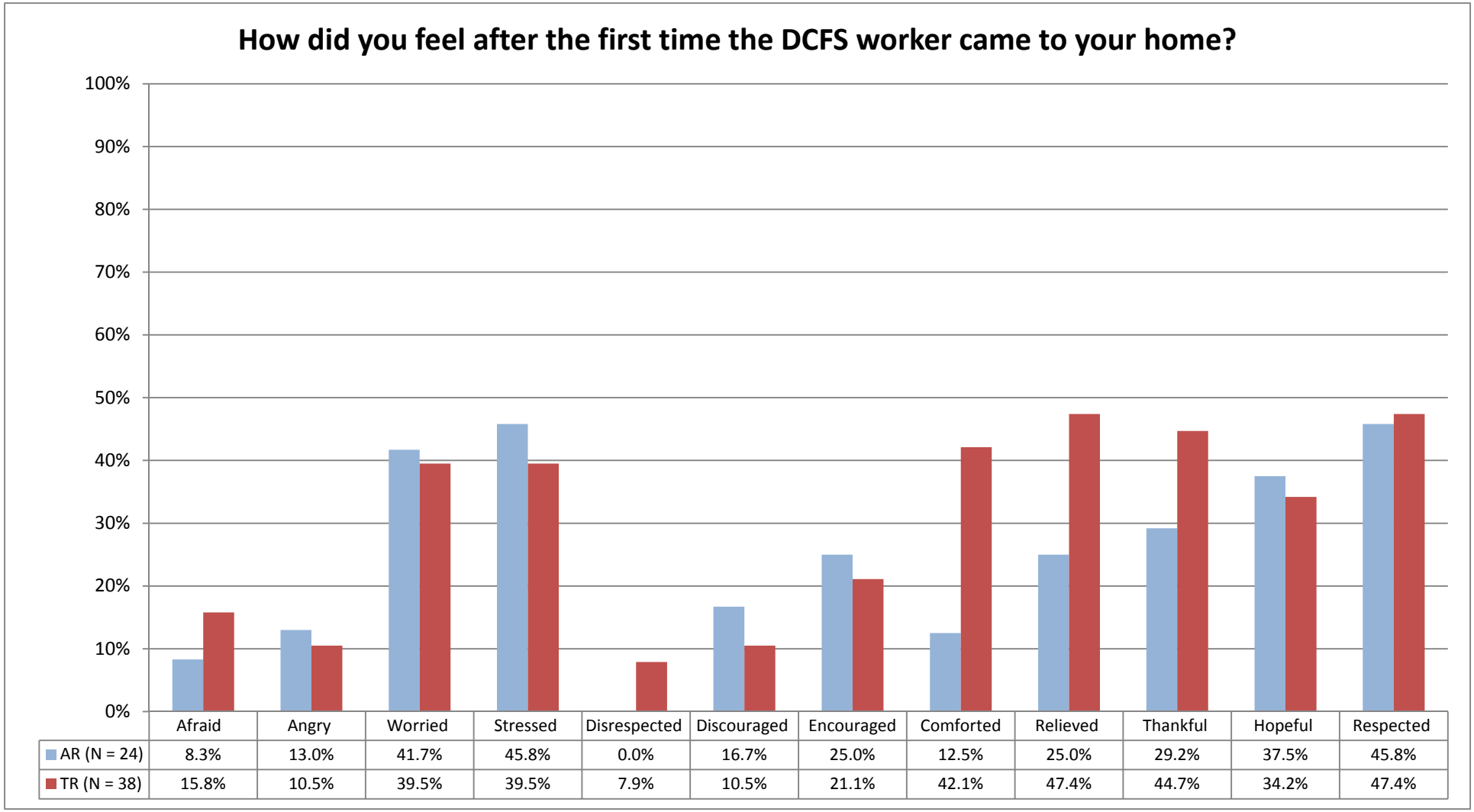
Family Experience Survey Interim Findings

As of September 23, 2015, there were 591 families with closed AR-eligible cases. Thirty-three of these either had no mailing address listed in N-FOCUS for the primary caregiver, or the address was incorrect (survey mailing was returned to sender unopened). Thus, 558 families received the *Family Experience Survey* via U.S. Mail or email. Of these, 78 completed surveys were received, for a 14% response rate. Of these 78 completed surveys, 33 were from AR families (42.3%) and 45 (57.7%) were from TR families. Two of the surveys were completed by Spanish speaking caregivers, the rest were completed in English. Further analysis of survey returns since the July 1, 2015 implementation of the email survey option showed a slight increase in response rates, with 28 out of 172 surveys completed (16.3%). Nevertheless, these response rates are disappointing. Evaluations of Differential Response implementation in other states using a similar family survey have typically obtained response rates averaging 25 to 27% (Merkel-Holguin, Hollinshead, Hahn, Casillas & Fluke, 2015). Therefore, in October 2015, the evaluators plan to increase the incentive payment to $20, along with adding the names of completed survey respondents into a drawing for a larger incentive gift every six months.

Because the number of family survey respondents was so low during this project period, we are unable to conduct statistical significance testing of the differences between AR and TR responses. As additional data accrue, differences between AR and TR will be tested. The following charts illustrate descriptive information about the family survey results thus far.

Perceptions of first visit

The following chart illustrates family caregivers' responses to the question "how did you feel after the first time your worker came to your home?" Both AR and TR family caregivers indicated that they primarily felt worried, stressed, hopeful, and respected. It appears that a greater proportion of TR caregivers (compared to AR caregivers) felt thankful, relieved and comforted. However, these differences may not be statistically significant, and so caution is advised in interpreting the small number of responses received at this time. The following graph displays the percentage of responses for each option.



	Afraid	Angry	Worried	Stressed	Disrespected	Discouraged	Encouraged	Comforted	Relieved	Thankful	Hopeful	Respected
AR (N = 24)	8.3%	13.0%	41.7%	45.8%	0.0%	16.7%	25.0%	12.5%	25.0%	29.2%	37.5%	45.8%
TR (N = 38)	15.8%	10.5%	39.5%	39.5%	7.9%	10.5%	21.1%	42.1%	47.4%	44.7%	34.2%	47.4%

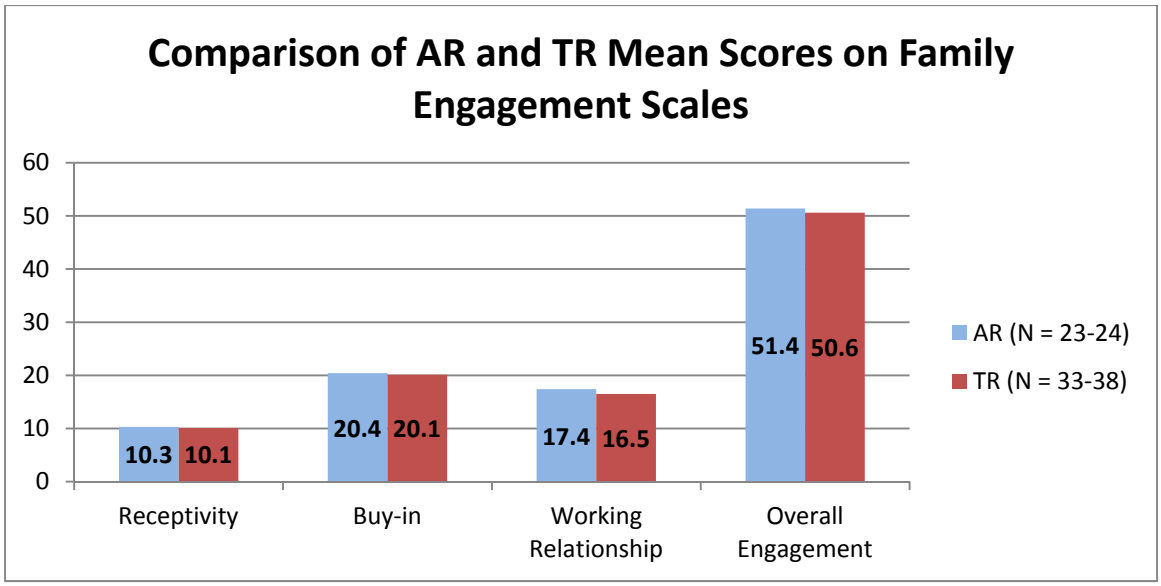
Family Engagement

Sub-scales were developed by Yatchmenoff (2005) to assess affective dimensions of family engagement. Their definitions are as follows:

1) *Receptivity*: "openness to receiving help, characterized by recognition of problems or circumstances that resulted in agency intervention and by a perceived need for help" (Yatchmenoff, 2005, p. 87).
2) *Buy-in*: "perception of benefit; the sense of being helped or the expectation of receiving help through agency involvement; a commitment to the helping process characterized by active participation in planning or services, goal ownership, and initiative in seeking and using help" (Yatchmenoff, 2005, p. 87-93).
3) *Working Relationship*: "interpersonal relationship with the worker characterized by a sense of reciprocity or mutuality and good communication" (Yatchmenoff, 2005, p. 87).
4) *Mistrust*: "the belief that the agency or worker is manipulative, malicious, or capricious, with intent to harm the client" (Yatchmenoff, 2005, p. 87).

The summed score of all items can be used as overall measure of engagement, although it is recommended to use the sub-scale scores, as they are more readily interpretable. Some evidence suggests these attitudinal dimensions may be predictors of client behaviors such as service usage, duration, and completion of case plans, although further research is needed (Yatchmenoff, 2005).

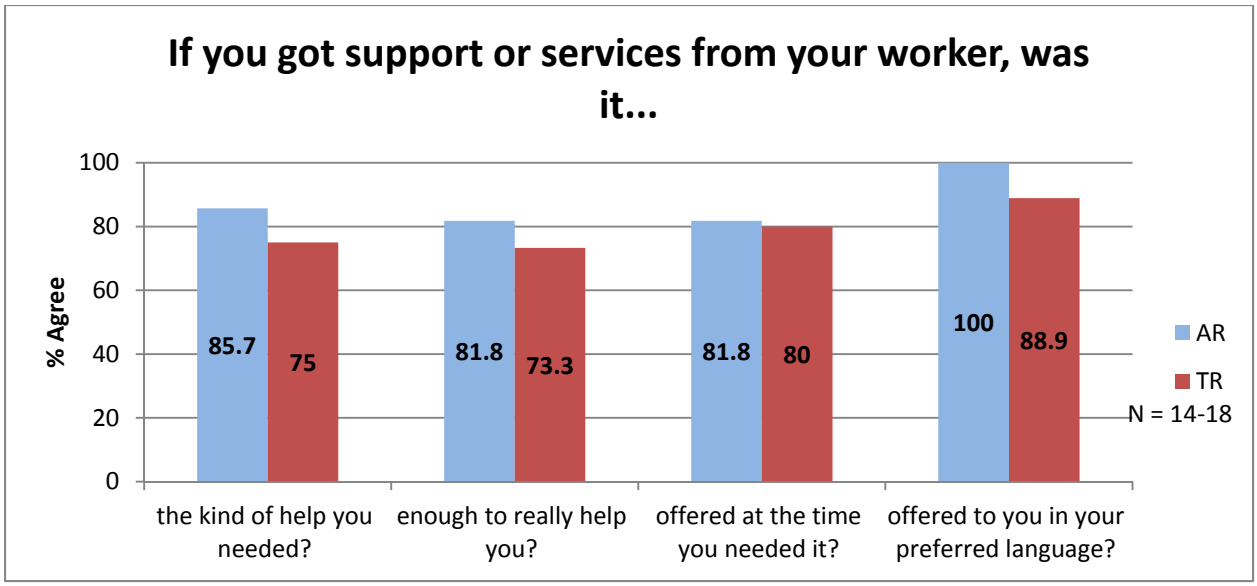
Reliability of the overall score and sub-scales of the Family Engagement measure was assessed. These preliminary analyses indicate that, in the present study, all of the scales had adequate internal consistency (ranging from .70 to .92) except for the *Mistrust* scale (which was .55). We will continue to monitor the reliability of this scale as more data are accrued. Analyses also suggested that we could improve the reliability of some of the sub-scales by removing items, which we will consider in the coming year. For this interim report, subscale scores were computed for each reliable subscale (i.e., except for the *Mistrust* scale) for each respondent family. It appears that the level of affective engagement in the case process is similar for those families assigned AR versus TR. However, due to the small number of responses, tests of statistical significance were not conducted at this time. The following graph presents the means for each sub-scale and the overall scale.

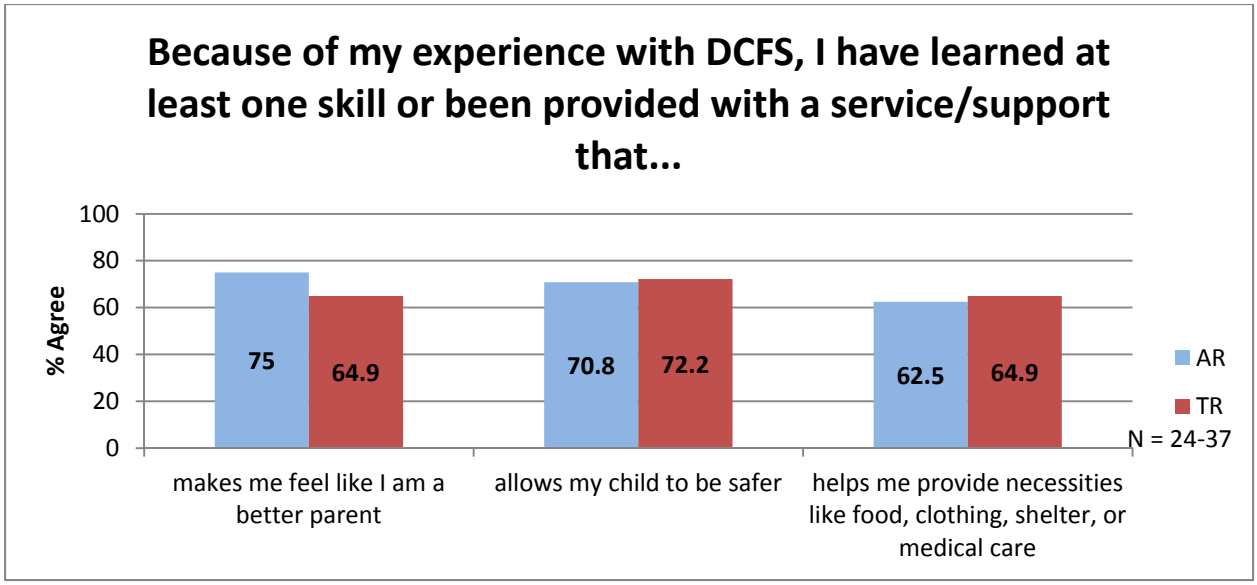


Perceptions of supports and services received

Families were asked about their perceptions of the supports and services they received during their involvement with DCFS. AR family caregivers were slightly more positive than TR families in rating the services they received, in terms of the type and amount of the services. Both AR and TR families reported receiving the services they needed at the right time. All AR and most TR families reported receiving services in their preferred language. Both AR and TR families indicated that the services they received helped them to feel like they became a better parent, with AR families agreeing slightly more than TR families. AR and TR families appeared to have similar levels of agreement that services received allowed their children to be safer, and helped them provide necessities like food, clothing, and medical care.

