Nebraska Children's Commission

Sixth Meeting
November 20, 2012
8:30 AM – 2:00 PM
Country Inn and Suites, Lighthouse Room
5353 N. 27th Street, Lincoln, NE

Call to Order

Karen Authier called the meeting to order at 8:35am and noted that the Open Meetings Act information was posted in the back of the room as required by state law.

Introduction of New Commission Member

Pam Allen was introduced as a new member of the Nebraska Children's Commission who represents foster parents. Governor Heineman appointed Pam to replace Lisa Lechowicz who resigned on October 24, 2012. Pam did a brief introduction of herself. Pam is the Executive Director of the Nebraska Foster and Adoptive Parent Association.

Roll Call

Commission Members present: Pam Allen, Karen Authier, Beth Baxter, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, Norman Langemach, Jennifer Nelson, David Newell, Thomas Pristow, Susan Staab, and Kerry Winterer.

Commission Members absent: Nancy Forney, Dale Shotkoski, and Becky Sorensen.

Ex Officio Members present: Ellen Brokofsky, Senator Kathy Campbell, Senator Colby Coash, Hon. Linda Porter, and Vicky Weisz.

Ex Officio Members absent: Senator Lavon Heidemann

Also in attendance: Governor Dave Heineman; Sara Goscha, Wes Nespor and Leesa Sorensen from the Department of Health and Human Services.

Approval of Agenda

A motion was made by Beth Baxter to approve the agenda as written, seconded by Kerry Winterer. A voice vote of the members present was taken. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, Norman Langemach, Jennifer Nelson, David Newell, Thomas Pristow, Susan Staab, and Kerry Winterer.

Voting no: none. Nancy Forney, Martin Klein, John Northrop, Mary Jo Pankoke, Dale Shotkoski, and Becky Sorensen were absent. Motion carried.

Approval of October 19, 2012, Minutes

A motion was made by Susan Staab to approve the minutes of the October 19, 2012, meeting, seconded by Norman Langemach. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, Norman Langemach, Jennifer Nelson, Thomas Pristow, Susan Staab, and Kerry Winterer. Voting no: none. Abstaining: David Newell. Nancy Forney, Martin Klein, John Northrop, Mary Jo Pankoke, Dale Shotkoski, and Becky Sorensen were absent. Motion carried.

Approval of November 1, 2012, Report to the Health and Human Services Committee

A motion was made by Gene Klein to approve the November 1, 2012, report to the Health and Human Services Committee, seconded by Thomas Pristow. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, Norman Langemach, Jennifer Nelson, David Newell, Thomas Pristow, Susan Staab, and Kerry Winterer. Voting no: none. Nancy Forney, Martin Klein, John Northrop, Mary Jo Pankoke, Dale Shotkoski, and Becky Sorensen were absent. Motion carried.

Chairperson's Report

Karen Authier thanked the committee for all the input and ideas that were presented during the strategic planning discussions. Karen noted that the stakeholder input she had received was forwarded to the Commission members for their consideration. Karen noted that the agenda for the day had many areas to cover as the group looked at the direction to take with the strategic plan. Karen noted that the primary work for the day would be basic content agreement and a facilitated discussion on what should be included in the strategic plan draft that would be created, for review on December 11. Karen also noted that a formal approval process would take place to determine how the committee reports would be handled in the plan.

Martin Klein, John Northrop, and Mary Jo Pankoke arrived during the chairperson's report at about 9:05.

Strategic Planning General Discussion

Deb Burnight and Brenda Thompson led the Commission members through a facilitated process to report out on committee recommendations and discussion group recommendations that each group was recommending should be included in the Commission's Strategic Plan.

Jen Nelson and Candy Kennedy-Goergen reported for the Psychotropic Medication committee. They reported that the committee made modifications to the *AACAP (American Academy of Child and Adolescent Psychiatry) Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline.* The committee approved the final version of the guidelines during their November 6, 2012, meeting.

Marty Klein and Ellen Brokofsky reported that the Juvenile Services (OJS) committee met on November 8, 2012, to continue their review of the future responsibilities of the OJS administrator and the future role of the youth rehabilitation and treatment centers in the juvenile justice continuum of care and plan to provide initial recommendations to the Commission by July 1, 2013. The committee asked that their commitment to have future recommendations be included in the strategic plan as a place holder.

Thomas Pristow and David Newell reported on the activities of the Foster Care Reimbursement Rate Committee. They reported on the work the committee had completed to arrive at the proposed foster care reimbursement rate. They also gave a brief overview of the work that was done to develop recommendations on the level of care assessments.

Gene Klein and Thomas Pristow reported on the work of the Title IV-E Demonstration Project committee. They reported on the recommended actions to address barriers to Title IV-E participation and reimbursement. The group also gave a brief overview of the process for applying for the Title IV-E waiver.

Deb Burnight and Brenda Thompson then had the discussion groups present each groups final recommendations that they were suggesting for inclusion in the strategic plan.

David Newell reported on the discussion group recommendations related to "developing technological solutions to information exchange to achieve measured outcomes across systems of care".

Susan Staab reported on "consistent, stable, skilled workforce serving children and families".

Mary Jo Pankoke reported on "community ownership of child well-being and timely access to effective services".

Gene Klein reported on "family driven, child focused and flexible system of care and transparent system collaboration with shared partnerships and ownership".

As each groups report was presented, Deb and Brenda posted the recommendations for the group to see. The group discussed the recommendations and another version of the plan will be prepared.

A motion was made to break for lunch by Gene Klein, and seconded by Susan Staab. A voice vote of the members present was taken. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, Martin Klein, Norman Langemach, Jennifer Nelson, David Newell, John Northrop, Mary Jo Pankoke, Thomas Pristow, Susan Staab, and Kerry Winterer. Voting no: none. Nancy Forney, Dale Shotkoski, and Becky Sorensen were absent.

The committee recessed at noon for lunch.

The committee reconvened at 12:50pm with a roll call.

Commission Members present: Pam Allen, Karen Authier, Beth Baxter, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, Martin Klein, Norman Langemach, David Newell, John Northrop, Mary Jo Pankoke, Thomas Pristow, Susan Staab, and Kerry Winterer.

