Nebraska Children's Commission

2016-2017

Draft Strategic Plan

Pursuant to Neb. Rev. Stat. §43-4204

Vision

Improve the safety and well-being of all children and families in Nebraska.

Nebraska Children's Commission History

The Nebraska Children's Commission ["Commission"] was created by the Nebraska Legislature as a high level leadership body to create a statewide strategic plan for reform of child welfare and juvenile justice programs and services and provide a permanent forum for collaboration among state, local, community, public, and private stakeholders in child welfare and juvenile justice programs and services. The Legislature extended the Commission's sunset date in 2013, and again in 2016 with LB746, signed into law by Governor Pete Ricketts. The collective institutional and subject matter knowledge of the Commission membership is critical to improve the child welfare and juvenile justice systems, maximize and efficiently utilize funding, and improve the safety and well-being of all children and families in Nebraska. See Appendix A for the Commission's statutory information.

Commission Strategic Planning

The Commission released its first Strategic Plan in 2012, which detailed the Commission's vision and goals. In 2014, the Commission revisited the Strategic Plan to update its progress. This Strategic Plan reviewed the existing plan and created goals and action steps to take the Commission through 2017. The Plan begins with the Commission's assessment of the current child welfare and juvenile justice environment and consideration of Nebraska's strengths. The Commission then lays out its overall vision, identifies the goals and priority areas of focus for FY17, addresses the statutory requirements of the Strategic Plan, and creates an action plan for the Commission's internal functions. For additional detailed information about the structure and individual subgroups of the Commission, please see the Commission's 2016 Annual Report.

Key trends, forces, players, drivers, challenges, innovations and ways of thinking that are impacting Nebraska's child welfare and juvenile justice systems			
HORIZON **Ideas and Issues Beginning to Appear**	**EMERGING SWELL** **Ideas and Issues gaining energy**	**CREST** **Status Quo, SOP Ideas**	**TROUGH** **No Longer Relevant**
Family focused case management Increase in parental substance abuse (methamphetamine and opioids) Trafficking awareness High numbers of youth suicide Impact of gang involvement and gun violence on families and communities Increased movement between judicial and social services Domestic violence Low graduation rates for foster care and special populations Strengthening Families Act Heritage Health Revenue shortfall Legislative term limits Workforce changes - Federal Department of Labor Regulations State increase in minimum wage	Mental and physical health integration MIS integrated data system Changes in institutions and YRTCs Shared parenting Collective Impact - State and community involvement Foster parent association and birth parent group collaboration Use of technology in remote areas Real progress not incremental sameness Data sharing Real time data Education focus Mental health in schools Child welfare workforce retention and recruitment Prevention as a priority	Focus on kinship and relative Care Establishment of collaborative structures DHHS is collaborative In home and voluntary services CPS Hotline # Alternative Response Trauma informed practice B2i Public private partnerships Evidence based practices Caseworker training Family finding Facilitated Conferencing Results Based Accountability Attention to lawmakers System of Care Juvenile justice community services Changes in political situation Foster care	Punitive focus of Juvenile Justice High bar for parenting Silos

State of Nebraska Strengths

Nebraska's Government Structure

Unicameral Legislature allows for more expedient consensus building and timelier action on emerging issues

Non Partisan Legislature allows legislators to act independently and represent their constituents'-needs without outside party pressure.

Merit judicial selection systems allows judges to function as independent, neutral decision makers.

Stakeholders

The integrity and ethics of Nebraska's leadership allows for trust amongst stakeholders and creates trust between leadership and citizens.

Longevity of leadership provides a stable base for growth and continuous improvement in Nebraska's systems.

Environment and State Characteristics

Economic diversity has protected the state from some of the effects of national financial downturn.

Economic stability allows families to access stability and quality.

Access to clean air and water keeps families healthy and free from struggle for basic needs.

Welcoming and inclusive communities enjoy the cultural and economic diversity that comes with immigration and diverse populations.

Low cost of living makes it easier for families to access a high quality of life and offers some protection from risk factors associated with poverty.