Again, the observed differences could not be tested for statistical significance at this time, due to the small number of responses. Thus, these interpretations must be viewed as tentative. The following two charts summarize family caregivers' perceptions of the supports and services they received.

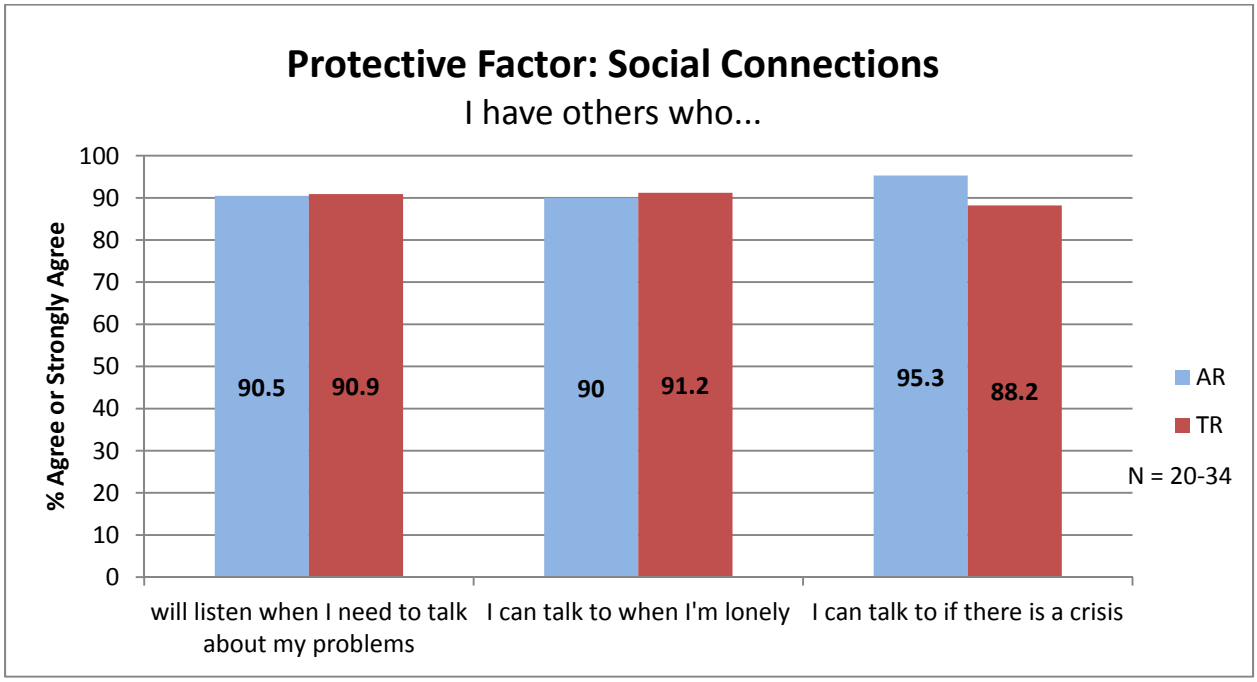


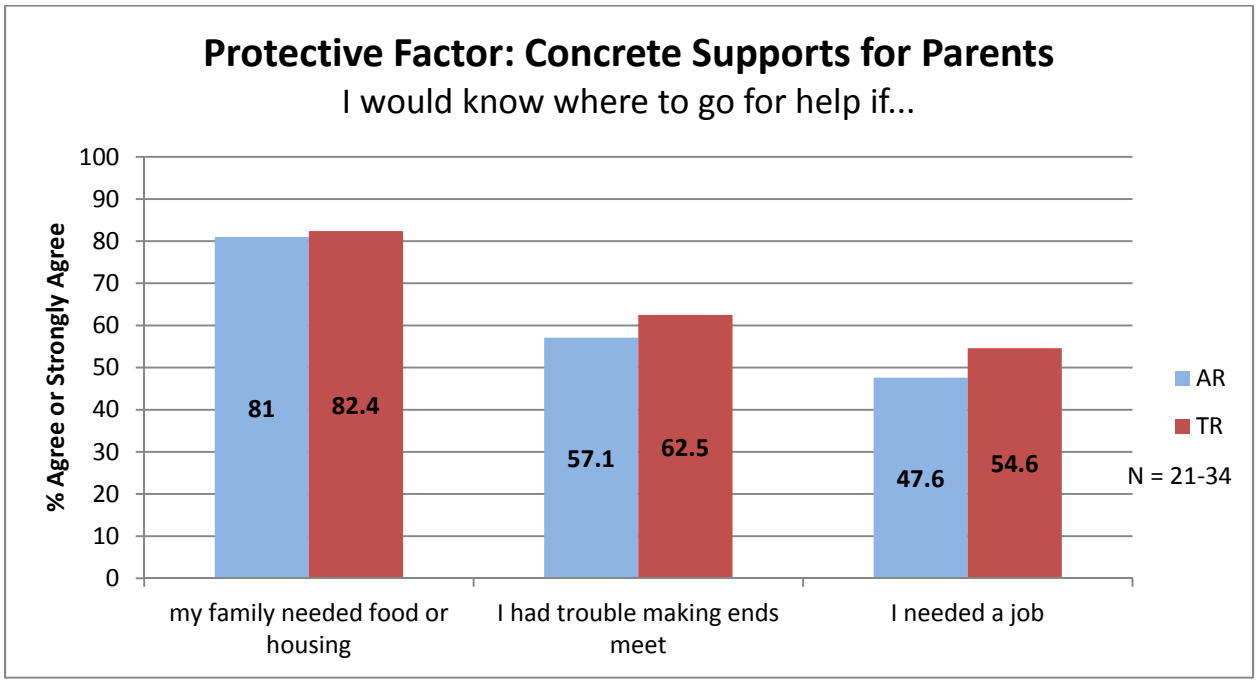


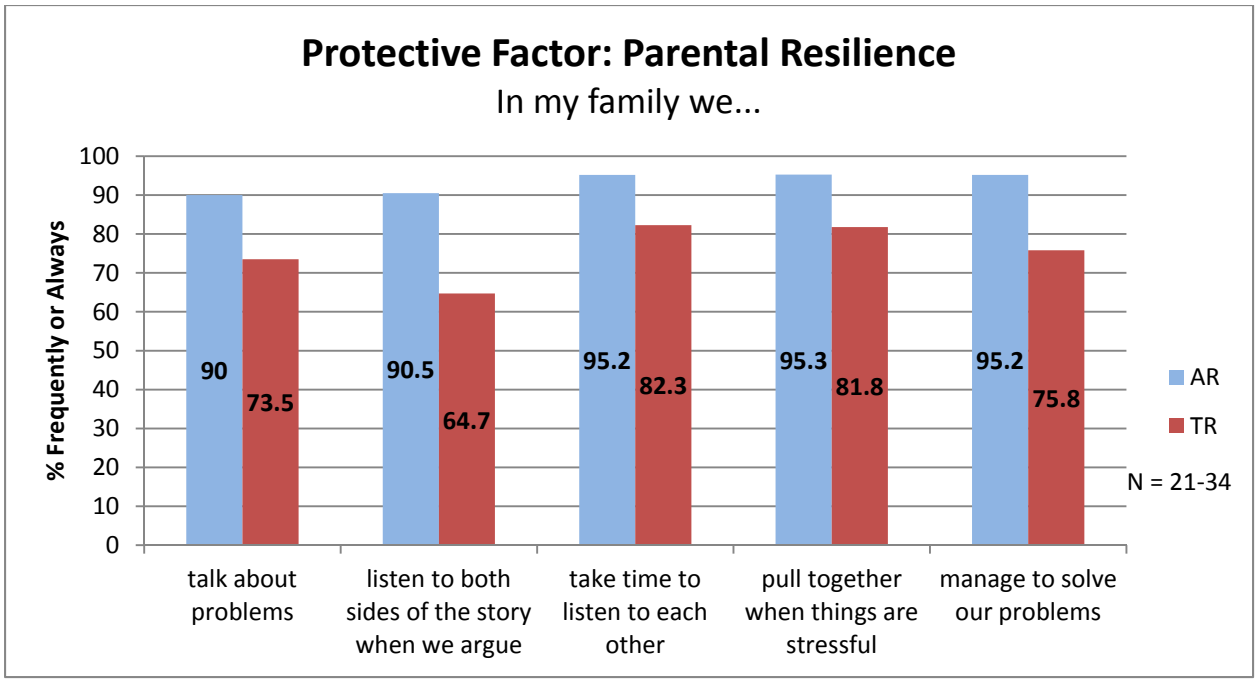
Family Protective Factors

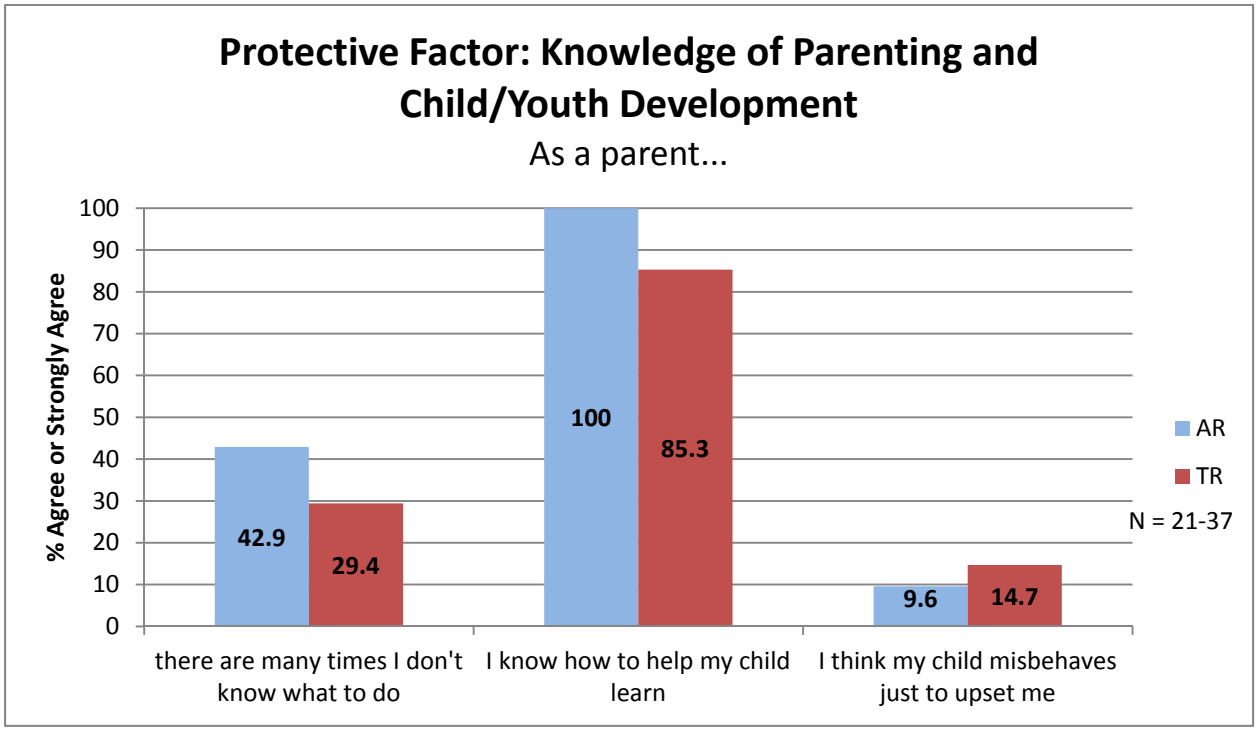
The primary caregiver responding to the survey provided self-ratings on each of the six Protective Factors. In general, it appears that both AR and TR families report high levels of social connections. Regarding Concrete Supports for Parents, both AR and TR families report fairly high levels of knowledge regarding where to go for assistance with food and housing concerns, but much less confidence in where to go if they experienced financial or employment needs. AR family caregivers appear to report higher levels of Parental Resilience than TR families, although it is unknown at this time if this difference is statistically significant. Both AR and TR family caregivers report fairly high levels of Knowledge of Child Development and Parenting, with some potential differences observed. Levels of Nurturing and Attachment appear fairly high for both AR and TR groups as well. Similarly, levels of Social and Emotional

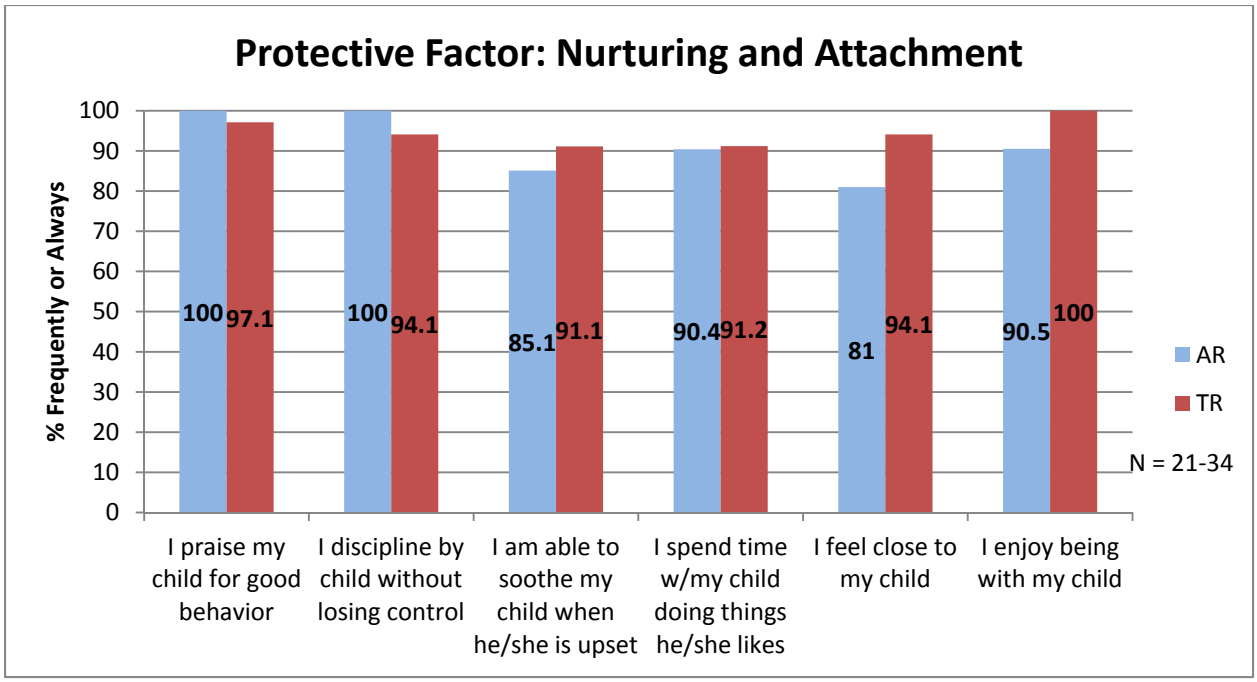
Competence of Children appear comparable on most items for the AR and TR groups. Potential differences between the AR and TR groups will be more fully explored as additional data are received in the coming year. However, due to the low response rate, tests of statistical significance were not completed at this time. The following six charts present the responses received thus far, organized by each of the six Protective Factors.

