

STATUTORY GROUPS

Alternative Response Advisory Committee

Monika Gross and Susan Thomas, Co-Chairs

The Alternative Response Advisory (AR) Committee was created by [LB1061](#) in 2020 under the umbrella of the Nebraska Children's Commission (Commission) to examine the department's alternative response to reports of child abuse and neglect to make recommendations to the Legislature, the department, and the Commission regarding four key areas. The four statutory responsibilities include: 1) the receipt and screening of reports of child abuse or neglect by the department, 2) the ongoing use of alternative response, 3) the ongoing use of traditional response, and 4) the provision of services within alternative response and non-court-involved cases to ensure child safety, [§28-712](#).

The Committee created four subcommittees to address these responsibilities including:

1. Equitable Provision of Services
2. Legal Resources
3. Workforce Stability
4. Oversight

Equitable Provision of Services Workgroup

Mikayla Wicks, Chair

The Equitable Provision of Services Workgroup was created to review what services are currently available to families involved in the child welfare system, and to determine if other services would be useful for future work. The workgroup is composed of DHHS staff, providers, individuals with lived experience, and community agencies that work with families involved with child welfare. It was determined that often services are recommended to families based on the type of involvement they have with DHHS, whether that be court involved, alternative response or non-court involved. The group discussed how case planning and service array be offered based on specific needs of the family rather than a prescribed set of services often provided for each open case type.

DHHS currently has several services available to families, including funding for items or activities a family may need to prevent further system involvement. The group felt there was adequate services available for a family to use and discussed how these services may be beneficial to families who are not involved with DHHS through an open case.

One of the barriers to services being utilized is the lack of capacity by providers and the referral process. Currently, in some offices, CFS workers must case plan and reach out to providers with referrals for services. In Eastern Service Area (ESA), Utilization Management (UM) is responsible for getting services referrals sent out. The group discussed potentially expanding this to other service areas in Nebraska to reduce a CFS worker's workload and prevent an over-reliance on one provider to keep capacity up.

The group also discussed that a challenge families face is the uncertainty of next steps once a case has closed through any DHHS involvement. Aftercare was a service provided to families in ESA previously and could be a benefit to currently involved families. This service provides families with a worker to help them navigate post-system involvement by finding services and resources the family may benefit from. In the Nebraska Five-Year Title IV-E Prevention Program Plan 2020, Homebuilders was identified as a potential program to be used as part of the prevention plan. The Homebuilders Model accounts for five

hours of aftercare sessions six months following referral. The aftercare description in this evidence-based practice could be used to model a new aftercare service reimbursed by DHHS. A current practice similar to aftercare services involves CFS workers meeting with Central Navigation prior to case closure so the family has a resource center available to them prior to closure. Currently, there is not a timeframe identified as to when Central Navigation is contacted to connect with families, and there would be benefits to having a more structured process according to the Community Collaboratives that spoke with this group.

Recommendations:

1. Recommend DHHS consider implementing Utilization Management statewide to assist CFS workers in finding the right services for families at the right times. This would prevent delays in getting referrals out and would also allow for all providers in the area to receive the same referral to maintain capacity in the area.
2. Recommend that there be a consistent, statewide timeframe used when making referrals to Central Navigation or other community resources to ensure “warm hand-offs” and create a smooth transition once a family is no longer DHHS involved.
3. Recommend that a service definition for aftercare be created and contracted through current service providers as a way of having consistent support for the family. By having aftercare provided through current providers the family is familiar with, communication and established relationships can be maintained to provide a better transition from DHHS involvement to family stabilization.

Legal Resource Workgroup

Pat Carraher, Chair

The Legal Resource Workgroup was established by the Committee to review how families involved in non-court juvenile cases are served by protecting their legal rights and identifying legal services to prevent court involvement. Initial discussion was had about surveying families and workers to determine the needs; however, it was determined this information was known to those professionals that work with these families, so no survey was completed. According to Legal Aid of Nebraska’s most recent case and client evaluation, the most common request for legal assistance includes children and family-related legal problems, income and benefits-related legal problems, house-related legal problems, and debt and finance-related legal problems. All of these have an impact on a family’s ability to properly care for their children. The group identified four issues to be addressed during this reporting time:

1. Assistance with obtaining guardianship to prevent system involvement. When the primary parent or caregiver is unable to care for children, often there is a willing caretaker available but without guardianship established, this caretaker has limited legal rights.
2. Families with legal or debt issues often are unable to secure proper housing. Assistance in removing barriers to housing would reduce the incidents that are often deemed neglect and trigger an intake.
3. Domestic violence in the home results in intakes due to the appearance that the primary caregiver is not protective. Being able to identify legal assistance to help the caregiver take the proper steps in protecting themselves, and their children, would prevent unnecessary CFS involvement.
4. Caregivers that are unfamiliar with Nebraska’s educational system and how to advocate for a child’s unique needs can lead to the impression there is educational neglect or negative

behaviors that become unmanageable in the school system. Providing more culturally appropriate awareness to caregivers related to what supports schools can offer and provide preventative planning to keep the child and family engaged in the child's success.

This workgroup plans to continue in reviewing what supports are available, and what could improve outcomes or prevent system involvement in the future. The workgroup plans to do an analysis of what is happening throughout Nebraska to identify impactful work that can be expanded on in helping children and families with access to legal resources. There is also interest in reviewing legal service models in other states for future recommendations.