Relatively large number of hospitals and medical providers give Nebraskans access to and options for health care.

Education

Strong public schools system gives each child the opportunity to succeed, regardless of income level.

Relatively high graduation rate allows youth to thrive and achieve in their futures.

Strong community college system makes higher education and job skills more attainable and affordable for youth.

Characteristics

Nebraskan's patriotic spirit and pride in their communities shows in the community engagement and involvement that benefits families and children.

Nebraskans also display humility, teamwork, and practical problem solving, which allows them to come together and work to solve the difficult issues facing children and families.

Philanthropy

Strong faith based community brings people together to make a difference in their communities.

Strong tradition and practice of philanthropy provides funding and resources for the many organizations working to make a difference for children and families.

Strong non-profit and service provider community provides resources to children and families.

Funder support for infrastructure for collaboration allows for long-term development and sustainable resources in Nebraska.

Vision Question: What do we want our collective action to create by 2017?						
Consistent, stable, skilled workforce serving children and families	Family driven, child focused and flexible system of care	Transparent system collaboration with shared partnerships and ownership	Community ownership of child well being	Timely access to effective services	Technological solutions to information exchange	Measured results across systems of care
Caseworker retention is highest in country Educated, experienced professionals in all parts of system Caseworkers are single, stable point of contact for families Case leadership with accountability Judicial and legal resources available Caseworkers are social workers, with social work education and experience	Children and youth receive services in their homes Flexible, creative responses to individuals Child Welfare and juvenile justice systems are focused on the whole family Shared resources Current infrastructures are built upon and linked to focus on children and families	Families and systems have a team approach All elements of the system share a vision All system stakeholders collaborate effectively Factors that lead to family challenges are viewed through a systemic lens Stakeholders and families make shared decisions The system has both quality and shared accountability	Public and private stakeholders and systems partner Communities are an important part of the system of care Families/children receive early intervention The importance of primary and secondary prevention services is recognized and made a priority for resources and services All community members take ownership of child well-being	Families and children receive timely and effective services Evidence based practices are a priority Services match the needs of families/children The service array includes timely and consistent services for families at risk Services are available statewide and immediately There is no wrong door to access needed services	All systems communicate effectively and openly Shared information system Information is used to connect families and children with resources and services	Financial efficacy is best in the country Public and private funding sources are fully utilized System involvement improves the well-being of children Decision making is data-driven The system has both quality and accountability
Leadership						

2016-2017 Goals and Priorities

The Commission identified five broad goal statements and developed strategic recommendations and action steps for each goal.

- **Child Welfare Workforce -** Foster a consistent, stable, skilled workforce serving children and families.
- **Prevention -** Encourage timely access to services, with a focus on prevention services, through community ownership of child well-being.
- **Data and Technology -** Utilize technological solutions to information exchange and ensure measured results across systems of care.
- **System of Care -** Support a family driven, child focused, and flexible system of care through transparent system collaboration.
- **Legal Parties -** Support the practice of juvenile law through the professionalization of juvenile practice, clarification and enhancement of legal party roles.

Child Welfare Workforce

Goal: Foster a consistent, stable, skilled workforce serving children and families.

Strategic Recommendations

- Benchmark the state with the lowest caseworker turnover.
- Develop plan for retention of frontline staff/caseworkers.
- Assess and address morale and culture.
- Address education and training for staff.
- Clearly define point person and roles of all working with children and families.
- Conduct comprehensive review of caseworker training and curriculum.
- Develop pilot project (urban and rural) for Guardians ad Litem.
- Hire and adequately compensate well-trained professionals.
- Define and enhance roles of visitation and YRTC workers.

Commission Work Plan to Achieve Goal:

1. Accomplish the Commission's statutory mandates by:
    a. Performing salary comparisons with other states,
    b. Utilizing incentives for persons who work in the area of child welfare,
    c. Evidence based training requirement, and
    d. Collaborating with the University of Nebraska.
2. Create strategies with DHHS to recruit and retain caseworkers.
3. Identify leadership and involve NAPE/Union, DHHS Human Resources, DAS, private sector human capital development, and DHHS caseworkers in the Commission's work.