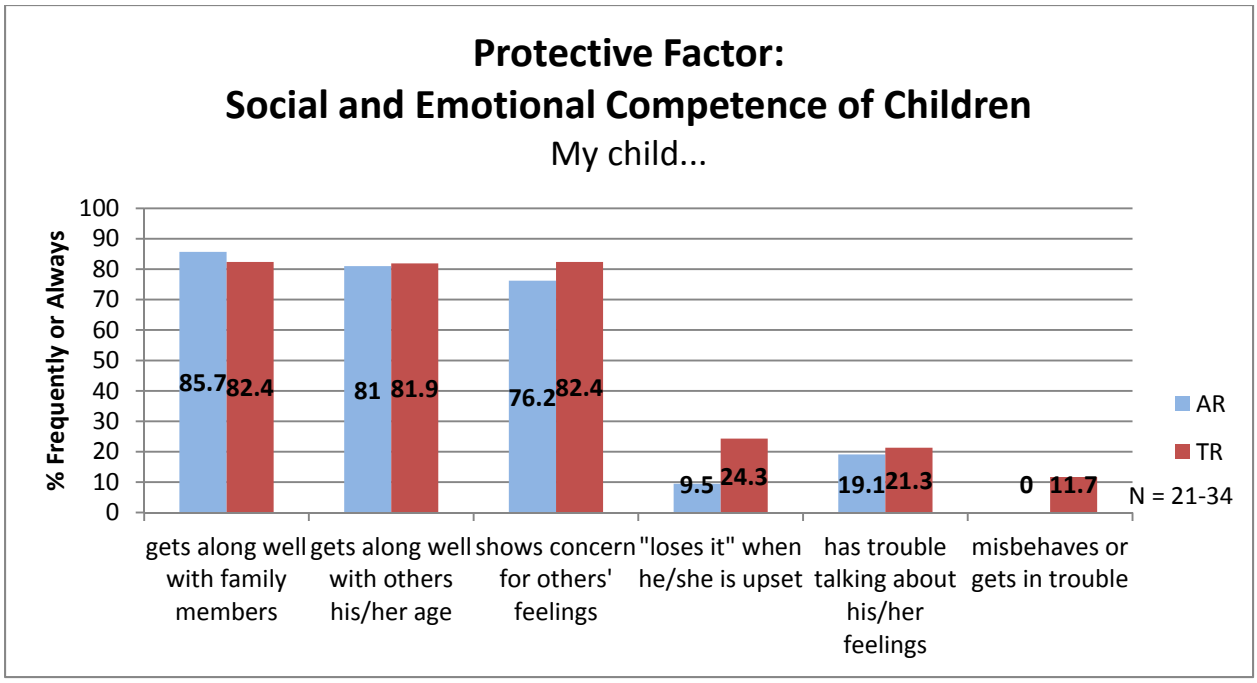





Protective Factor: Parental Resilience
In my family we...
% Frequently or Always
100
90
80
70
60
50
40
30
20
10
0
90
73.5
90.5
64.7
95.2
82.3
95.3
81.8
95.2
75.8
talk about problems
listen to both sides of the story when we argue
take time to listen to each other
pull together when things are stressful
manage to solve our problems
AR
TR
N = 21-34


Protective Factor: Knowledge of Parenting and Child/Youth Development
As a parent...
% Agree or Strongly Agree
100
90
80
70
60
50
40
30
20
10
0
42.9
29.4
100
85.3
9.6
14.7
there are many times I don't know what to do
I know how to help my child learn
I think my child misbehaves just to upset me
AR
TR
N = 21-37

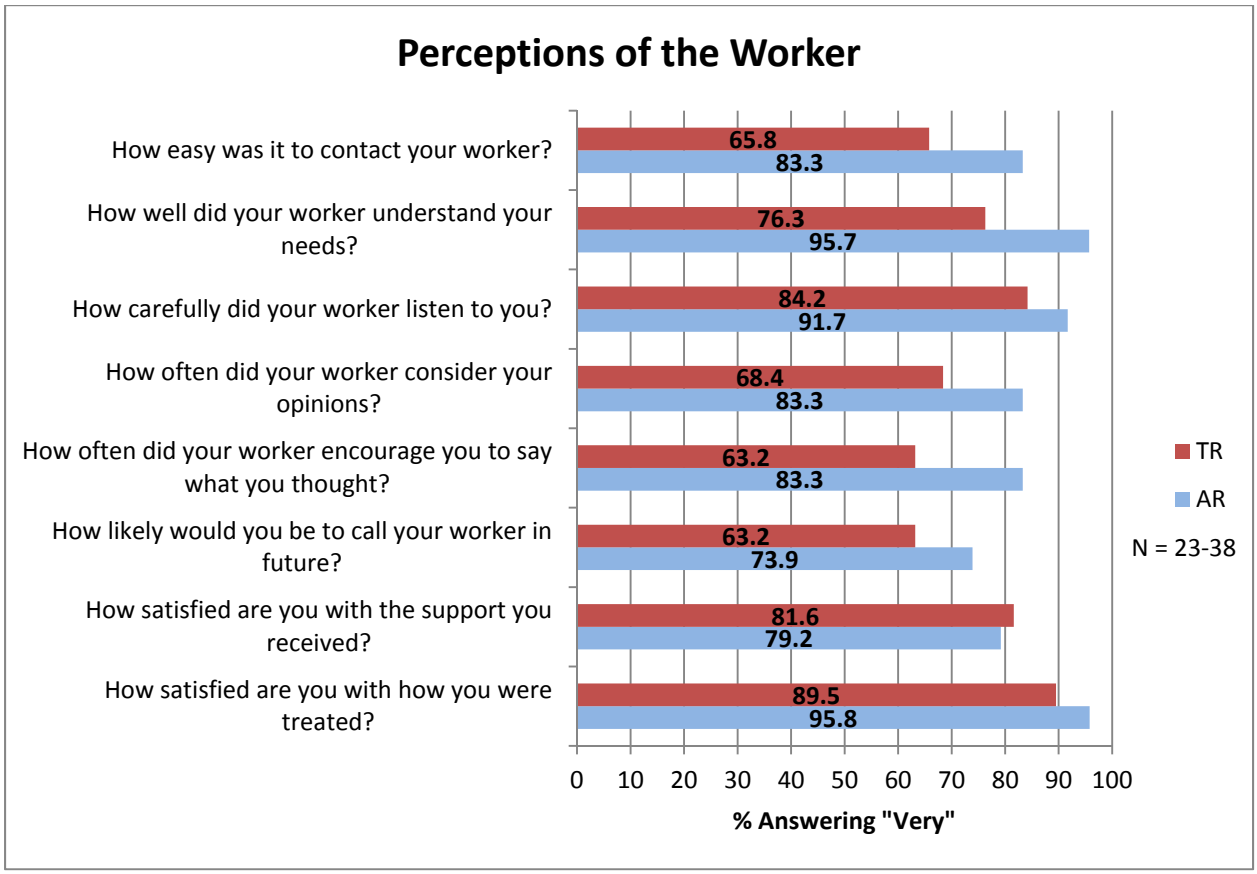




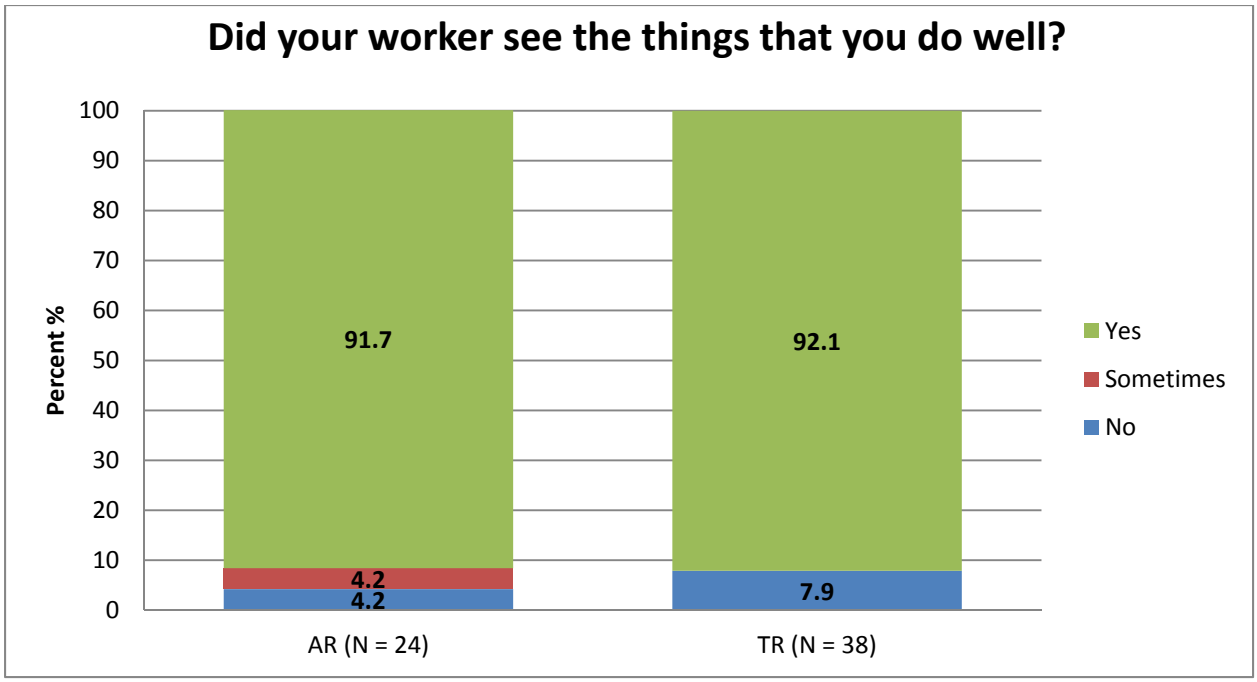
Perceptions of the Worker

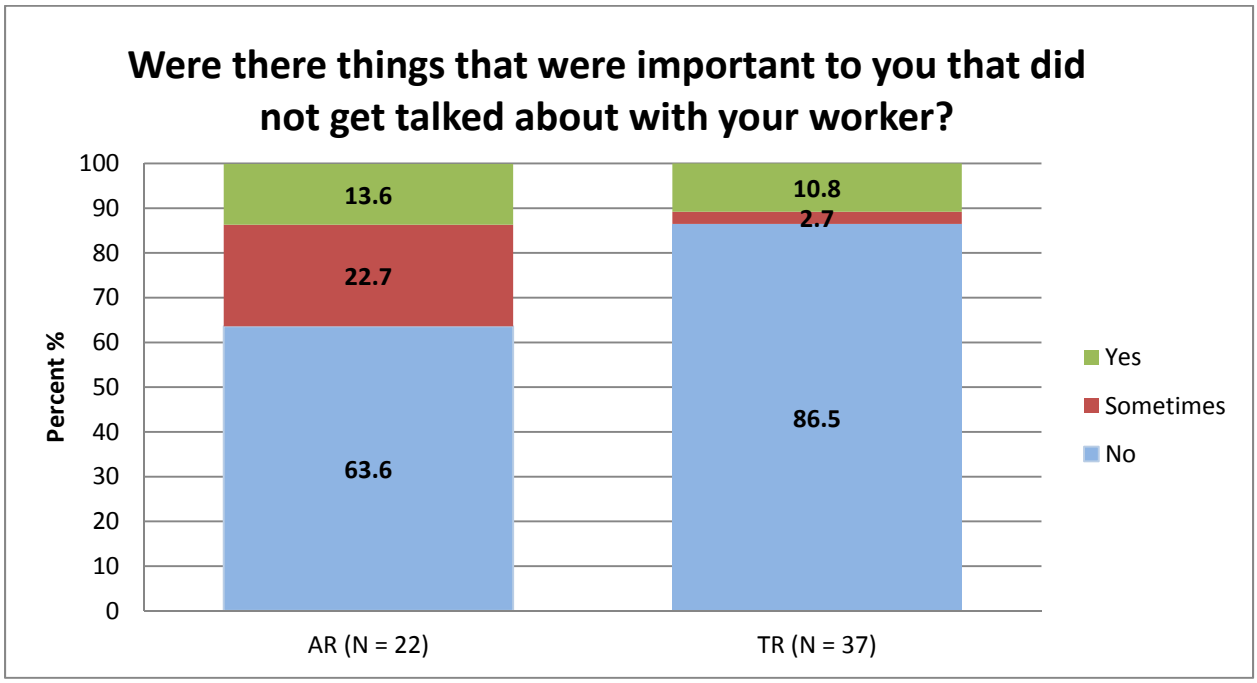
The primary caregiver also rated their worker on a number of items relating to their contacts and perceptions of satisfaction with the services provided. It appears that AR families may have higher levels of satisfaction with their worker than TR families, including such areas as ease of contacting the worker; understanding of the family's needs; considering the family's opinion; and encouraging the family to say