Commission Members absent: Nancy Forney, Jennifer Nelson, Dale Shotkoski, and Becky Sorensen.

Ex Officio Members present: Ellen Brokofsky, Senator Kathy Campbell, Senator Colby Coash, Hon. Linda Porter, and Vicky Weisz.

Ex Officio Members absent: Senator Lavon Heidemann

The strategic plan facilitation process concluded after lunch with a discussion of the ownership of the outcome of the process and what should be included in the strategic plan. The group made comments that the Commission has ownership of the outcome of the reform process. The group also listed items they would like included in the strategic plan.

Judge Porter left at 1:05pm.

Motions Relating to Committee Reports

Psychotropic Medication Committee Report

Candy Kennedy-Goergen made an original motion to accept and approve the Psychotropic Medication Report with a minor revision to page 2, item 2.b.i., line 5 by replacing the word "formulary" with "review", seconded by Gene Klein.

Gene Klein made a motion to amend the main motion by adding "and include the report in the December 15 strategic plan report". The motion was seconded by Mary Jo Pankoke. The Commission voted on the amendment as follows: Voting yes: Pam Allen, Karen Authier, Beth Baxter, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, Martin Klein, Norman Langemach, David Newell, John Northrop, Mary Jo Pankoke, Thomas Pristow, Susan Staab, and Kerry Winterer. No opposition. Nancy Forney, Jennifer Nelson, Dale Shotkoski, and Becky Sorensen were absent. Amendment carried.

The Commission then voted on the main motion as follows: Voting yes: Pam Allen, Karen Authier, Beth Baxter, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, Martin Klein, Norman Langemach, David Newell, John Northrop, Mary Jo Pankoke, Thomas Pristow, Susan Staab, and Kerry Winterer. No opposition. Nancy Forney, Jennifer Nelson, Dale Shotkoski, and Becky Sorensen were absent. Motion carried.

Juvenile Services (OJS) Committee

Martin Klein made a motion to accept and approve the Juvenile Services report and recommendations for review to be included in the strategic plan and that a place holder should be put in the plan for future OJS recommendations. The motion was seconded by Susan Staab. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, Martin Klein, Norman Langemach, David Newell, John Northrop, Mary Jo Pankoke, Thomas Pristow, Susan Staab, and Kerry Winterer. No opposition. Nancy Forney, Jennifer Nelson, Dale Shotkoski, and Becky Sorensen were absent. Motion carried.

Foster Care Reimbursement Rate Committee

Thomas Pristow made a motion to accept, approve, and include the Foster Care Reimbursement Rate Committee reports in the strategic plan for the Nebraska Children's Commission, seconded by Mary Jo Pankoke.

David Newell moved to amend the original motion to "accept the report of the Foster Care Reimbursement Rate Committee" and strike the part of the original motion to approve and include the report in the strategic plan. The motion was seconded by Beth Baxter. Voting yes: Karen Authier, Beth Baxter, Gene Klein, David Newell, and Mary Jo Pankoke. Voting No: Pam Allen, Candy Kennedy-Goergen, Martin Klein, Norman Langemach, John Northrop, Thomas Pristow, Susan Staab, and Kerry Winterer. Janteice Holston abstained. Nancy Forney, Jennifer Nelson, Dale Shotkoski, and Becky Sorensen were absent. Motion to amend failed.

The Commission then voted on the main motion as follows: Voting yes: Pam Allen, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, Martin Klein, Norman Langemach, John Northrop, Mary Jo Pankoke, Thomas Pristow, Susan Staab, and Kerry Winterer. Voting no: Karen Authier, Beth Baxter, and David Newell. Nancy Forney, Jennifer Nelson, Dale Shotkoski, and Becky Sorensen were absent. Motion carried.

Title IV-E Demonstration Project Committee

Gene Klein made a motion to accept, approve, and include the Title IV-E Demonstration Project Committee report in the strategic plan for the Nebraska Children's Commission, seconded by Susan Staab. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, Martin Klein, Norman Langemach, David Newell, John Northrop, Mary Jo Pankoke, Thomas Pristow, and Susan Staab. No opposition. Nancy Forney, Jennifer Nelson, Dale Shotkoski, Becky Sorensen, and Kerry Winterer were absent. Motion carried.

New Business

General Discussion no action item

Next Meeting Date

The next meeting is December 11, 9:00am-12:00pm, at the Country Inns & Suites, Lincoln, NE.

Adjourn

A motion was made by Gene Klein to adjourn the meeting, seconded by John Northrop. The meeting adjourned at 2:10pm.

DHHS Reports for Future Review

- Child Welfare Information System Strategic Plan
  - Addressing the Requirements of LB 1160
  - UmmelGroup International, Inc
  - Posted November 30, 2012

- Assessment of Child Welfare Services in Nebraska
  - LB 1160
  - Hornby Zeller Associates
  - Posted December 3, 2012

- Cross-system Analysis
  - LB 821
  - RFP 4081Z1
  - Not yet posted

Nebraska Children's Commission
Phase 1 Strategic Plan
for
Child Welfare and
Juvenile Justice Reform

Nebraska Children's Commission
Phase 1 Strategic Plan

Legislative Bill 821 (LB821), signed by Governor Dave Heineman on April 11, 2012, created the Nebraska Children's Commission and requires the Commission to complete a statewide strategic plan and provide a written report to the Health and Human Services Committee of the Legislature and the Governor on or before December 15, 2012. The information that follows documents the work that has been completed to date on the Statewide Strategic Plan.

In order to ensure that the work of improving the safety, permanency, and well-being of Nebraska's children and families is completed thoughtfully and thoroughly, the Nebraska Children's Commission is presenting the following report as Phase 1 of the Strategic Plan. The report details the work that the Commission and its various committees have completed through November 2012 in beginning to complete the assigned tasks detailed in LB821.

The Vision, Core Values, Goals and Recommendations of the Nebraska Children's Commission contained in this report are the product of a strategic planning process on the important work of reforming the child welfare and juvenile justice systems in Nebraska. Answering the vision question: "What do we see in place by 2015 as a result of our collective action?" was the initial and most important priority of the planning process. Four goal statements provided an answer to the vision question and strategic recommendations were endorsed as essential to achieving these goals.