4. Determine key indicators as a measureable goal, determine a baseline and monitor progress through use of agreed upon data points.
5. Listen to and support DHHS and Probation.
6. Partner with Commission Committees.

   A. Psychotropic Medications Committee will identify training for case workers related to psychotropic medications
   B. Bridge to independence Committee will identify training on evaluating youth life skills.
   C. Legal Parties Taskforce will train attorneys on expectations for caseworkers.

Prevention

Goal: Encourage timely access to services, with a focus on prevention services, through community ownership of child well-being.

Strategic Recommendations

- Identify, promote and achieve broad support for key elements for successful families.
- Map available data for resources, gaps, needs and services.
- Build State level infrastructure for prevention with integration and blended funds.
- Strengthen and expand community collaboratives.
- Raise visibility and encourage dialogue.
- State level collective impact group.
- Identify child well-being outcomes and indicators.
- Invest in and promote prevention.
- Legislation that promotes and funds prevention.
- Increase Community Response target communities from six to twelve.
- Translation of data elements to be useful to communities.
- Address barriers that were identified by communities.
- Continue to work on model.
    - Engaging schools, focus on prevention, special populations.
- Establish a clear understanding of how successful prevention efforts across the state support the Alternative Response Program.
- Document successful prevention efforts underway in communities across the state.

Commission Work Plan to Achieve Goal:

1. The Commission recognizes that prevention work must be done in communities and commits to support that work with the following action steps:
    a. Highlight successful community prevention efforts.
    b. Collect and distribute information on the impact of prevention on communities.
    c. Collect and distribute data about prevention efforts and child well-being.
2. Identify barriers to prevention services and make recommendations to remove

barriers.
3. Utilize back end funding for prevention efforts.
4. Collaborate with DHHS to address restrictive Alternative Response criteria.
5. Provide supports for community grant writing.
6. Create recommendations to institutionalize community level prevention efforts
7. Support a collective impact approach to prevention in communities
8. System of Care and Workforce workgroups monitor and respond to efforts to make prevention a priority.
9. The Community Ownership of Child Well-being workgroup is this goal's champion.

Data and Technology

Goal: Utilize technological solutions to information exchange and ensure measured results across systems of care.

Strategic Recommendations

- Create an appropriations schedule utilizing system design.
- Explore University expertise for data analysis.
- Reach agreement of population outcomes and indicators.
- Develop common data systems and standards with external data mining.
- Design data systems for integration, coordination, and accessibility.
- Monitor whole population measures, not specific measures.
- Develop frameworks for data dashboard for Commission.
- Identify technological solutions to produce data for the dashboard.
- Increase amount of juvenile justice data available to the public.
- Support Nebraska's migration from the Children and Family Services Review (CFSR) Round 2 measures to the CFSR round 3 measures.

Commission Work Plan to Achieve Goal:

1. Utilize lessons learned from the LB265 data pilot initiative.
2. Establish and utilize a process for subgroups to identify and communicate data needs to the Data, Technology, Accountability and Reporting Workgroup.
3. Continue to receive education about data, trends and analysis.
4. Achieve its statutory mandate to identify the type of information needed for a clear and thorough analysis of progress on child welfare indicators through the following action steps:
    a. Agree on the purpose of the indicators.
    b. Identify long-term indicators that allow future legislators and stakeholders to determine the success and efficacy of child welfare and juvenile justice reform measures.

5. Identify gaps in data, determine barriers to data collection, and create recommendations to minimize gaps in needed data.

System of Care

Goal: Support a family driven, child focused and flexible system of care through transparent system collaboration with shared partnerships and ownership.

Strategic Recommendations

- Develop shared commitment to the system of care, including trauma informed response.
- Invest in prevention.
- Develop differential response system.
- Identify model for collaboration and cooperation.
- Develop team-based approach for decision making.
- Realign operations to support trauma informed system of care.
- Develop educated system partners and include oversight.
- Influence implementation of alternative response.
- Actively participate in the implementation of the System of Care strategic plan.
- Legislation to invest resources in prevention.
- Education to action.
- Family centered practice, family driven and youth guided, trauma informed care at all levels of system care.