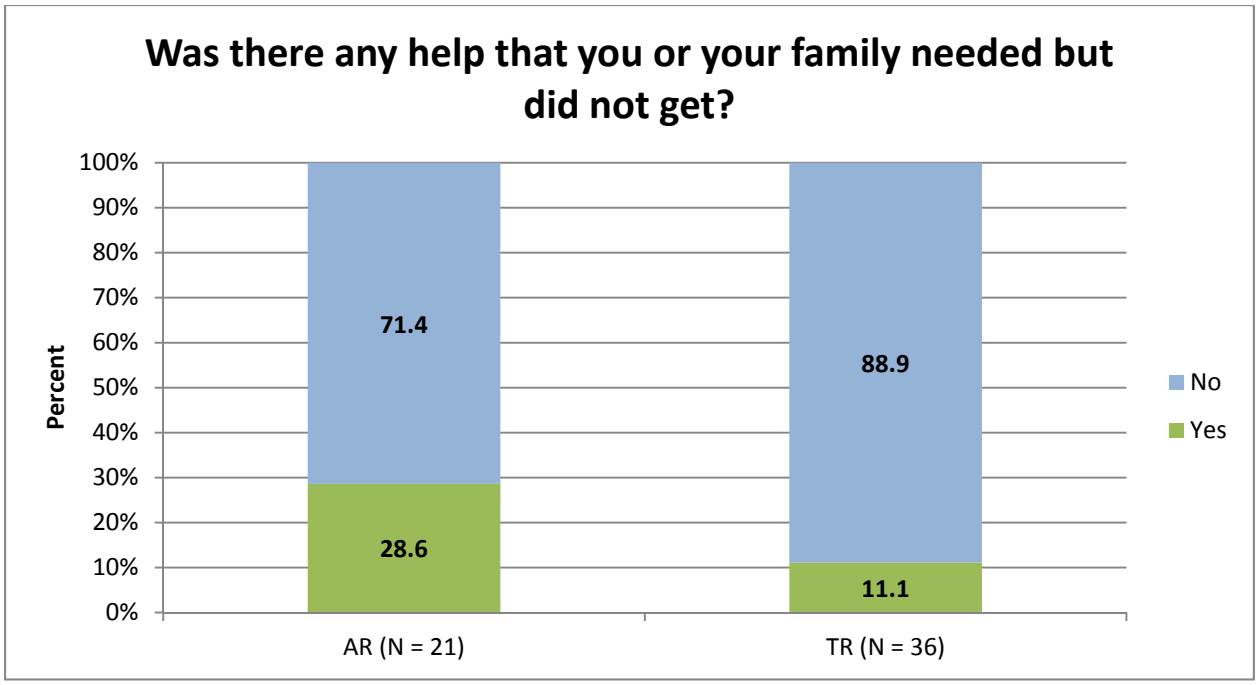
what they thought. However, due to the low number of responses, we are unable to test whether these differences are statistically significant at this time. The following chart summarizes responses for AR and TR families on each of these questions.



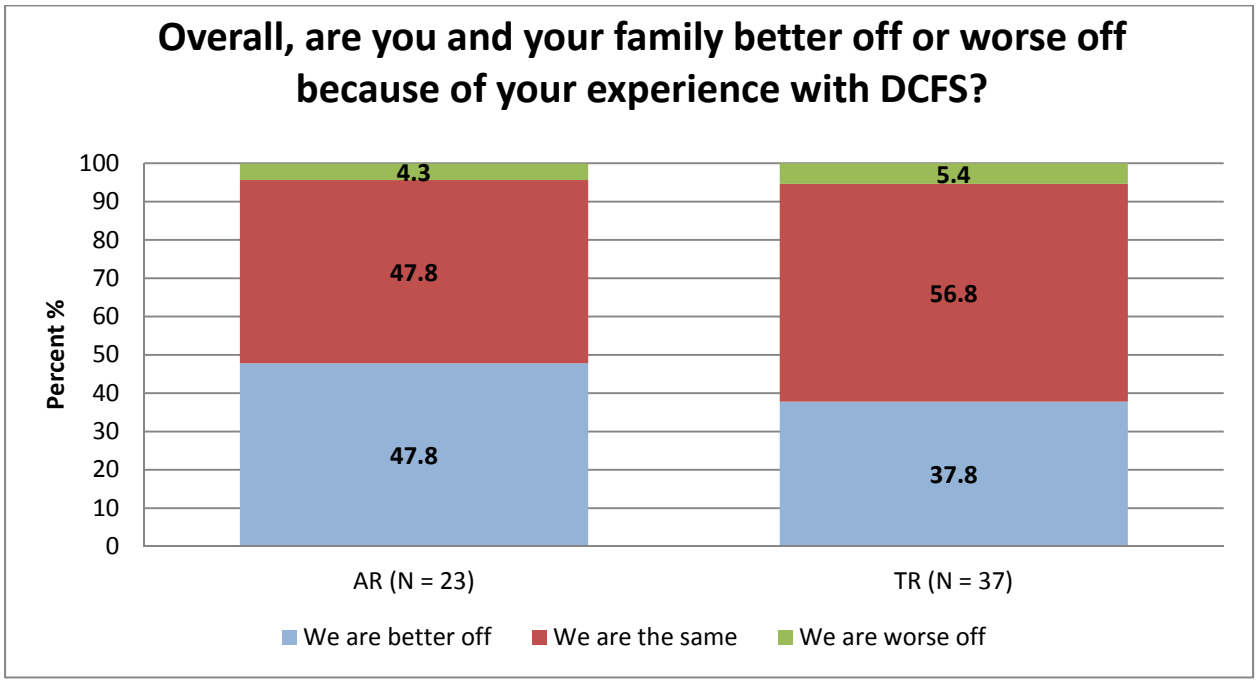
Additional questions asked families if their worker saw the things they do well, if there were things that were important that did not get talked about, and if there was any help their family needed but did not get. Over 90% of AR and TR families reported that their worker saw the things that they did well. There appear to be some potential differences between AR and TR families on the other two items; some AR family caregivers report having important issues that were not discussed with their worker and needs that did not get met. However, the low number of responses received thus far precludes statistical tests of any apparent differences between AR and TR families. Thus caution is recommended in the interpretation of these preliminary data. The following three charts summarize these additional questions for AR and TR cases.


Did your worker see the things that you do well?
Percent %
100
90
80
70
60
50
40
30
20
10
0
91.7
4.2
4.2
92.1
7.9
AR (N = 24)
TR (N = 38)
Yes
Sometimes
No


Were there things that were important to you that did not get talked about with your worker?
Percent %
100
90
80
70
60
50
40
30
20
10
0
13.6
22.7
63.6
10.8
2.7
86.5
AR (N = 22)
TR (N = 37)
Yes
Sometimes
No



Overall, 47.8% of AR and 37.8% of TR family caregivers report that they are better off because of their experience. More TR than AR families appear to feel they are unchanged by their interaction with DCFS. Only 4.3% of AR and 5.4% of TR families believe they are worse off as a result of their experience. Low response rates preclude us from determining whether these are statistically significant differences, but we will examine this as additional responses are received in the coming year.



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Merkel-Holguin, L., Hollinshead, D., Hahn, A.E., Casillas, K.L., & Fluke, J. D. (2015). The influence of differential response and other factors on parental perceptions of child protection involvement. *Child Abuse and Neglect, 39*, 18-31.

Yatchmenoff, D.K. (2005). Measuring client engagement from the client's perspective in nonvoluntary child protective services. *Research on Social Work Practice, 15*, 84-96.

Preliminary Analyses of the Case-Specific Worker Survey: October 2014 – July 2015

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Executive Summary

Workers receive the *Case-Specific Worker Survey* (worker survey) at the close of all Alternative Response (AR)-eligible cases. The purpose of this survey is to collect detailed case-level information on all AR-eligible cases. Workers respond to questions about their perceptions of family engagement, protective factors, services received, barriers to service provision, and estimates of time spent on the specific case. Workers are encouraged to consult N-FOCUS to refresh their memory about the case if needed.

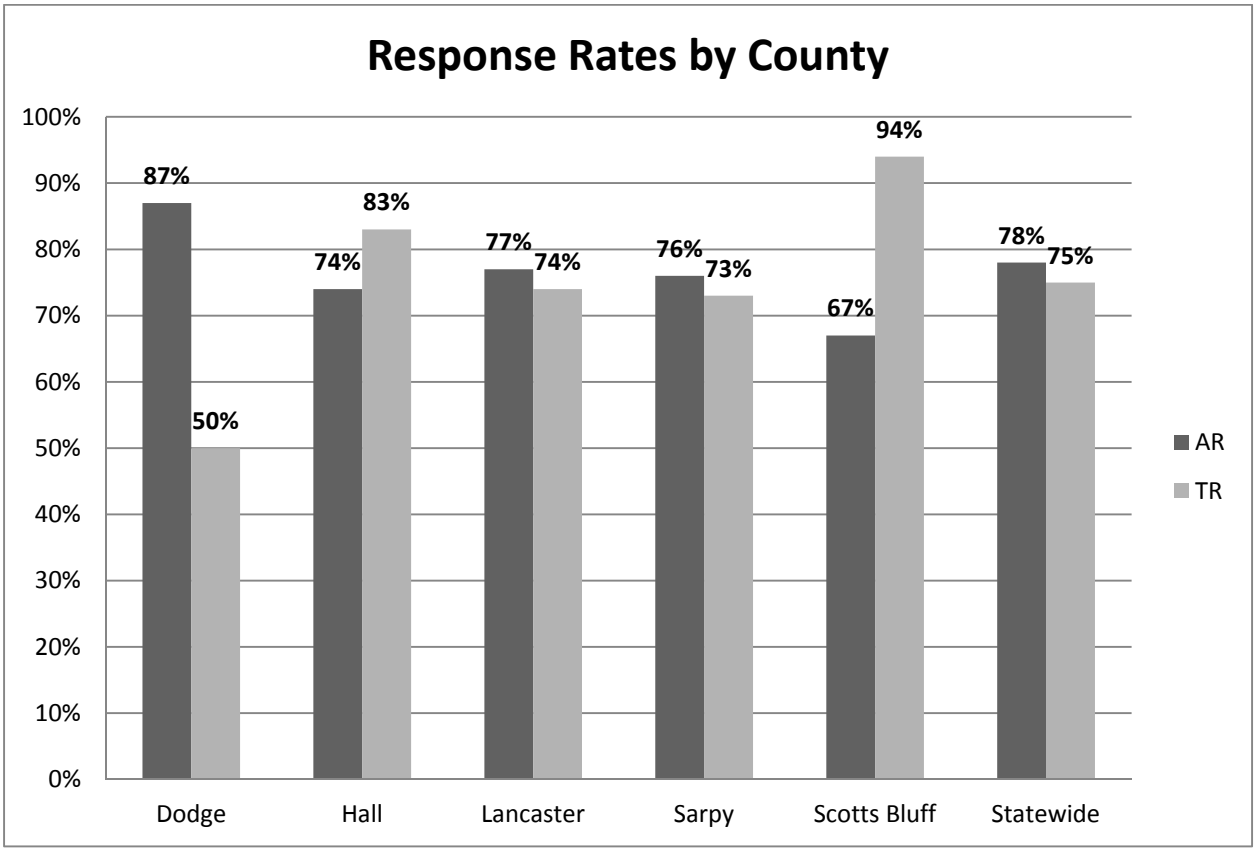
The worker survey was amended in July 2015 to better capture the services and needs of AR-eligible families and several questions were reworded for clarity. To ensure all cases are accurately represented, the current report only reports on questions that were unchanged in the July 2015 edits. Future reports will include all questions as they are currently worded.

The current report summarizes data from October 1, 2014 through July 31, 2015. The main conclusions of these analyses are:

- Overall, the response rate for the survey is 77%. In order to best reflect the AR program, the response rate should ideally be 100%. This would allow for every case to be represented in the final analyses.
- Two-thirds of workers believed they had a good relationship with the primary caretakers and that the primary caretakers trusted the Department of Child and Family Services (DCFS) to be fair. However, three-quarters of workers did not believe primary caretakers thought they had a problem that needed to be fixed or that DCFS helped improve their family. These results were the same for workers in both tracks.
- Families randomly assigned to both AR and TR had similar needs present at the beginning of the case; this demonstrates that random assignment forms comparable groups. The most common needs were parenting skills, child's emotional and behavioral adjustment, material needs, mental health of a child, and social supports.
- Slightly more AR workers than TR workers report their families received supports from relatives or friends and that they utilized no-cost or community resources.
- Families in both tracks received similar types of services from similar types of providers. The most common services provided to families were mental health services, services to address material needs, and social support services.
- The most commonly reported barriers to families receiving services were due to worker time constraints (size of worker caseload, limited staff time to work with family, and other pressing cases on the caseload). However, over a third of workers reported they did not experience any barriers to families receiving services.
- Approximately one-third of both AR and TR workers reported that the services provided to families were not applicable to improving protective factors. This indicates a possible need to communicate how services can help improve protective factors to both AR and TR workers.

Survey Response Rates

This report includes responses from workers on all AR-eligible cases (randomly assigned to AR or TR) that completed the survey on or before July 31st, 2015. A total of 472 surveys were emailed to workers through the second week of July; 229 surveys were sent to AR workers and 243 surveys were sent to TR workers. Overall, 362 surveys were completed as of July 31st, 2015 for a response rate of 77%. 179 surveys were completed by AR workers for a response rate of 78% and 183 surveys were completed by TR workers for a response rate of 75%. The graph below shows the response rates for each county and statewide. Scotts Bluff County had the highest overall response rate of 81% and Dodge County had the lowest overall response rate of 68%.



The worker survey provides vital information to the evaluation that is not available from any other data source. Ideally, the overall response rate would be 100% so all cases could be accurately represented in the analyses. DCFS has communicated the importance of completing this survey to workers. In June 2015, another survey invitation was sent to all workers who had not completed past surveys from the start of AR implementation (October 1, 2014) as of June 10, 2015. This resulted in an additional 30 completed surveys.