Phase I of the Strategic Plan is a broad consensus document that provides a framework and structure for development of more detailed and specific recommendations and strategies in 2013. The legislature's charge to the Commission is broad and far-reaching. Commission members undertook development of a strategic plan for state-wide child welfare and juvenile justice reform with awareness of the importance of arriving at a shared vision and goals as an underpinning for subsequent discussion and decision making regarding myriad substantive issues. The vision, goals, and strategic recommendations spelled out in this plan are endorsed by the Commission. Subsequent work by the Commission will include further study of complex issues and additional recommendations for child welfare and juvenile justice system reform that is responsive to needs and effective in delivering services in all geographic areas of a state with both urban and rural challenges.

The Commission members are committed to continuing the leadership journey that was started in 2012 and to taking ownership for a successful outcome to this reform effort. The Commission looks forward to expanding the collaborative efforts in 2013 as outlined in the remainder of this document.

Introduction:

The Health and Human Services Committee of the Legislature documented serious problems with the child welfare system in its 2011 report of the study that was conducted under Legislative Resolution 37 (LR37), One Hundred Second Legislature, First Session, 2011. To address those problems, the Legislature passed Legislative Bill 821 (LB821) during the 2012 Legislative Session and created the Nebraska Children's Commission as a permanent forum for collaboration among state, local, community, public and private stakeholders in child welfare programs and services. The intent of the Legislature in creating the Nebraska Children's Commission was to establish the group as a high-level leadership body with membership from legislative, executive and judicial branches along with system stakeholders, to improve the safety and well-being of children and families in Nebraska, by ensuring:

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

Commission Responsibilities:

The following is a summary of the responsibilities assigned to the Commission by the Legislature in LB821 (see Appendix G for a copy of LB821):

- Provide a broad restructuring of the goals of the child welfare system;
- Create a statewide strategic plan for reform of the child welfare system programs and services in the State of Nebraska;
- Review the operations of Department of Health and Human Services (DHHS) regarding child welfare programs and services and recommend, either by the establishment of a new division within DHHS or establishment of a new state agency, options for attaining the intent of this act;
- Create a committee to examine state policy regarding the prescription and administration of psychotropic drugs for state wards;
- Create a committee to examine the structure and responsibilities of the Office of Juvenile Services and the Youth Rehabilitation and Treatment Centers;
- Oversee the Title IV-E Demonstration Project Committee;
- Oversee the Foster Care Reimbursement Rate Committee;
- Provide direction to DHHS on contracting with an independent entity specializing in Medicaid analysis to conduct a cross-system analysis of current prevention and intervention programs and services provided by DHHS for the safety, health, and well-being of children and funding sources;
- Collaborate with service areas and community stakeholders to establish networks to strengthen the continuum of services available to child welfare;
- Gather information and communicate with juvenile justice specialists regarding the Crossover Youth Program of the Center for Juvenile Justice Reform at Georgetown University;
- Gather information regarding the Juvenile Service Delivery Project;

- Collaborate with DHHS in the development of a plan for a statewide automated child welfare information system; and
- Coordinate and collaborate with DHHS regarding engagement of an evaluator to provide an evaluation of the child welfare information system.

The Commission determined that creation of a strategic plan for reform of child welfare system programs and services was a necessary first step to provide organizing principles, vision, values, goals and strategies that would set priorities and guide discussion and decision-making in respect to the broad tasks the Commission was undertaking. Each of the four committees referenced in LB821 in regard to Commission responsibilities developed recommendations specific to its area of focus and those recommendations were approved as part of the strategic plan.

The Strategic Plan:

As a first step in fulfilling its responsibility to create a statewide strategic plan, the Commission developed vision elements in response to the following question regarding strategic focus:

Strategic Focus Question:

"What changes (or things to remain the same) will effectively support a prevention/intervention system of care in order to improve the safety, permanency and well-being of children and families across the State of Nebraska?"

Vision Elements:

- A consistent, stable, skilled workforce serving children and families
- A 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

Vision Question, Goals and Strategic Recommendations:

Building on the Vision Elements, answers to a Vision Question, "What do we see in place by 2015," produced goals and strategic recommendations as outlined in the following matrix.

Leadership:

- Leadership is a key underpinning requirement for success in achieving all of the strategic recommendations in order to meet the defined goals. Measured results across systems of care

Vision Question: What do we see in place by 2015 as a result of our collective action?						
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 Single and stable point of contact for families Caseworkers are social workers, not brokers Case leadership with accountability	System of care is family driven and child focused Kids in the home with services Flexible, creative and individual responses Family focus, not just child focus (both CW and JJ) Shared resources Build upon/link current infrastructures = focus children and families	Team approach, both with families and systems Shared vision by all elements of system Shared accountability Effective collaboration among all system stakeholders Systemic view of factors that lead to family challenges Shared decisions Quality and accountability in system Effective communication across all systems	Community ownership of child well-being (public private partnerships) Importance of communities in system of care Early intervention Importance of primary and secondary prevention services Prevention = priority for resources and services Husker-level awareness of child well-being	Timely and effective services Evidenced based practices/services match need Timely/consistent service array for families at risk Availability of services statewide No wrong door Immediate access to treatment services	Effective communication across all systems Open communication Shared information system Bring child/families resources together Fully-integrated database for services	Financial efficacy best in country (public and private $ fully utilized) Children's well-being improved by involvement in system Data driven decision making Quality and accountability in whole system
LEADERSHIP						

Goal Statements:

The Commission identified four broad goal statements and developed strategic recommendations for achieving those goals.

- Encourage timely access to effective services through community ownership of child well-being
- Foster a consistent, stable, skilled workforce serving children and families
- Utilize technological solutions to information exchange and ensure measured results across systems of care
- Support a family driven, child focused and flexible system of care through transparent system collaboration with shared partnerships and ownership

Strategic Recommendations:

Goal: **Encourage timely access to effective services through community ownership of child well-being.**

- **Identify, promote and achieve broad support for key elements for successful families**
  Identify the supports or essential services (both formal services and informal supports) that a family needs to be successful – with no assumption that the State is the sole provider. Develop, disseminate and encourage the incorporation into practice the knowledge base on promoting child well-being. This includes information and skills related to the prevention of child abuse and neglect, building on family and community strengths, promoting protective factors, brain development, trauma informed care and other relevant areas.