Commission Work Plan to Achieve Goal:

1. Engage actively in Division of Behavioral Health System of Care implementation to ensure that child welfare and juvenile justice are front and center, and enhance collaboration and communication between systems and agencies. [DHHS submitted a SAHMSA (Substance Abuse and Mental Health Services Administration) grant to implement the System of Care strategic plan and has been awarded $3 million annually for the next four years, beginning on September 30, 2016.]
2. Evaluate the feasibility of utilizing performance-based contracting for specific child welfare services, including the feasibility of additional contractual requirements for service providers requiring services to all children without an option to deny service.
3. Collaborate with the Division of Behavioral Health on a shared plan for a system of care that includes goal driven and outcome based services in child welfare.
4. Ensure that the System of Care plan includes the Commission's elements of a seamless system of care, on page 12.
5. Recommend that the Legislature add the position of Director of the Division of Behavioral Health as an ex-offico member of the Commission.

Legal Parties

Goal: Support the practice of juvenile law through the professionalization of juvenile practice, clarification and enhancement of legal party roles.

Strategic Recommendations

- Enhance and professionalize the practice of juvenile law.
- Evaluate and clarify the roles and responsibilities of legal parties.
- Encourage professionalism and attainment of key competencies in juvenile practice.
- Establish juvenile court practice as a desired career path for attorneys.
- Research and evaluate the Juvenile Code, conflicting jurisdictions, and court structure.
- Promote juvenile court practices that are rehabilitative for families and children.

Work plan to Achieve Goal

1. Enhance 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 attorneys 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 solutions to the problems posed by conflicting jurisdiction between the district and juvenile court, 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).
4. Review data regarding the timeliness of adjudication hearings and appeal process in Nebraska, and other states' processes for possible improvement.

Strategic Plan Statutory Assignments

Lead Agencies

The legislature tasked the Commission with considering the potential of contracting with private nonprofit entities as lead agencies as a part of the Strategic Plan. The practice of utilizing a lead agency is commonly referred to as "privatization." In the context of child welfare reform, privatization is often used to refer to the transfer of case management responsibility from the state to a private entity.

At the time of the writing of this strategic plan, the Eastern Service Area (Douglas and Sarpy Counties) utilizes the lead agency model. However, in April of 2010, the Department of Health and Human Services had implemented five contracts with lead agencies, and by October of the same year, three of the five contractors had terminated the contracts. This was the result of an abbreviated timeline for implementation and a lack of strategic planning for lead agency service coordination and privatization.

Following this experience with privatization, the Legislature undertook a legislative study on the effects of privatization on child welfare, LR37, which set~~s~~ forth three primary findings related to contracting with a private nonprofit entity as a lead agency:

1. Child welfare reform is not synonymous with privatization, neither is privatization synonymous with child welfare reform.
2. Privatization is a tool, not an end in itself, to child welfare reform.
3. The success of states and communities in addressing child welfare is primarily predicated on ensuring that all three branches of government are involved in the development of a strategic plan and an implementation plan prior to initiating contracting with statewide lead agency.

The Commission began its statutory task related to considering the potential of lead agencies by creating the Lead Agency Taskforce, which met regularly to create recommendations. The group identified the components of an ideal child welfare system, a seamless system of care, and how a lead agency could be utilized in that context, along with broad summary recommendations.

Lead Agency Broad Summary Recommendations

1. The Lead Agency Taskforce believes the lead agency model can be effective if the seven components of a seamless system of care are present.
2. Those in authority for determining whether lead agencies will be utilized should consider the broader issues of whether or not Nebraska should delegate child welfare responsibilities.
3. Case managers and supervisors are the foundation of the child welfare system.