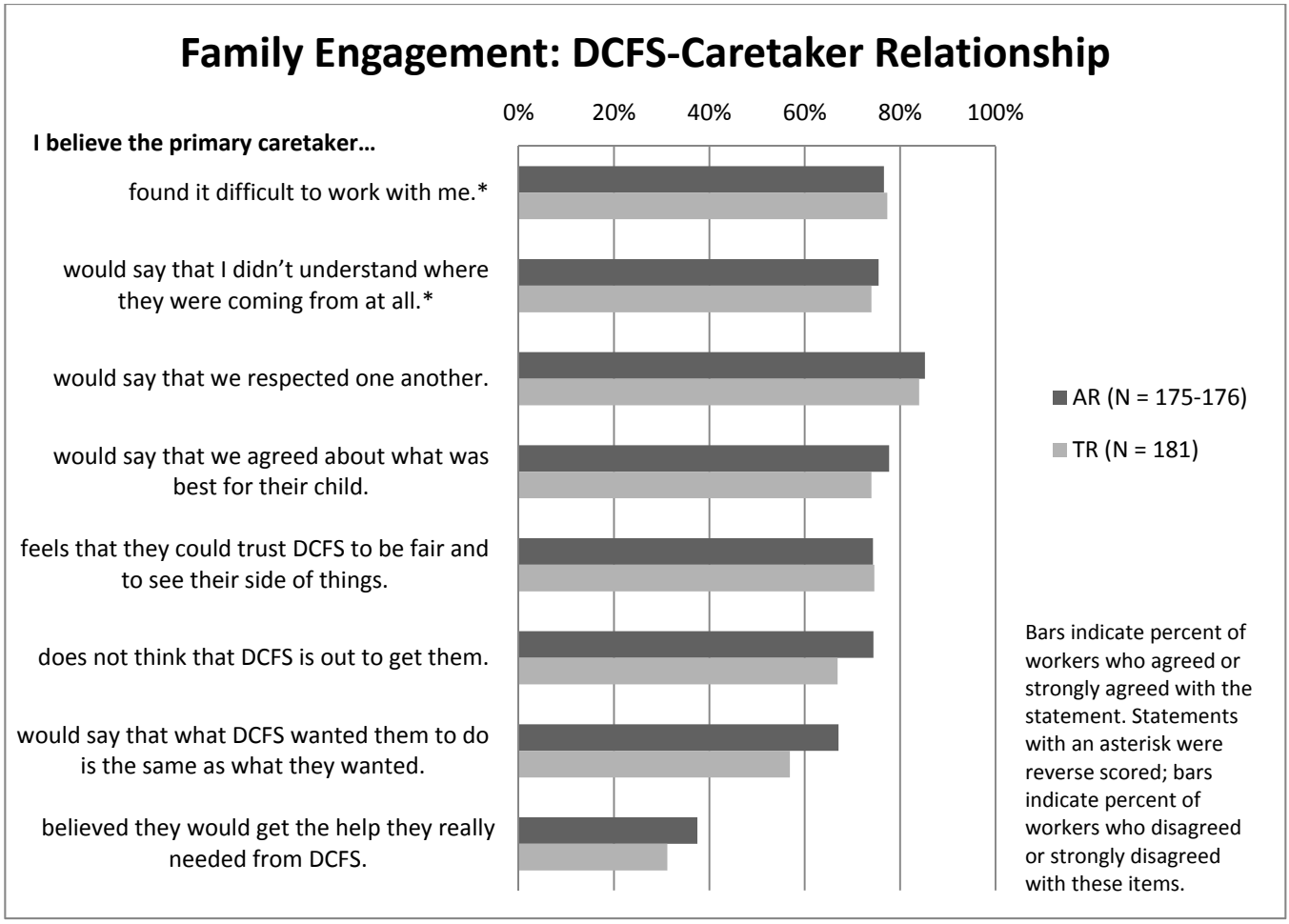
Family Engagement

The worker survey asks questions about the family's engagement with DCFS. Workers answer sixteen questions about the primary caretaker's perceptions of DCFS, the relationship with the worker, and family outcomes. All of these items are worded as statements that workers rate on an agreement scale (*1 = Strongly Disagree, 5 = Strongly Agree*). A complete summary of workers' responses is included in Appendix A, *Worker Perceptions of Family Engagement*.

Worker Perceptions of Relationship between Caretaker and DCFS

Workers in both tracks had similar perceptions of the primary caretaker's relationship with the worker. Overall, approximately two-thirds of workers reported a very positive relationship between the primary caretaker and the worker. More than three-quarters of workers stated the primary caretaker did not find it difficult to work with them. More than 80% of workers also believe that parents sensed the worker could see the caretaker's point of view and perceived mutual respect and agreement with primary caretakers.

Workers for both AR and TR also generally believed that caretakers had trust in DCFS. Three-quarters of both AR and TR workers agreed or strongly agreed that the primary caretaker felt that they could trust DCFS to be fair and to see their side of things. However, less than 40% of workers agreed that the primary caretaker would say that they got the help they really needed from DCFS. The following graph displays the percent of workers who agreed or strongly agreed with statements regarding the primary caretakers' perceptions of the relationship between the primary caretaker and DCFS.

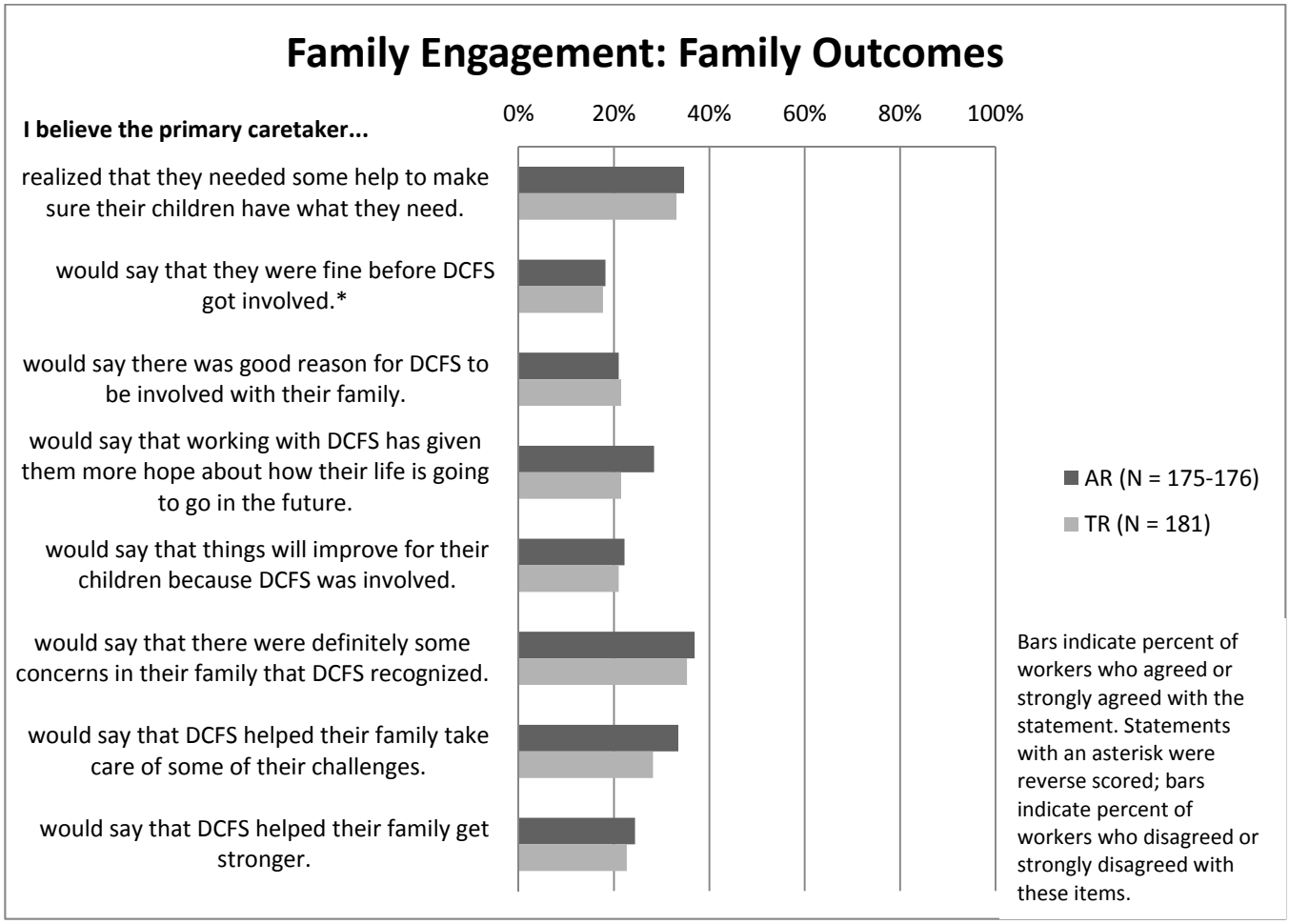


Worker Perceptions of Family Outcomes

In general, workers in both tracks did not believe that primary caretakers thought they needed help. About one-third of workers for both AR and TR cases disagreed or strongly disagreed that the primary caretaker realized that they needed some help to make sure their children had what they needed. Less than a quarter of

workers in both tracks believed the primary caretaker would say there was a good reason for DCFS to be involved with their family. These responses indicate workers believe caretakers do not believe they need help from DCFS.

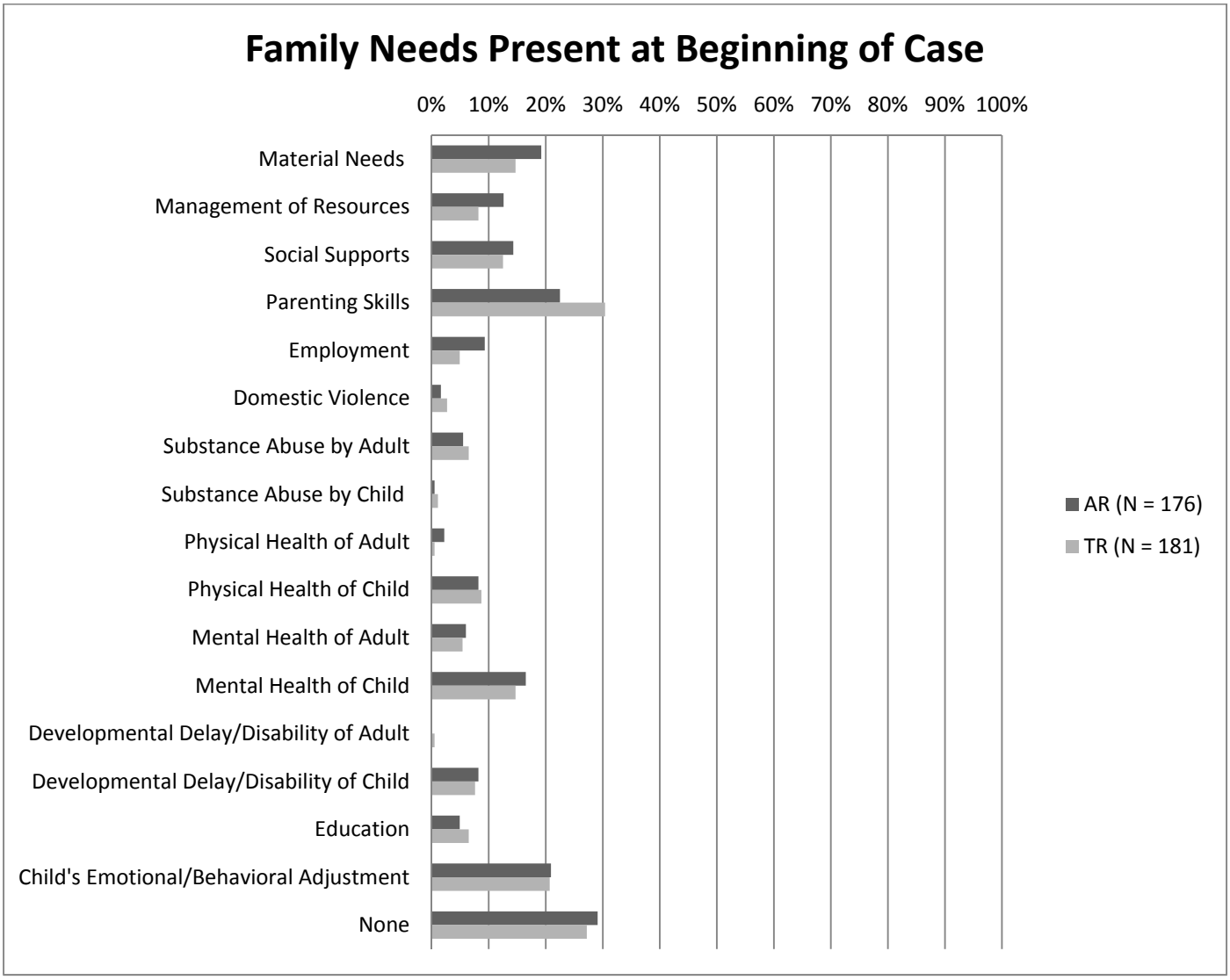
Approximately only one quarter of workers indicated the primary caretaker believed DCFS helped improve their family. Additionally, less than one-third of workers for both AR and TR agreed that the primary caretaker would say that DCFS helped their family take care of some of their challenges. These responses show that, while workers believe caretakers trust DCFS to be fair, workers do not perceive caretakers feel that DCFS had an impact on their family. The below graph depicts the percent of workers who agreed or strongly agreed with statements regarding primary caretakers' perceptions of outcomes.