- **Map available data for resources, gaps, needs and services**
  Develop a map of Nebraska resources and gaps based on available data on problem areas, agreed upon family support needs (such as those defined in the service array process), an accurate picture of present community resources and services (both public and private).

- **Build state level infrastructure for prevention with integration and blended funds**
  Build a broad-based infrastructure at the state level to lead prevention efforts through integration of services and blending of funds (both public and private).

- **Strengthen and expand community collaboratives**
  Strengthen and expand community collaboratives. The pathway to improved child well-being is through the communities in which children and families live. There are examples of strong community collaboratives taking ownership for child well-being. These successful efforts should be showcased and built upon.

- **Raise visibility and encourage dialogue**
  Raise the visibility of child abuse and neglect, trauma informed care and other issues affecting child well-being and encourage dialogue on these important issues.

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

- **Develop shared commitment, including trauma informed response**
  Develop a shared commitment to the system of care values that includes trauma informed response for children and families across the entire system of care

- **Invest in prevention**
  Invest in prevention through trauma informed care, mental health promotion, wellness (both physically and mentally) and early intervention

- **Develop differential response system**

- **Identify model for collaboration and cooperation**
  Identify model and a system to support that model for collaboration of all entities involved (juvenile probation officer, an OJS worker, DHHS worker; any contracting entity) in case management that develops and encourages full cooperation and working relationships and fully utilizes the resources and organizations already in place across the state.

- **Develop team-based approach for decision making**
  Develop a strong team approach to decision making on a case by case basis - family would understand that a team is working on their case

- **Realign operations to support trauma informed system of care**
  Realign current system operations so that they support and are congruent with a trauma informed system of care.

- **Develop educated system partners and include oversight**

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

- **Create an appropriations schedule utilizing system design**
  Utilize system design and consultant input to create an appropriations schedule for the Legislature and talk to foundations for funding partnerships.

- **Explore University expertise for data analysis**
  Explore utilization of university expertise to review, analyze and ensure data integrity to establish trend lines.

- **Reach agreement on population outcomes and indicators**
  Agreement on whole-population outcomes - then specific indicators and strategies can be developed by the system of care across the state.

- **Develop common data systems and standards with external data mining**
  Develop common data systems/standards across all state and private services and utilize an outside entity to mine data.

- **Design data system for integration, coordination and accessibility**
  Data system should be designed to support integration, coordination and accessibility of all services provided by the state.

- **Develop action steps in cross-divisional programming (Data)**
  DHHS develops action steps in cross-divisional programming.

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

- **Benchmark the state with lowest caseworker turnover**
  Benchmark the state with the lowest caseworker turnover (or states' children with the fewest worker changes).

- **Develop plan for retention of frontline staff**
  Ask CFS to develop a plan to increase retention of front line workers and lend Commission support to that effort.

- **Develop retention plan for caseworkers**
  Develop (with current caseworkers) a retention plan for current and future workers that may include pay and career trajectory, administrative support, clarity of expectations, supervisor effectiveness.

- **Assess and address morale and culture**
  Assess and address the morale, lack of trust/organizational culture and climate so that the front line staff is working in an empowered and supported capacity.

- **Address education and training for staff**
  Ask DHHS to address education and training requirements (including trauma-informed care) for caseworkers and supervisors, including funding issues.

- **Clearly define point person and roles of all working with children and families**
  Clearly define the point person and role of any person or entity working with children and families (juvenile probation officer, Office of Juvenile Services worker, Children and Family Services worker; any contracting entity).

- **Conduct comprehensive review of caseworker training and curriculum**
  Conduct a comprehensive review of caseworker training and curriculum and change/update as needed to best equip those interacting directly with families. In addition, consider caseworker specialization to improve preparedness and efficacy.

- **Develop pilot project (urban and rural) for guardians ad litems**
  Develop a pilot project for guardians ad litems (GAL) -1 rural, 1 urban-that carefully follows the GAL guidelines with appropriate supports.

- **Hire and adequately compensate well-trained professionals**
  Develop a plan to hire competent, trained and adequately compensated professionals that are investigating allegations of neglect and abuse, formulating and monitoring reasonable and relevant case plans and recommending permanency plans for children and families.
    - NOT an entry level position into Child Welfare
    - Require and/or incentivize BSW and MSW for all caseworkers
    - Utilize apprenticeship/mentor program

Strategic Recommendations – Psychotropic Medication Committee:

- **Adopt the AACAP Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody**
  For monitoring pharmacotherapy for youth in state custody with severe emotional disturbances, the psychotropic committee members modified the *AACAP (American Academy of Child and Adolescent Psychiatry) Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline* to benefit Nebraska's children and families.

- **DHHS, in consultation with child and adolescent psychiatrists, should establish policies and procedures to guide the psychotropic medication management of youth in state custody**
  The Nebraska Department of Health and Human Services (DHHS), which is empowered by law to consent for treatment with psychotropic medications, in consultation with child and adolescent psychiatrists, should establish policies and procedures to guide the psychotropic medication management of youth in state custody. DHHS should:

    - Identify the parties empowered to consent for treatment for youth in state custody in a timely fashion.
    - Establish a mechanism to obtain assent for psychotropic medication management from minors when possible.
    - Make available simply written psychoeducational materials and medication information sheets to facilitate the consent and assent process.
    - Establish training requirements for child welfare, and/or foster parents to help them become more effective advocates for children and adolescents in their custody. This training should include the names and indications for use of commonly prescribed psychotropic medications, monitoring for medication effectiveness and side effects, and maintaining medication logs. Materials for this training should include a written "Guide to Psychotropic Medications" that includes many of the basic guidelines reviewed in the psychotropic medication training curriculum.