Seamless System of Care Components

1. **Outcomes and Accountability.** Identify and agree upon clearly defined outcomes. This includes mechanisms to hold stakeholders accountable for achieving or not achieving the identified outcomes.
2. **Clarification of Roles and Responsibility.** Clarify roles and responsibilities for each specific position, agency, and stakeholder. Effective relationships are fostered when individuals understand and respect their own and each other's roles. Roles should be designed to serve children and families as efficiently as possible.
3. **Quality Case Management Workforce.** Recognize caseworkers and supervisors as the backbone of the system. Caseworkers serve as representative to other systems, including the court. The workforce includes a component of quality oversight of caseworkers and case managers who serve as representatives to other systems, including the court.
4. **Trust.** A seamless system of care must include trust supported by follow through, consistency, and champions for the child and family. Families, judges, attorneys, providers, caseworkers, and all stakeholders must trust each other and the system.
5. **Adaptive and individualized to Children, Families, and Communities.** The system must effectively address the unique needs and enhance existing strengths in children, families, and communities.
6. **Coordinated and Flexible Service Delivery Model.** The case manager is a primary representative to the child and the family, ensures the child receives services designed to meet their individual needs, and assist the family in accessing needed services. Service providers need the flexibility to provide the necessary services without interruption or delay. The system as a whole needs the ability to modulate the services within it.
7. **Singular Data Repository/Warehouse.** Timely and accurate information must be the basis for decisions throughout all levels of the child welfare system. The system needs mechanisms, including a singular data repository/warehouse, that allow for the gathering, tracking, analyzing, and sharing of essential information quickly.

Structure and Operation of Health and Human Services

One of the primary statutory tasks of the Commission has been to review the operations of the DHHS child welfare programs and identify options for attaining the statutory intent of 43-4201, either by establishment of a new division within the department or establishment of a new state agency to provide all child welfare programs and services which are the responsibility of the state.

The Commission has received regular updates and information on the operations of DHHS as it related to child welfare programs, as well as other initiatives, including behavioral health, developmental disabilities, Medicaid, and economic assistance.

The Commission undertook a review of research on the structure of Health and Human Service Agencies in other states, and identified four structures for Health and Human Services Agencies.

Children's Departments are agencies that serve only children and youth. These structures provide traditional child welfare services such as foster care, child protection, youth services, and children's mental health services.

Public Welfare Departments provide child welfare services and economic and income support services. Sometimes these departments will offer at least one other service, such as services for the aging, that are not directly related to the other programs in the department.

Social Services Departments provide services for adults and children, but not income support programs.

Umbrella Departments combine the services offered in the previous three models with other social and economic services. An umbrella department can hold all or most of the social and economic service programs offered by a state.

Nebraska's Department of Health and Human Services is an umbrella department, meaning that the Department provides most social and economic support services. The Department holds six divisions, which include the Divisions of Behavioral Health, Children and Family Services, Developmental Disabilities, Medicaid and Long-Term Care, Public Health, and Veteran's Homes. A CEO appointed by the governor heads the Department and Directors, also appointed by the governor, head each of the six divisions. The Directors are responsible for administering the responsibilities of their divisions.

A review of research on the comparative benefits of various Health and Human Services agency structure revealed that structural reorganizations are often costly, disruptive to service provision, and are not necessarily linked to improved outcomes for children and families. Stakeholders must carefully plan and slowly implement reorganization. Changes in structure work best when combined with reform efforts or necessary to accomplish

already identified goals and outcomes.

Restructuring usually entails dividing or merging existing health and human services. Since Nebraska currently has an umbrella structure, restructuring would likely entail dividing the existing agency. The benefits to dividing include increased accountability and flexibility, while disadvantages include duplicated services and staff roles, lack of interagency cooperation, and competition between agencies for fiscal resources. Ultimately, no one structure is linked to improved outcomes for children and families, and restructuring is often costly, taking funding, staffing and focus away from program innovation and improvement.

The key to improving outcomes and achieving true reform is in leadership, no matter how an agency is structured.

Additional Strategic Plan Statutory Requirements

1. Consider realignment of service areas designated pursuant to section 81-3116 to be coterminous with the judicial districts described in section 24-301.02. [Neb. Rev. Stat. §43-4204(1)(c)]

   Status: LB961 directed DHHS to realign the Western, Central, and Northern Service areas to be coterminous with the District Court Judicial Districts.