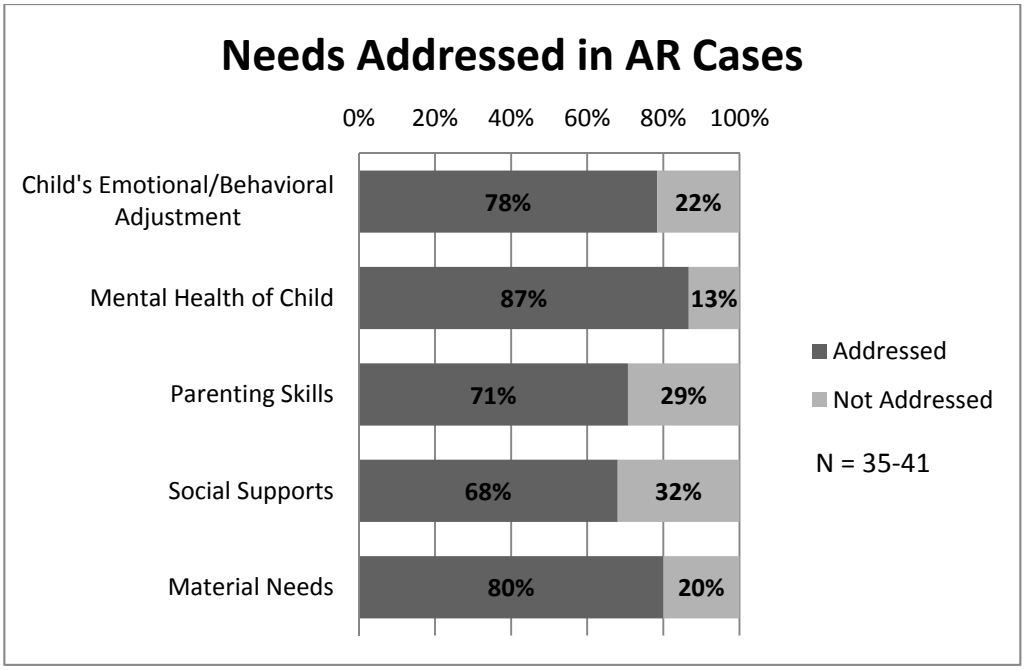
Family Needs

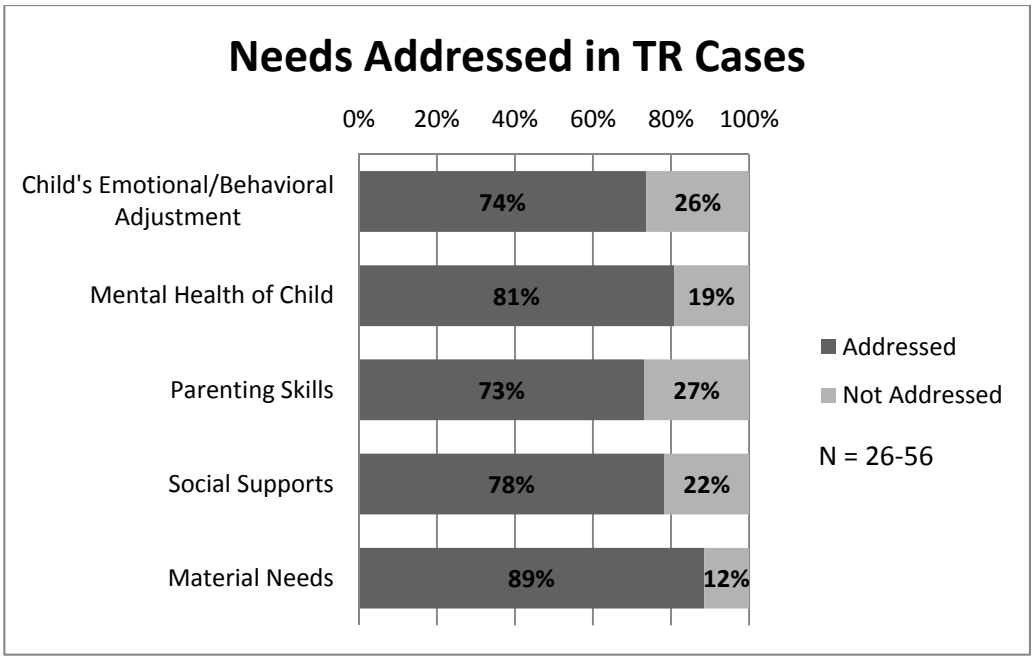
Workers were asked to identify the various needs present in the family at the beginning of the case. The most commonly identified need was parenting skills for both AR and TR. Other common needs selected by at least 10% of both AR and TR workers included the child's emotional and behavioral adjustment, material needs, mental health of the child, and social supports. Approximately one-quarter of workers indicated that the families did not have any needs present at the beginning of the case.

Looking at the selected needs of the families, AR and TR families appear to be presenting with the same needs; this also confirms that random assignment is working to create comparable groups. The below graph shows the percent of needs selected for AR and TR cases.

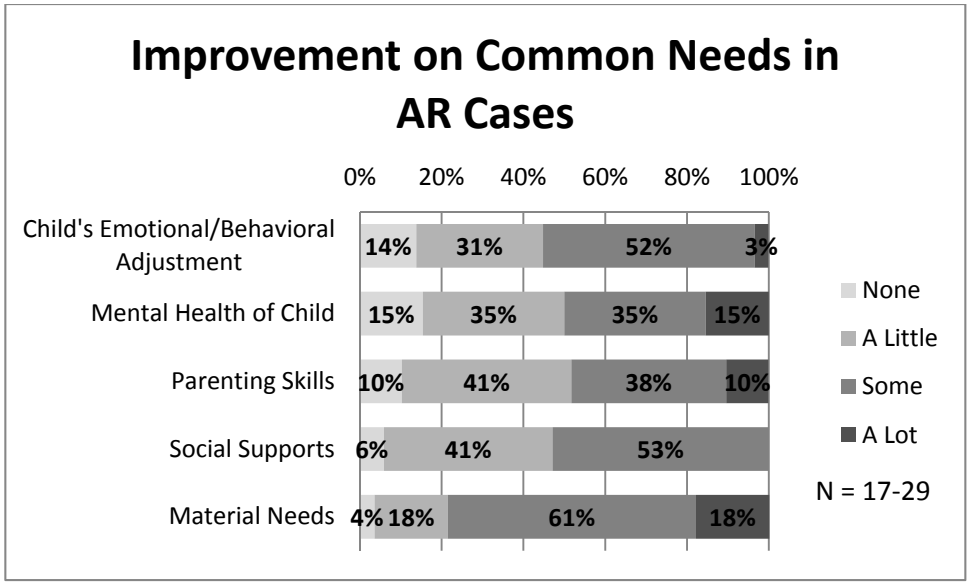


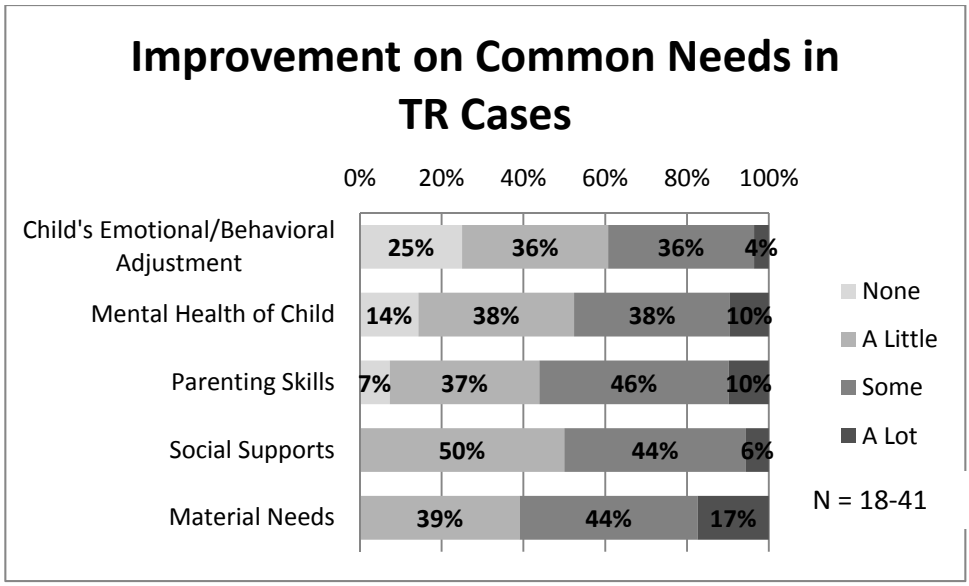
For each need the worker identified, the worker was then asked whether or not they were able to address that need with the family while the case was open. The majority of workers reported that they were able to address these needs during the case, regardless of track assignment. The following graphs display the percentage of cases that were able to address the 5 most common needs. For example, 80% of AR workers and 89% of TR workers reporting the family required material needs also reported that they were able to address that need during the case.





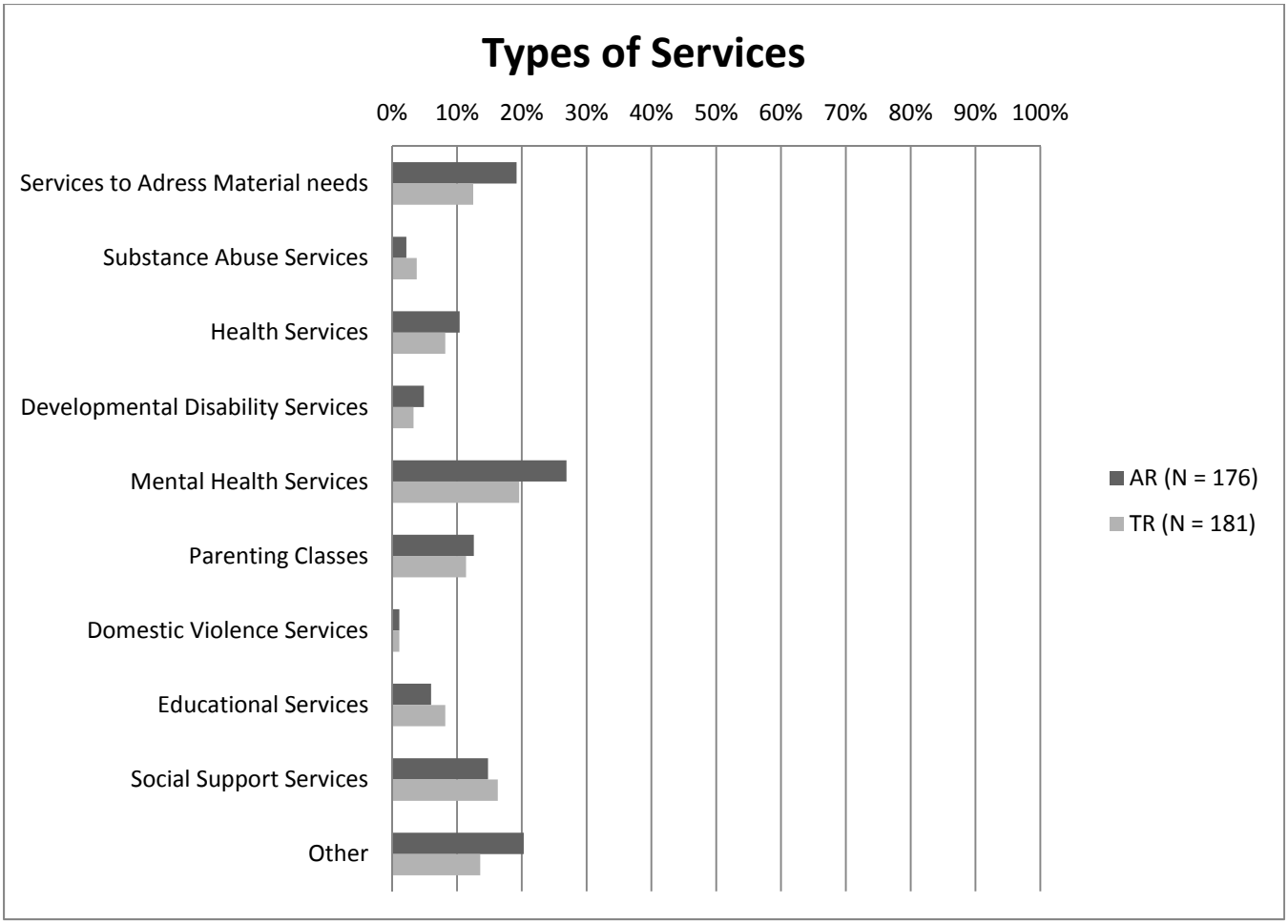
For each need workers were able to address during the case, workers were then asked whether or not that need improved while the case was open. More than three-quarters of workers reported that needs improved in both AR and TR cases. The following graph displays the percentage of improvement for the five most common family needs. For example, 96% of AR workers and 100% of TR workers reported that families requiring material needs were able to improve this need during their work with the family, at least a little.