- DHHS should design and implement effective oversight procedures that:
    - Establish guidelines for the use of psychotropic medications for youth in state custody.
    - Establish a program, administered by child and adolescent psychiatrists, to oversee the utilization of medications for youth in state custody. This program would:
        - Establish an advisory committee (composed of agency and community child and adolescent psychiatrists, pediatricians, other mental health providers, consulting clinical pharmacists, family advocates or parents, youth involved in the child welfare system and state child advocates) to oversee a medication formulary and provide medication monitoring guidelines to practitioners who treat children in the child welfare system.
        - Monitor the rate and types of psychotropic medication usage and the rate of adverse reactions among youth in state custody.
        - Establish a process to review non-standard, unusual, PRN, and/or experimental psychiatric interventions with children who are in state custody.
        - Establish a process to review all psychotropic medication usage for children five and under.
        - Collect and analyze data and make quarterly reports to the state child welfare agency regarding the rates and types of psychotropic medication use. Make this data available to clinicians in the state to improve the quality of care provided.
    - Maintain an ongoing record of diagnoses, height and weight, allergies, medical history, ongoing medical problem list, psychotropic medications, and adverse medication reactions that are easily available to treating clinicians 24 hours a day.

- DHHS should design a consultation program administered by child and adolescent psychiatrists. This consultation service should provide face to face evaluations when possible, or by telepsychiatry in remote areas. The service will address the following:

    - Provides consultation by child and adolescent psychiatrists to the persons or agency that is responsible for consenting for treatment with psychotropic medications.
    - Provides consultations by child and adolescent psychiatrists to, and at the request of, treatment providers treating this difficult patient population.
    - Conducts evaluations of youth by child and adolescent psychiatrists at the request of the child welfare agency, the juvenile court, or other state agencies empowered by law to consent for treatment with psychotropic medications when concerns have been raised about the pharmacological regimen.

- DHHS should create a website to provide ready access for clinicians, foster parents, and other caregivers to pertinent policies and procedures governing psychotropic

medication management, psychoeducational materials about psychotropic medications, consent forms, adverse effect rating forms, reports on prescription patterns for psychotropic medications, and links to helpful, accurate, and ethical websites about child and adolescent psychiatric diagnoses and psychotropic medications.

- DHHS and Administrative Office of the Courts along with other system stakeholders should work together on guidelines and protocols that address the principles and recommendations set forth in this document.

See Appendix C for the full committee report.

Strategic Recommendations – Juvenile Services (OJS) Committee Recommendations:

- **Continue developing collaborative recommendations that strengthen both child welfare and the juvenile justice systems**
  The Juvenile Services (OJS) Committee supports the Nebraska Children's Commission vision to develop collaborative recommendations that strengthens both child welfare and the juvenile justice systems by:
  - creating a consistent, stable, skilled workforce that serves children and families;
  - creating a family driven, child focused and flexible system of care that includes transparent system collaboration with shared partnerships and ownership that contemplate the needs of the juvenile justice continuum of care;
  - developing community ownership of child well-being;
  - enhancing timely access to services;
  - collaborating on the development of technologic solutions that properly enhance information exchange and create measured results across all systems of care.

- **Postpone initial recommendations on the future responsibilities of the OJS administrator and the future role of the youth rehabilitation and treatment centers until July 1, 2013**
  The Juvenile Services (OJS) Committee is working on the LB 821 charge to examine and review:
  - the structure and responsibilities of the Office of Juvenile Services;
  - the role and effectiveness of the youth rehabilitation and treatment centers; and
  - the responsibilities of the Administrator of the Office of Juvenile Services, including oversight of the youth rehabilitation and treatment centers and juvenile parole.

  The committee began its thoughtful examination of these areas and is currently working on the review of previous recommendations to determine what future changes, if any, need to be recommended for the juvenile justice continuum of care. Although the committee's assessment is not complete, the committee has committed to have initial recommendations to present to the Nebraska Children's Commission on the future

responsibilities of the OJS administrator and the future role of the youth rehabilitation and treatment centers in the juvenile justice continuum of care by July 1, 2013.

See Appendix D for the full committee report.

Strategic Recommendations – Title IV-E Demonstration Project Committee Recommendations:

- **Increase required judicial findings and their identification by reviewers**
  In order for children to be IV-E eligible, specific court findings have to be made that clearly demonstrate proper judicial oversight of children and youth's removals from their homes. Common reasons for a child's case to be ineligible for IV-E funding include: judge error in proper documentation of findings, reviewer error (e.g. overly narrow interpretation of requirement; failure to review all pertinent orders), and delinquency system issues (e.g. removals to detention that do not always involve judicial oversight).
    - Administrative Office of the Court (AOC)/Judicial Branch Education should continue to provide ongoing training to judges, clerks, bailiffs regarding judicial findings that are required for IV-E eligibility.
    - AOC/JUSTICE (Court's data management system) should make modifications to DOCKET court orders consistent with required judicial findings.
    - Nebraska Department of Health and Human Services (NDHHS) should continue to conduct monthly internal reviews of all court orders for income eligible children that have been determined to be ineligible because of missing judicial findings.
        - NDHHS should provide all noncompliant court orders of income eligible children to the Court Improvement Project/AOC on a monthly basis.
        - Court Improvement Project/AOC should distribute noncompliant court orders to judges and provide training and technical assistance as needed.
    - A workgroup should be formed, including representatives of NDHHS, AOC, Probation, and the Legislature's Judiciary Committee to study and make recommendations to the Children's Commission regarding systemic barriers to IV-E necessary judicial findings in delinquency cases.

- **Increase the number of licensed kinship homes in Nebraska**
  In order for states to receive IV-E reimbursement for services, children must reside in licensed foster homes. In 2010, 1,153 Nebraska children in foster care lived in homes with kin (relatives or others with emotionally significant relationships). Only 6% of relative foster homes were licensed in 2010, however, one of the lowest rates in the country. A July 2, 2012 report found that 52.7% of children ineligible for IV-E were ineligible due to their placement. While living with kin is beneficial to children, the low rate of licensed kin negatively impacts Nebraska's ability to claim IV-E funds. With more emphasis nationally and locally on notifying relatives and placing children with their kin, Nebraska needs to increase its number of licensed kinship homes. The committee recommends the following steps:
    - DHHS should issue new foster home regulations as soon as possible that allow families to meet requirements for children's safety, health, and well-being in a variety of ways. For example, instead of square footage requirements regulations could require families to provide adequate space for children. These new, more flexible regulations must

apply to both kin and non-kin foster homes, as IV-E regulations do not permit different requirements for kin and non-kin homes.