2. Facilitated Conferencing shall be included in the strategic plan discussions. [Neb. Rev. Stat. §43-4203(3)]

   Status: The Commission is committed to promoting the use of facilitated conferencing and provided legislative testimony in support of LB1083 regarding the use of facilitated conferencing.

3. Each service area shall develop its own unique strategies to be included in the statewide strategic plan. The Department of Health and Human Services shall assist in identifying the needs of each service area. [Neb. Rev. Stat. §43-4203(1)]

   Status: The Commission regularly receives updates on the needs and strategies of each service area. Representatives from the DHHS participated in the strategic planning and contributed strategies from the service areas.

4. The Commission shall consider […] the potential of contracting with private nonprofit entities as a lead agency. [Neb. Rev. Stat. §43-4204(1)(a)]

   Status: See section titled Lead Agencies on page 11 for more information.

5. In developing the statewide strategic plan, the Commission shall consider […] provision of leadership for strategies to support high-quality evidence-based prevention and early intervention services that reduce risk and enhance protection for children. {Neb. Rev. Stat. §43-4204(1)(b)]

Status: Prevention is a priority in the 2016 Strategic Plan. The Commission receives reports from DHHS Divisions and Probation regarding the use of evidence based practices.

6. In developing the statewide strategic plan the Commission shall consider […] identification of the type of information needed for a clear and thorough analysis of progress on child welfare indicators. [Neb. Rev. Stat. §43-4204(1)(d)]

   Status: Data and Technology is a priority in the 2016 Strategic Plan. The Data, Technology, Reporting, and Accountability workgroup has identified the Children and Family Services Review (CFSR) measures as the necessary indicators. DHHS reports on these indicators on a quarterly basis.

7. The commission shall review the operations of the department regarding child welfare programs and services and recommend, as part of the strategic plan, options for attaining the legislative intent stated in section 43-4201, either by the establishment of a new division within the department or the establishment of a new state agency to provide all child welfare programs and services which are the responsibility of the state. [Neb. Rev. Stat. §43-4204(3)]

   Status: See page titled Structure and Operation of Health and Human Services on page 13 for more information.

Commission Internal Action Plan

The Commission will work to improve its internal function and to maintain a diverse membership with key systems representatives. The Commission's action steps are listed below:

1. Reconvene the Structure Taskforce and assign the following action steps:
   a. Create a process for subgroup accountability for creating and delivering recommendations and work products;
   b. Policy and procedure for Commission testimony at legislative hearings;
   c. Create a communications plan to enhance Commission visibility in the community, within the three branches of government, and other stakeholders;
   d. Create a communications plan to enhance the relationship between the Commission and its many subgroups;
   e. Examine status of current subgroups and determine if the structure is the most efficient, or if some groups can be moved to inactive status or combined with other groups;
   f. Recommendations to the legislature about the continued work and mandates of statutory committees to improve their function.
2. Establish a process to bring the chairs of the Commission groups together at a meeting, and the frequency, purpose, and goal of the meeting.

3. Establish regular educational events for Legislators to provide information and recommendations related to the child welfare and juvenile justice systems and emerging issues.
4. Establish a process or group to review Nebraska's Open Meeting Act to create recommendations related to that section for improved Commission functioning.
5. Move informational reports to the consent agenda to allow more time during meetings for deliberating and taking action.

Commission Membership

Commission members come from a diverse array of organizations, geographical area, background and expertise. The Commission's members are its greatest asset, and without their collective knowledge, experience, and collaboration could not meet its mandates and create improvements in the child welfare and juvenile justice system. Though Commission membership has experienced changes since its creation in 2012, it has remained a dynamic and collaborative body with the ability to work together to improve the well-being of children and families in Nebraska. A current membership listing is available at Appendix A.