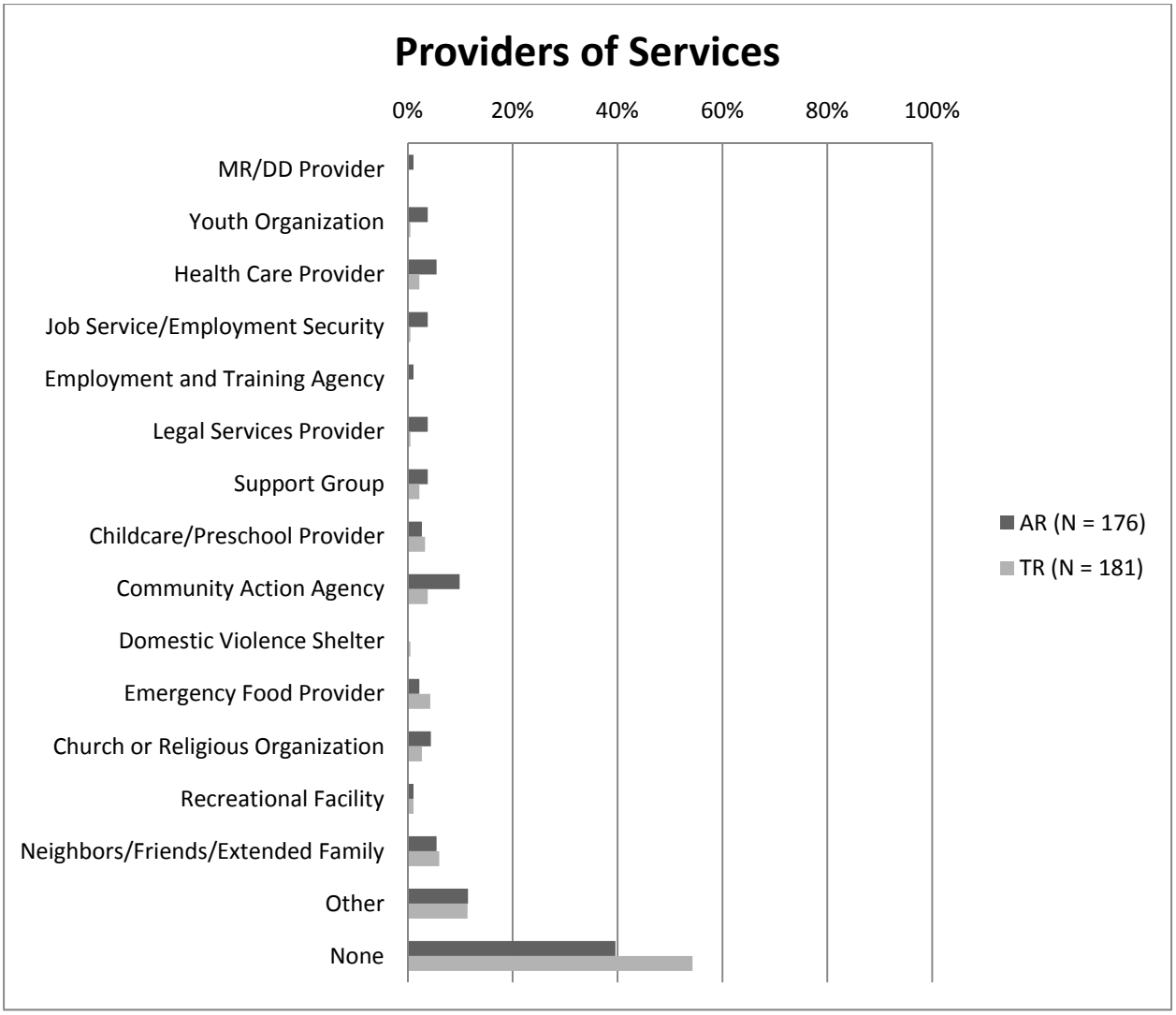


Services Provided to Families

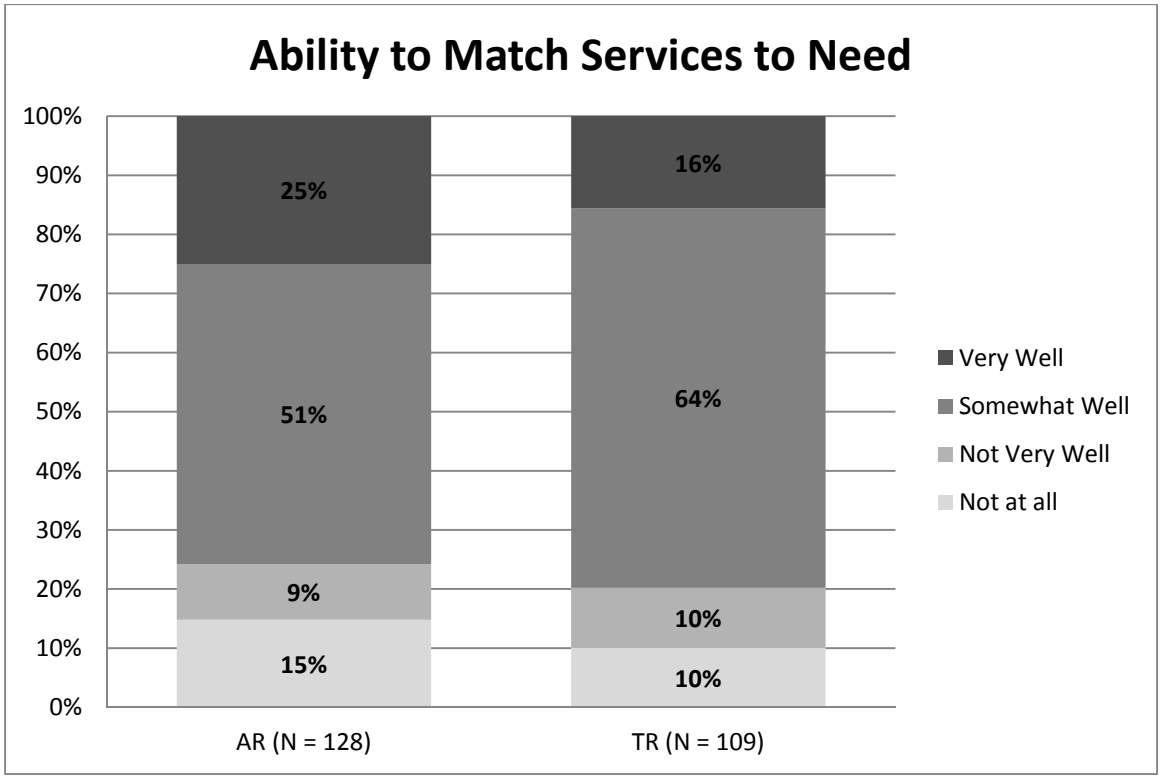
Workers reported information about the types of services provided to families, general providers of those services, and families' participation in those services. For the types of services that workers either gave the family information about or directly provided, the most common type of service (selected by about one-quarter of both AR and TR workers) was mental health services. Other common types of services were those to address material needs and social support services. If other services were provided that were not listed, workers were asked to provide information about those services. Other services provided to both tracks included day care providers, Intensive Family Preservation, and Legal Aid. Additionally, AR families were provided with Medicaid. These preliminary data indicate AR and TR cases are receiving similar types of services. The following graph displays the types of services received by AR and TR families.



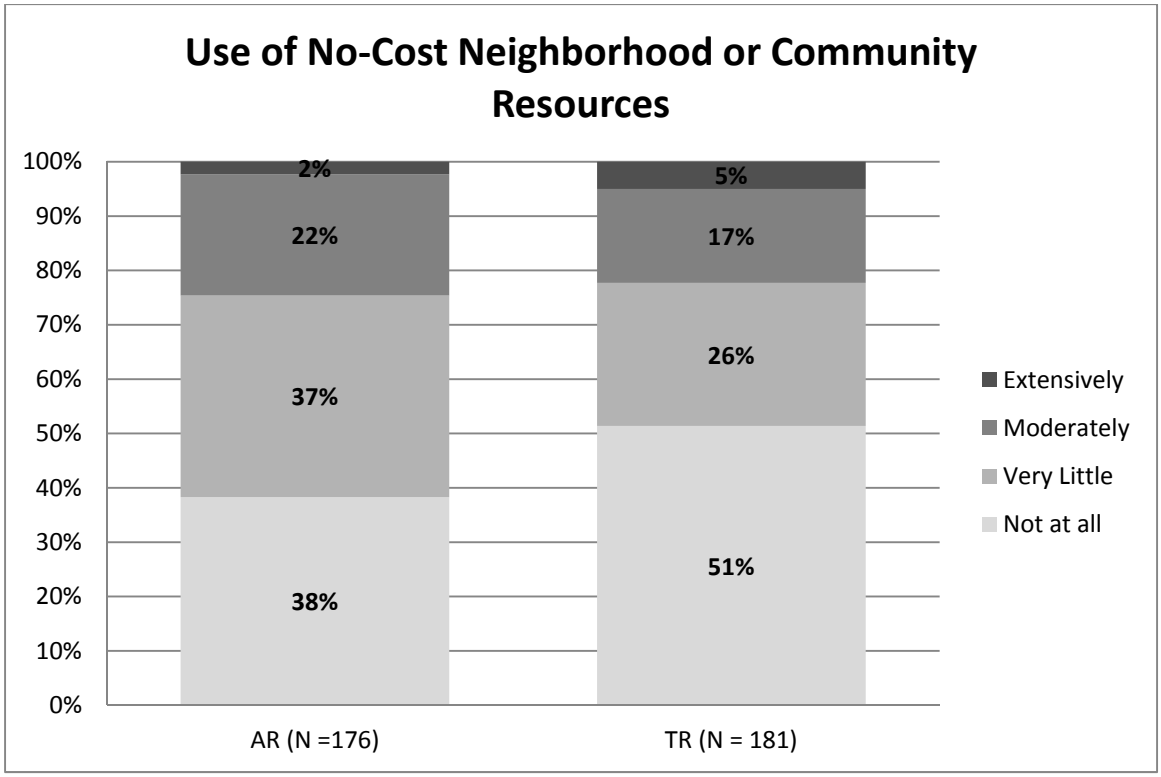
For the categories of service providers, most families appear to not have received services from any providers, as “None” was the most commonly selected response. However, of the selected providers, the most common were community action agencies, neighbors/friends/family, and health care providers. The following graph displays the types of service providers involved with AR and TR families.

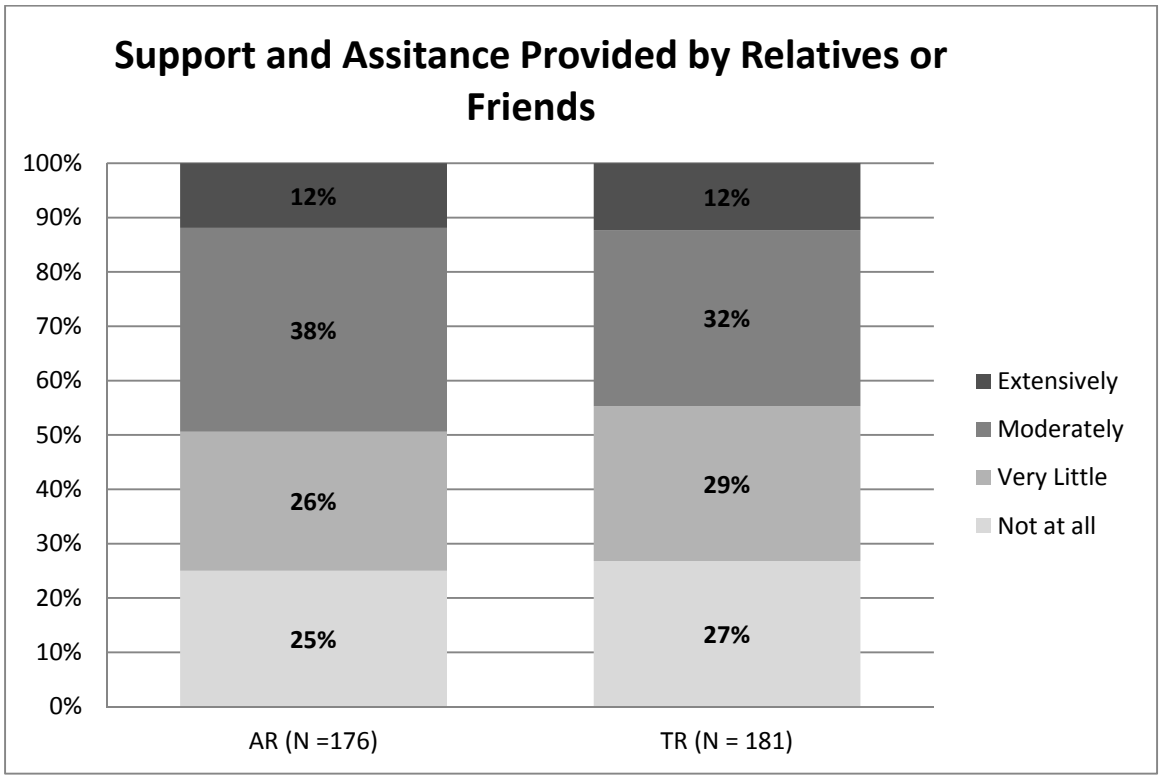


If a service was provided to a family, workers were then asked to indicate how well they believed they were able to match that service to the need of the family. As shown in the following graph, most workers reported that they were able to match the services provided to the service needs of the family; indicating that workers are mostly able to find services to address the needs of families in both AR and TR cases.



Because AR is particularly focused on addressing needs through low- or no-cost methods whenever possible, workers were specifically asked about these types of services. Less than half of TR cases utilized a no-cost neighborhood or community resource. Additionally, nearly half of all cases received at least moderate support or assistance from relatives or friends, regardless of track assignment. Overall, it appears slightly more AR cases utilized some sort of no-cost resource. The below graphs depict the use of no-cost resources, provided by either neighborhood or community resources, or relatives or friends, for both tracks.

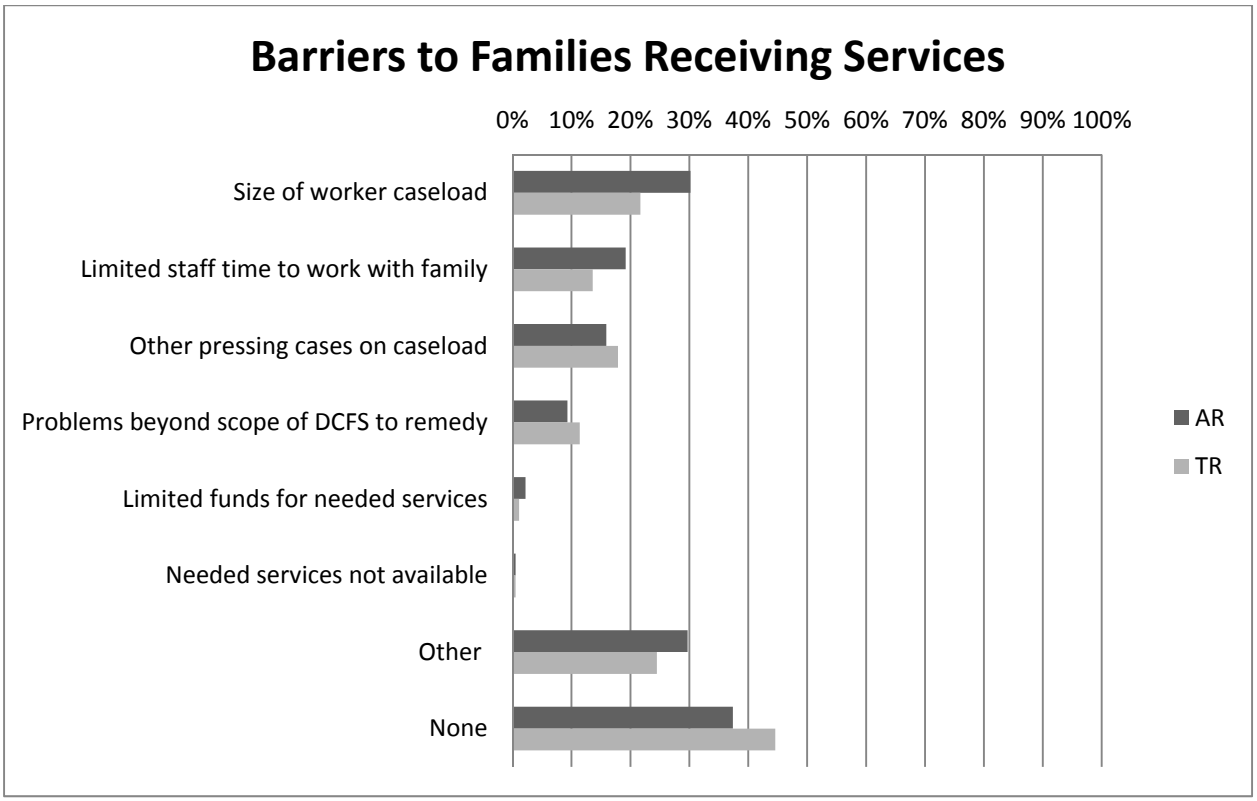




Barriers to Families Receiving Services

Workers were asked to provide information about the barriers they may have experienced in providing services to families. Workers identified similar barriers, regardless of track assignment. Generally, most workers did not experience barriers to families receiving services; a slightly larger proportion of TR workers