- DHHS should use its authority to issue waivers to relative homes for non-safety requirements for licensure on a case-by-case basis, as allowed by federal law. DHHS should issue new regulations that establish this practice.
- DHHS should use a portion of its IV-E administrative dollars to create a fund that can help kinship homes meet safety requirements for licensure. For example, the lack of an egress window or new fire alarms could be installed, even if a family could not afford it, so the family could be fully licensed.
- DHHS and its partner agencies should make active efforts to provide information and support to kinship families regarding licensure.
- DHHS should conduct a survey of or focus groups with unlicensed relative homes to help identify systemic barriers to licensure, which can then be addressed.
- Ongoing monitoring and review of the number of unlicensed kinship homes and their barriers to licensure should be established.

- **Complete the Title IV-E Waiver application process**
  The committee goal selected for the Nebraska Waiver Demonstration Project is to prevent child abuse and neglect and the re-entry of infants, children, and youth into foster care. The waiver project will focus on safely reducing the number of children in foster care while ensuring the physical and mental health of children in foster care is being met.

See Appendix E for the full committee report.

Strategic Recommendations – Foster Care Committee Recommendations:

- **Adopt the proposed Foster Care Reimbursement rate adjustments**
  The following Foster Care Reimbursement rates were recommended by the committee:

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

- **Adopt the recommended Statewide standardized Level of Care assessments**
  The committee was instructed to develop a statewide standardized level of care assessment containing standardized criteria to determine a foster child's placement needs and to appropriately identify the foster care reimbursement rate.

  Two assessment tools were recommended in order to better assess the level of care needs of the child, and level of responsibility required by the foster parent. Foster parents asked to provide a higher level of care which requires additional training would be paid an additional

amount per day. The advanced care needs of medically fragile children who require special feeding, in-home health care, and transportation requirements would be an example. Children with severe mental health concerns which require additional programming, supervision or special services that the foster parent can be trained to provide would result in an additional payment to the foster parent.

The Level of Care Assessment tool recommendations are:

- Child Needs Assessment: Child and Adolescent Needs and Strengths Comprehensive (CANS)
- Caregiver Responsibilities: Nebraska Caregiver Responsibilities (NCR)

Level of Care Assessment caution: Do not tie foster parent payment directly to the assessment of a child.

See Appendix F for the full committee report.

Commitment to Action:

The Commission is committed to furthering child welfare and juvenile justice reform in Nebraska and this report captures recommendations that have been endorsed to move that reform forward. Using these recommendations as a starting point, the Commission will continue its work to study and provide recommendations on the other issues identified in LB 821 that have not yet been addressed, including but not limited to

- Review of the operations and structure of the Department of Health and Human Services regarding child welfare programs and services;
- Work with service area administrators, child advocacy centers, 1184 teams, local foster care review boards and community stakeholders and advocates to develop networks in each service area;
- Consider the potential for contracting with private nonprofit entities as lead agencies;
- Review the findings of the Cross-System Analysis report;
- Work with the office of the State Court Administrator and entities which coordinate facilitated conferencing to ensure that facilitated conferencing is included in the strategic plan.

In addition to issues identified in LB 821, the Commission may also focus on specific issues that relate to the work of the Commission but were not delineated in that legislation, for example challenges of youth aging out of foster care.

The Commission understands that if reform is to be effective and lasting it must happen at all levels including the system, program and practice levels. Not only must the three branches of government and the various system stakeholders invested in serving and supporting children and families commit to system reform there must be the utilization of effective programs that help children and family reach positive outcomes. At the practice level the Commission knows that all front-line case managers and their supervisors must be prepared and supported in their efforts of serving children and families differently. Furthermore, the Commission believes that effective leadership is essential in

successful reform efforts and also believes that there is a considerable amount of political will across Nebraska to address the challenges within the current child welfare and juvenile justice systems. This political will is supported by optimism and the belief that reform can and will happen.

APPENDIX A

COMMISSION MEMBERSHIP

Commission Membership:

LB821 established criteria for the voting and non-voting, ex officio members of the Nebraska Children's Commission. On May 30, 2012, Governor Dave Heineman named his appointments to the Nebraska Children's Commission.

The Commission includes the following voting members:

Pam Allen of Aurora, Executive Director, Nebraska Foster and Adoptive Parent Association – (foster parent) *Note: Pam was appointed by Governor Dave Heineman on November 15 to replace Lisa Lechowicz of Omaha, foster parent of two and business owner who served from May 30, 2012 to October 24, 2012.*

Karen Authier of Omaha, Executive Director of Nebraska Children's Home Society – (child welfare service agency that directly provides child welfare services)

Beth Baxter of Kearney, Region 3 Behavioral Health Services Administrator – (administrator of a behavioral health region)

Nancy Forney of Scottsbluff, a 6-year CASA volunteer – (court-appointed special advocate (CASA) volunteer)

Candy Kennedy-Goergen of Upland, Executive Director of Nebraska Federation of Families for Children's Mental Health – (biological parent currently or previously involved in the child welfare system)

Janteice Holston of Wahoo, a Certified Nursing Assistant who spent 17 years in foster care – (young adult previously in foster care)

Gene Klein of Omaha, Executive Director of Project Harmony –(director of a child advocacy center)

Martin Klein of Grand Island, Deputy Hall County Attorney –(prosecuting attorney who practices in juvenile court)

Norman Langemach of Lincoln, Attorney –(guardian ad litem)

Jennifer Nelson of Lincoln, School Psychotherapist with Lincoln Public Schools –(community representative from the southeast service area)

David Newell of Omaha, Executive Director of Nebraska Families Collaborative –(community representative from the eastern service area)

John Northrop of Hastings, a local business owner –(community representative from the central service area)