Recommendations for Commission membership:

1. **Recommend to the Legislature that ex officio membership should include the director of the Department of Health and Human Services – Division of Behavioral Health.** The inclusion of this position will help the Commission meet its statutory duty to create a system of care for the child welfare system.
2. **The Commission requests that representatives from the Division of Public Health and the Division of Developmental Disabilities attend Commission meetings when relevant as resources.**

Nebraska Children's Commission Membership

Appendix A

Member Name	Member Type	Title and Organization	Representation
Vacant	Voting		Community Representative - Northern Service Area
Vacant	Voting		Community Representative - Southeast Service Area
Vacant	Voting		Biological Parent Currently Or Previously Involved In The Child Welfare System
Teresa Anderson	Voting	**Health Director**, Central District Health Department	Community Representative - Central Service Area
Karen Authier (Past Chair)	Voting	**Chief Executive Officer**, Nebraska Children's Home Society	Child Welfare Service Agency
Beth Baxter (Chair)	Voting	**Administrator**, Behavioral Health Region 3	Administrator of a Behavior Health Region
Holly Brandt	Voting	**Executive Director**, CAPstone Child Advocacy Center	Community Representative - Western Service Area
Jennifer Chrystal-Clark	Voting	**Attorney**, Douglas County	Prosecuting Attorney Who Practices in Juvenile Court
Marisa Cummings	Voting	**Chief of Tribal Operations**, Omaha Tribe of Nebraska	Representative of a federally recognized Indian tribe residing within the State of Nebraska
Vernon Davis	Voting	, Young Adult Previously in Foster Care	Young Adult previously in Foster Care
Kim Hawekotte	Voting	**Executive Director**, Foster Care Review Office	Executive Director of the Foster Care Review Office
David Newell (Vice Chair)	Voting	**President & CEO**, Nebraska Families Collaborative	Community Representative - Eastern Service Area (Lead Agency)
Deb O'Brien	Voting	**FCRB Member**,	Member of a Local Foster Care Review Board
Susan Thomas	Voting	**CASA Volunteer**, Nebraska CASA Association	Court Appointed Special Advocate Volunteer
Janine Ucchino	Voting	**Attorney**, Law Office of Janine Ucchino	Guardian Ad Litem
Kelli Wacker	Voting	**Director**, Northeast Nebraska Child Advocacy Center	Director of a Child Advocacy Center

Updated 11/21/2016

Nebraska Children's Commission Membership

Member Name	Member Type	Title and Organization	Representation
Paula Wells	Voting	**Foster Parent**,	Foster Parent
Bill Williams	Voting	**Chief Operating Officer**, COMPASS	Representative Of A Child Advocacy Organization
Sen. Kate Bolz	Ex-Officio	**Senator**, Nebraska Legislative Council	Designee of the Chairperson of the Appropriations Committee of the Legislature
Michele Borg	Ex-Officio	**Education of Systems-Involved Students (ESIS) Coordinator**, Nebraska Department of Education	Designee of the Commissioner of the Department of Education
Jeanne Brandner	Ex-Officio	**Deputy Administrator of the Division of Juvenile Services**, Administrative Office of Probation	Appointed by the State Court Administrator
Sen. Sara Howard	Ex-Officio	**Senator**, Nebraska Legislative Council	Designee of the Chairperson of the HHS Committee of the Legislature
Sen. Patty Pansing Brooks	Ex-Officio	**Senator**, Nebraska Legislative Council	Designee of the Chairperson of the Judiciary Committee of the Legislature
Courtney Phillips	Ex-Officio	**Chief Executive Officer**, Nebraska Department of Health and Human Services	CEO of Nebraska Department of Health and Human Services
Judge Linda Porter	Ex-Officio	**Judge**, Lancaster County Juvenile Court	Appointed by the State Court Administrator
Julie Rogers	Ex-Officio	**Inspector General**, Office of Inspector General of Nebraska Child Welfare	Inspector General of Nebraska Child Welfare
Deb VanDyke-Ries	Ex-Officio	**Director**, Nebraska Court Improvement Project	Appointed by the State Court Administrator
Doug Weinberg	Ex-Officio	**Director**, DHHS, Division of Children and Family Services	Director of Children and Family Services division of DHHS

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