Recommendations:

1. Recommend that DHHS build in funds to assist with prepetition legal services specifically to assist A/R families with guardianships or other legal services to prevent court involvement. Although there are funds to help A/R families with immediate needs, funds specific to legal resources can have an immediate impact on families being served.
2. Recommend that the Nebraska Supreme Court expand access to pro se and guardianship forms. Currently the forms needed for families to file for guardianship are not easily accessible. With limited accessibility, families rely on legal assistance that may incur unnecessary costs or financial hardships.
3. Nebraska Department of Education (NDE) create an accessible guide for families to understand what services are available for them when their child needs additional supports related to IEPs and 504 plans, as well as how to utilize advocates and supports so the families understand what these plans do.
4. Programs and services that assist domestic violence victims be educated in how protection orders need to be worded and aid the victim in writing these protection orders to allow the victim to show protective factors in caring for their children.

Workforce Stability Workgroup

Mikayla Wicks, Chair

The Workforce Stability Workgroup was created to attempt to determine what can be done to maintain the current child welfare workforce, including DHHS staff and providers. The workgroup is composed of DHHS staff, providers, individuals with lived experience, and community agencies that work with families involved with child welfare. Much of the discussion surrounded child welfare worker burn out and work culture. There is work being done through LB1173 to address caseloads within DHHS, which will also help address this issue.

Previous work has been done by the University of Nebraska-Lincoln in partnership with DHHS during the QIC-WD project with interventions including Resilience Alliance (RA) and The Restoring Resiliency Response Model. These interventions are to address on-going and acute traumatic events for DHHS employees. The workgroup's findings of current implementation were that these interventions have not completely been implemented statewide, but parts of each intervention are used as needed throughout service areas.

Service providers and community agencies discussed cultures that have been created to allow child welfare workers to take time away from their role as needed, especially after a traumatic event. Individual teams have developed strategies that create environments that reduce stress including doing activities

unrelated to the work, providing discretionary time off and requiring a minimum amount be taken, and providing flexible workspaces.

Ongoing assessment of what are the factors that result in a child welfare staff leaving the field through survey information will guide future workgroup recommendations. The workgroup recognizes the need for changes that largely impact the workforce while minimally impacting agencies financially. The workgroup intends to create a template for a “Wellness Recovery Action Plan (WRAP)” that can assist child welfare staff with mental health wellness.

Recommendations:

1. Recommend that DHHS build on its efforts to implement Resilience Alliance and The Restoring Resiliency Response Model interventions statewide and consistently practice this with all child welfare staff to prevent future burnout or lessen the impact of a traumatic event.
2. Recommend that DHHS and child welfare providers evaluate their work culture and determine if changes can be made. The largest impact with the least amount of cost that could be made is creating an environment that allows for child welfare staff to take their earned time off without the guilt of disconnecting from their work. By creating more manageable workloads, teams can support each other and allow for appropriate use of time off. Reframing how staff view mental health care by encouraging sick time be used rather than flex time or using breaks during a work day can allow staff to mindfully take time away from their workloads.
3. Child welfare staff are tasked with addressing traumas of others, and this workgroup recommend that a review of current employee benefit packages be completed to ensure services are available and relevant to the mental health needs of staff. Evaluating the number of trauma-informed mental health providers available through insurance policies or consideration of increased free sessions of EAP assistance could increase the opportunities a child welfare staff has to access mental health services before reaching burnout.

Oversight Workgroup

Jennifer Carter & Ivy Svoboda, Co-Chairs

The Alternative Response Oversight Workgroup has met monthly since November 2022. The first several meetings were spent learning from DHHS about how Alternative Response works and the process and procedures around AR; reviewing data on AR in Nebraska; reviewing existing oversight mechanisms inside and outside DHHS; and discussing and brainstorming the key issues and questions to be answered by oversight. Key questions and reasons for oversight are:

- Is AR reaching the right families?
- Is AR reducing child abuse and further involvement in the system?
- Are families in AR receiving the services they need? Are there enough services available?
- How is AR affecting the safety of children (positively or negatively)?
- Is staffing adequate – both the structure (dedicated AR staff v. mixed caseload) and number of staff?
- Is AR understood by professionals and families involved?

The workgroup is continuing to discuss the best and most feasible ways to measure outcomes related to these questions. However, there were a few immediate recommendations that the Work Group decided could make a larger impact described below.

Recommendations:

1. DHHS should track data regarding how many families decline to engage in AR services. Currently, to gather data on how many families decline AR services, DHHS would need to review case information from each AR case. DHHS should adjust NFOCUS to capture more easily when a family chooses not to engage in AR so that data reports could be run. The workgroup also recommends this data indicate at what point in the process the family declined services – for example, whether a family declined services after DHHS’s initial attempt to engage the family or declined after the assessment or after services have been received. This data is intended to help the workgroup and the Department understand the effectiveness of or challenges with engagement strategies and efforts. It will also provide some basic data on how many AR eligible families actually participate in AR services. This data should be provided to the Nebraska Children’s Commission.
2. DHHS should provide to the Nebraska Children’s Commission a monthly or quarterly report on subsequent intakes within 12 months of the closure of an AR case and whether those cases were referred to AR or traditional response on the subsequent intake.
3. DHHS should reinstitute the exit surveys of families to understand how AR is working or not working for them. The recommendation is to conduct these surveys through a third party as was done during the AR pilot. The workgroup recognizes this may require funding if this work cannot be done under an existing contract. As with the pilot, the trends should be shared with DHHS without any identifying information, so the families do not have any sense of risk of retribution for their input.

The workgroup would also recommend that any data gathered as a result of these recommendations cross reference the demographic data of the families involved to better understand not only the demographics of the families involved in AR, but also to determine if the AR process results in any disproportionate outcomes or impacts.