Mary Jo Pankoke of Lincoln, Executive Director of Nebraska Children and Families Foundation–(representative of a child advocacy organization)

Dale Shotkoski of Fremont, City Administrator–(community representative from the northern service area)

Becky Sorensen of Mitchell, a recently retired social worker and counselor–(community representative from the western service area)

Susan Staab of Lincoln, a member of the State Foster Care Review Board –(member of the state or local Foster Care Review Board)

As outlined by law, the voting members of the Commission also include:

Thomas Pristow –(Director of the Division of Children and Family Services within the Department of Health and Human Services

Kerry Winterer –(CEO of the Department of Health and Human Services)

Additionally, as outlined by law, the Commission includes the following six non-voting, ex officio members:

Ellen Brokofsky of Lincoln, State Probation Administrator –(appointed by the State Court Administrator)

State Senator Kathy Campbell of Lincoln–(Chair of the Legislature's Health and Human Services Committee)

State Senator Colby Coash of Lincoln–(for Chair of the Legislature's Judiciary Committee) *Note: State Senator Brad Ashford of Omaha designated Senator Colby Coash to serve as the Judiciary Committee's Representative to the Commission.*

State Senator Lavon Heidemann of Elk Creek–(Chair of the Legislature's Appropriations Committee)

Judge Linda Porter of Lincoln, Lancaster Juvenile Court–(appointed by the State Court Administrator)

Dr. Vicky Weisz of Lincoln, Nebraska Court Improvement Project –(appointed by the State Court Administrator)

APPENDIX B

GLOSSARY OF TERMS

Glossary of Terms

Child focused is a service model that focuses on the child and family, is based on the individual child's needs taking into account the child's strengths, preferences, and interests.

Differential response is a practice that allows for more than one method of initial response to reports of child abuse and neglect. Also called "dual track," "multiple track," or "alternative response," this approach recognizes variation in the nature of reports and the value of responding differently to different types of cases.

Family driven is an effective process by which the community and family are the drivers of service planning and delivery, with professionals and systems providing supports as needed, and most importantly, when identified by families.

A **system of care** incorporates a broad, flexible array of services and supports for a defined population(s) that is organized into a coordinated network, integrates service planning and service coordination and management across multiple levels, is culturally and linguistically competent, builds meaningful partnerships with families and youth at service delivery, management, and policy levels, and has supportive management and policy infrastructure.

Title IV-E is a federal program that subsidizes the cost of care for eligible youth placed in foster care. The program is authorized by title IV-E of the Social Security Act, as amended, and implemented under the Code of Federal Regulations (CFR) 45 CFR parts 1355, 1356, and 1357. It is an annually appropriated program with specific eligibility requirements and fixed allowable uses of funds. Funding is awarded by formula as an open-ended entitlement grant and is contingent upon an approved title IV-E plan to administer or supervise the administration of the program.

A **Title IV-E Waiver** allows a state the opportunity to use title IV-E funding as a source of flexible spending on efforts which meet the waiver goals designated in the Title IV-E waiver legislation. The waiver demonstration project must be designed to accomplish one or more of the following goals:

- Increase permanency by reducing time in foster care and promote successful transition to adulthood for older youth;
- Increase positive outcomes and safety for children in their homes and communities, and improve the safety and well-being of children;
- Prevent child abuse and neglect and reentry into foster care;

Trauma-informed care is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on the individual and the prevalence of these experiences in persons who receive mental health, substance abuse, child welfare, juvenile justice and correctional services. It shifts the focus of "what's wrong with you?" to "what happened to you?"

APPENDIX C

PSYCHOTROPIC MEDICATION COMMITTEE RECOMMENDATIONS

Psychotropic Medication Committee

Report to the Nebraska Children's Commission

Chairperson: Jennifer Nelson

Co-Chairperson: Candy Kennedy-Goergen

Commission members

- Beth Baxter
- Norman Langemach
- Vicky Weisz

Committee members approved by the commission

- Amanda Blankenship, CASA, Lincoln
- Carla Lasley, Collaborative Industries; formerly Division of Developmental Disabilities NDHHS
- Kayla Pope, M.D., Psychiatrist, Boys Town National Research Hospital
- Blaine Shaffer, M.D., Chief Clinical Officer Division of Behavioral Health, NDHHS
- Gary Rihancek, PharmD, Wagey Drug, Lincoln
- Kristi Weber, APRN (psychiatric and family medicine), VP or Program, Epworth Village; private clinical practice
- Gregg Wright, M.D., M.Ed Center on Children, Families and the Law; Pediatrician; public health
- Pam Allen, Foster Care
- Sara Goscha, Special Projects Administrator for the Director, NDHHS

Meeting dates

September 25, 2012
October 10, 2012
November 6, 2012

Recommendations

The psychotropic committee members approved the modifications to the *AACAP (American Academy of Child and Adolescent Psychiatry) Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline* during the November 6, 2012 meeting. The committee members are in agreement that the attached recommendations to the Nebraska Children's Commission will benefit Nebraska's children and families.

Recommendations for Nebraska Law and Policy Regarding Safeguards for Psychotropic Medication use in Children and Youth who are Wards of the State[1]

Background

Children in state custody often have biological, psychological, and social risk factors that predispose them to emotional and behavioral disturbances. These risk factors can include genetic predisposition, *in utero* exposure to substances of abuse, medical illnesses, cognitive deficits, a history of abuse and neglect, trauma, disrupted attachments, and multiple placements. Resources for assessing and treating these children are often lacking. Due to multiple placements, medical and psychiatric care is frequently fragmented and lacking in continuity across placements. These factors present profound challenges to providing high quality mental health care to this unique population. Unlike children who experience a mental illness from intact families, these children often have no consistent interested party to provide informed consent for their treatment, to coordinate treatment planning and clinical care, or to provide longitudinal oversight of their treatment. The state has a duty to perform this protective role for children in state custody. However, the state must also ensure a continuum of services that is readily available and easily accessible to children and their caregivers and take care not to reduce access to needed and appropriate services.