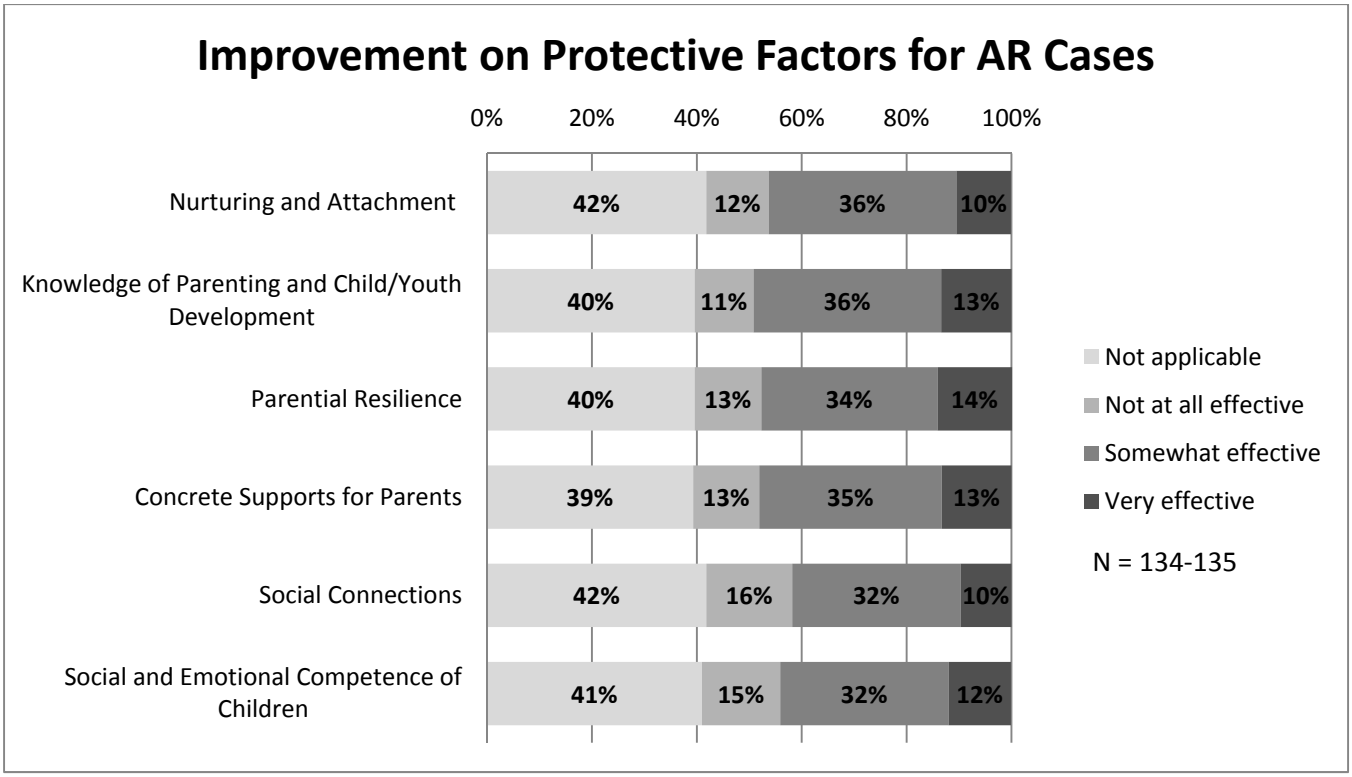
(45%) reported that they experienced no barriers when compared to AR workers (37%). However, for the barriers selected, the most common barrier was the size of the worker caseload, followed by limited staff time to work with families, and other pressing cases on their caseload. If a barrier was not listed, workers selected "other" and were then asked to provide a text response. Workers on both tracks reported additional barriers such as cultural or language issues, problems with the family refusing to engage or being uncooperative, and custody issues between parents. Overall, these data indicate that both AR and TR workers appear to be experiencing the same barriers. The following graph displays the barriers experienced by AR and TR workers.

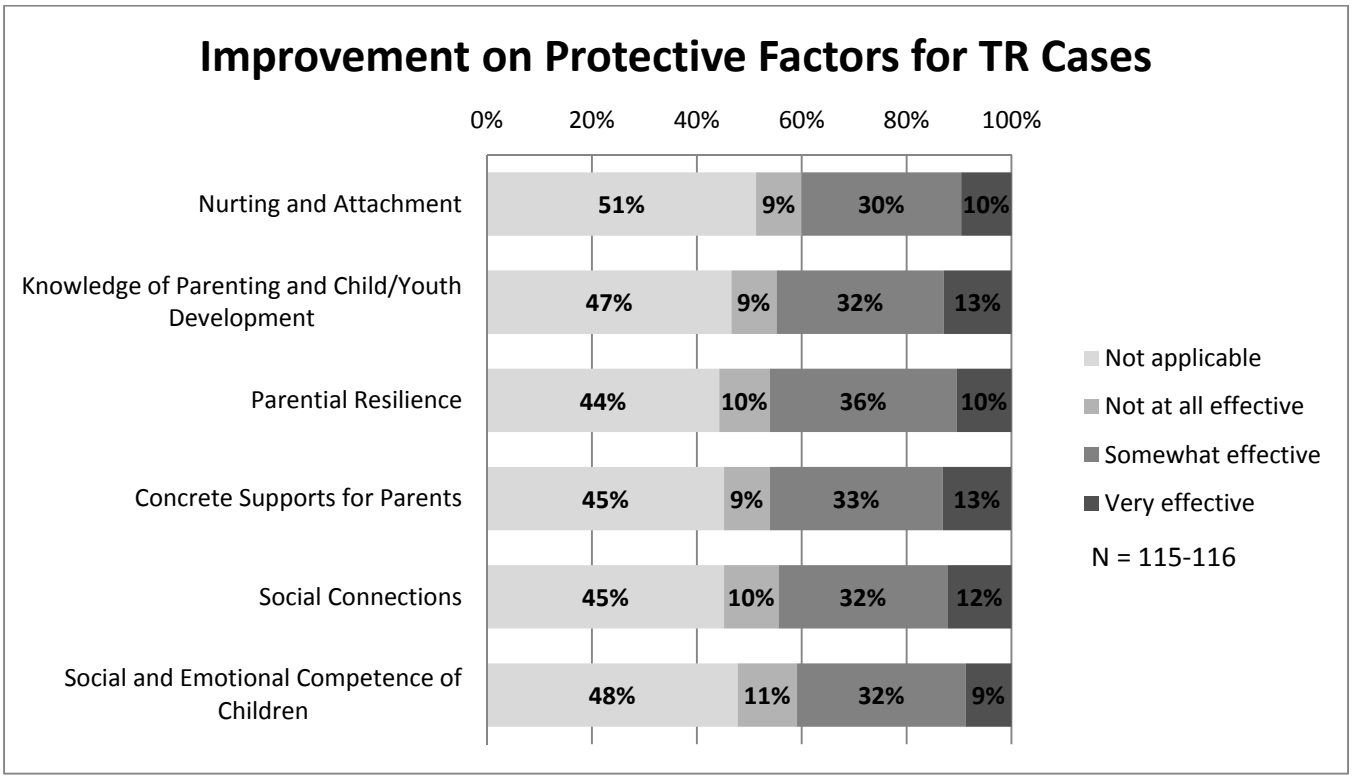


Protective Factors

Finally, workers were asked about whether the services provided to the family improved the family's protective factors. For more detailed information about the family's perceptions of protective factors, see *Protective Factors Questionnaire: October 2014-July 2015*; however, this report simply covers the workers' perceptions about whether or not the services provided were able to improve each of the protective factors.

All six protective factors appear to have similarly improved for all cases. Less than 15% of workers in both AR and TR reported services were very effective at improving the protective factors; between 8% and 17% of workers reported services did not improve protective factors at all. Importantly, between one-third and one-half of all workers reported that services were not applicable to protective factors, indicating that a substantial proportion of both AR and TR workers do not recognize the connection between services and protective factors. The following graphs display the effectiveness of services on each of the protective factors for both AR and TR.


Improvement on Protective Factors for AR Cases
0%
20%
40%
60%
80%
100%
Nurturing and Attachment
42%
12%
36%
10%
Knowledge of Parenting and Child/Youth Development
40%
11%
36%
13%
Parential Resilience
40%
13%
34%
14%
Concrete Supports for Parents
39%
13%
35%
13%
Social Connections
42%
16%
32%
10%
Social and Emotional Competence of Children
41%
15%
32%
12%
Not applicable
Not at all effective
Somewhat effective
Very effective
N = 134-135


Improvement on Protective Factors for TR Cases
0%
20%
40%
60%
80%
100%
Nurting and Attachment
51%
9%
30%
10%
Knowledge of Parenting and Child/Youth Development
47%
9%
32%
13%
Parential Resilience
44%
10%
36%
10%
Concrete Supports for Parents
45%
9%
33%
13%
Social Connections
45%
10%
32%
12%
Social and Emotional Competence of Children
48%
11%
32%
9%
Not applicable
Not at all effective
Somewhat effective
Very effective
N = 115-116

Appendix A: Worker Perceptions of Family Engagement

Worker Perceptions of Family Engagement for AR Cases

I think the primary caretaker…	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	N/A
Believed they would get the help they really needed from DCFS.	5 (2.8%)	41 (23.3%)	54 (30.7%)	51 (29.0%)	15 (8.5%)	10 (5.7%)
Realized that they needed some help to make sure their children have what they need.	15 (8.5%)	63 (35.8%)	27 (15.3%)	45 (25.6%)	16 (9.1%)	10 (5.7%)
Would say that they were fine before DCFS got involved.	1 (.6%)	31 (17.6%)	28 (15.9%)	66 (37.5%)	46 (26.1%)	4 (2.3%)
Found it difficult to work with me.	40 (22.9%)	94 (53.7%)	27 (15.4%)	8 (4.6%)	2 (1.1%)	4 (2.3%)
Would say there was good reason for DCFS to be involved with their family.	20 (11.4%)	69 (39.2%)	43 (24.4%)	32 (18.2%)	5 (2.8%)	7 (4.0%)
Would say that working with DCFS has given them more hope about how their life is going to go in the future.	9 (5.1%)	45 (25.6%)	62 (35.2%)	48 (27.3%)	2 (1.1%)	10 (5.7%)
Would say that we respected one another.	1 (.6%)	1 (.6%)	20 (11.4%)	100 (56.8%)	50 (28.4)	4 (2.3%)
Would say that we agreed about what was best for their child.	3 (1.7%)	4 (2.3%)	28 (16.0%)	104 (59.4%)	32 (18.3%)	4 (2.3%)
Feels that they could trust DCFS to be fair and to see their side of things.	3 (1.7%)	9 (5.1%)	29 (16.6%)	105 (60.0%)	25 (14.3%)	4 (2.3%)
Would say that things will improve for their children because DCFS was involved.	7 (4.0%)	41 (23.3%)	79 (44.9%)	36 (20.5%)	3 (1.7%)	10 (5.7%)
Would say that what DCFS wanted them to do is the same as what they wanted.	5 (2.8%)	14 (8.0%)	33 (18.1%)	98 (55.7%)	20 (11.4%)	6 (3.4%)
Would say that there were definitely some concerns in their family that DCFS recognized.	13 (7.4%)	47 (26.7%)	44 (25.0%)	60 (34.1%)	5 (2.8%)	7 (4.0%)
Would say that I didn't understand where they were coming from at all.	27 (15.3%)	106 (60.2%)	31 (17.6%)	7 (4.0%)	1 (.6%)	4 (2.3%)
Would say that DCFS helped their family take care of some of their challenges.	7 (4.0%)	47 (26.7%)	53 (30.1%)	56 (31.8%)	3 (1.7%)	10 (5.7%)
Would say that DCFS helped their family get stronger.	8 (4.5%)	40 (22.7%)	74 (42.0%)	41 (23.3%)	2 (1.1%)	11 (6.3%)
Does not think that DCFS is out to get them.	2 (1.1%)	8 (4.5%)	30 (17.0%)	105 (59.7%)	26 (14.8%)	5 (2.8%)

Worker Perceptions of Family Engagement for TR Cases

I think the primary caretaker…	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	N/A
Believed they would get the help they really needed from DCFS.	8 (4.4%)	34 (18.8%)	68 (37.6%)	44 (24.3%)	13 (7.2%)	14 (7.7%)
Realized that they needed some help to make sure their children have what they need.	13 (7.2%)	60 (33.1%)	33 (18.2%)	48 (26.5%)	12 (6.6%)	15 (8.3%)
Would say that they were fine before DCFS got involved.	6 (3.3%)	26 (14.4%)	34 (18.8%)	71 (39.2%)	41 (22.7%)	3 (1.7%)
Found it difficult to work with me.	50 (27.6%)	90 (49.7%)	26 (14.4%)	10 (5.5%)	0 (0%)	5 (2.8%)
Would say there was good reason for DCFS to be involved with their family.	30 (16.6%)	70 (38.7%)	38 (21.0%)	35 (19.3%)	4 (2.2%)	4 (2.2%)
Would say that working with DCFS has given them more hope about how their life is going to go in the future.	12 (6.6%)	50 (27.2%)	72 (39.8%)	33 (18.2%)	6 (3.3%)	8 (4.4%)
Would say that we respected one another.	2 (1.1%)	2 (1.1%)	21 (11.6%)	104 (57.5%)	48 (26.5%)	4 (2.2%)
Would say that we agreed about what was best for their child.	5 (2.8%)	8 (4.4%)	29 (16.0%)	96 (53.0%)	38 (21.0%)	5 (2.8%)
Feels that they could trust DCFS to be fair and to see their side of things.	2 (1.1%)	12 (6.6%)	27 (14.9%)	102 (56.4%)	33 (18.2%)	5 (2.8%)
Would say that things will improve for their children because DCFS was involved.	10 (5.5%)	30 (22.1%)	80 (44.2%)	31 (17.1%)	7 (3.9%)	13 (7.2%)
Would say that what DCFS wanted them to do is the same as what they wanted.	3 (1.7%)	16 (8.8%)	47 (26.0%)	80 (44.2%)	23 (12.7%)	12 (6.6%)
Would say that there were definitely some concerns in their family that DCFS recognized.	11 (6.1%)	49 (27.1%)	51 (28.2%)	54 (29.8%)	10 (5.5%)	6 (3.3%)
Would say that I didn't understand where they were coming from at all.	34 (18.8%)	100 (55.2%)	32 (17.7%)	9 (5.0%)	2 (1.1%)	4 (2.2%)
Would say that DCFS helped their family take care of some of their challenges.	6 (3.3%)	43 (23.8%)	68 (37.6%)	46 (25.4%)	5 (2.8%)	13 (7.2%)
Would say that DCFS helped their family get stronger.	9 (5.0%)	40 (22.1%)	79 (43.6%)	38 (21.0%)	3 (1.7%)	12 (6.6%)
Does not think that DCFS is out to get them.	5 (2.8%)	12 (6.6%)	39 (21.5%)	89 (49.2%)	32 (17.7%)	4 (2.2%)