Many children in state custody benefit from psychotropic medications as part of a comprehensive mental health treatment plan. Policies and practices regarding psychotropic medications should balance protecting children from inappropriate prescribing with avoiding the unintended consequence of reducing access to necessary medical care. Further, any plan for monitoring psychotropic medications for individual children or in the aggregate should reflect the fact that psychotropic medications are part of a comprehensive mental health treatment plan and should be assessed within the context of those plans, not in isolation.

Basic Principles

1. Youth in state custody who require mental health services are entitled to continuity of care, effective case management, and longitudinal individualized treatment planning.
2. Youth in state custody should have access to effective psychosocial, psychotherapeutic, and behavioral treatments, and, when indicated, pharmacotherapy.
3. Psychiatric treatment of children and adolescents requires a rational consent procedure. This is a two-staged process involving informed consent provided by a person authorized by the state to act *in loco parentis* and assent from the youth.
4. Effective medication management requires careful identification of target symptoms at baseline, monitoring response to treatment, and screening for adverse effects. Effective medication management also requires the appropriate education for the youth and his/her caregiver regarding the short and long-term effects and side effects of each psychotropic medication used in their individualized pharmacotherapy.

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[1] Portions of this document have been taken from the AACAP Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline.

5. Children and adolescents in state custody should get the pharmacological treatment they need in a timely manner.

Recommendations for Medication Monitoring Program

For monitoring pharmacotherapy for youth in state custody with severe emotional disturbances, the following guidelines are recommended.

1. The Nebraska Department of Health and Human Services (DHHS), which is empowered by law to consent for treatment with psychotropic medications, in consultation with child and adolescent psychiatrists, should establish policies and procedures to guide the psychotropic medication management of youth in state custody. DHHS should:

    a. Identify the parties empowered to consent for treatment for youth in state custody in a timely fashion.
    b. Establish a mechanism to obtain assent for psychotropic medication management from minors when possible.
    c. Make available simply written psychoeducational materials and medication information sheets to facilitate the consent and assent process.
    d. Establish training requirements for child welfare, and/or foster parents to help them become more effective advocates for children and adolescents in their custody. This training should include the names and indications for use of commonly prescribed psychotropic medications, monitoring for medication effectiveness and side effects, and maintaining medication logs. Materials for this training should include a written "Guide to Psychotropic Medications" that includes many of the basic guidelines reviewed in the psychotropic medication training curriculum.

2. DHHS should design and implement effective oversight procedures that:
    a. Establish guidelines for the use of psychotropic medications for youth in state custody.
    b. Establish a program, administered by child and adolescent psychiatrists, to oversee the utilization of medications for youth in state custody. This program would:
        i. Establish an advisory committee (composed of agency and community child and adolescent psychiatrists, pediatricians, other mental health providers, consulting clinical pharmacists, family advocates or parents, youth involved in the child welfare system and state child advocates) to oversee a medication review and provide medication monitoring guidelines to practitioners who treat children in the child welfare system.
        ii. Monitor the rate and types of psychotropic medication usage and the rate of adverse reactions among youth in state custody.
        iii. Establish a process to review non-standard, unusual, PRN, and/or experimental psychiatric interventions with children who are in state custody.

iv. Establish a process to review all psychotropic medication usage for children five and under.
v. Collect and analyze data and make quarterly reports to the state child welfare agency regarding the rates and types of psychotropic medication use. Make this data available to clinicians in the state to improve the quality of care provided.

c. Maintain an ongoing record of diagnoses, height and weight, allergies, medical history, ongoing medical problem list, psychotropic medications, and adverse medication reactions that are easily available to treating clinicians 24 hours a day.

3. DHHS should design a consultation program administered by child and adolescent psychiatrists. This consultation service should provide face to face evaluations when possible, or by telepsychiatry in remote areas. The service will address the following:

   a. Provides consultation by child and adolescent psychiatrists to the persons or agency that is responsible for consenting for treatment with psychotropic medications.
   b. Provides consultations by child and adolescent psychiatrists to, and at the request of, treatment providers treating this difficult patient population.
   c. Conducts evaluations of youth by child and adolescent psychiatrists at the request of the child welfare agency, the juvenile court, or other state agencies empowered by law to consent for treatment with psychotropic medications when concerns have been raised about the pharmacological regimen.

4. DHHS should create a website to provide ready access for clinicians, foster parents, and other caregivers to pertinent policies and procedures governing psychotropic medication management, psychoeducational materials about psychotropic medications, consent forms, adverse effect rating forms, reports on prescription patterns for psychotropic medications, and links to helpful, accurate, and ethical websites about child and adolescent psychiatric diagnoses and psychotropic medications.

5. DHHS and Administrative Office of the Courts along with other system stakeholders should work together on guidelines and protocols that address the principles and recommendations set forth in this document.

APPENDIX D

JUVENILE SERVICES (OJS) COMMITTEE RECOMMENDATIONS

Juvenile Services (OJS) Committee Recommendations

The Juvenile Services (OJS) Committee has been working on the LB 821 charge to examine and review:

- the structure and responsibilities of the Office of Juvenile Services;
- the role and effectiveness of the youth rehabilitation and treatment centers; and
- the responsibilities of the Administrator of the Office of Juvenile Services, including oversight of the youth rehabilitation and treatment centers and juvenile parole.

The committee began its thoughtful examination of these areas and is currently working on the review of previous recommendations to determine what future changes, if any, need to be recommended for the juvenile justice continuum of care. Although the committee's assessment is not complete, the committee has committed to have initial recommendations to present to the Nebraska Children's Commission on the future responsibilities of the OJS administrator and the future role of the youth rehabilitation and treatment centers in the juvenile justice continuum of care by July 1, 2013.

Until the initial recommendations are completed, the Juvenile Services (OJS) Committee would like to voice its support of the Nebraska Children's Commission vision to develop collaborative recommendations that strengthens both child welfare and the juvenile justice systems by:

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

APPENDIX E

TITLE IV-E DEMONSTRATION PROJECT COMMITTEE RECOMMENDATIONS

This final report includes the recommendations to address barriers to Title IV-E participation and reimbursement and the Title IV-E Waiver Application Implementation Plan and Timeline

LB820 Final Legislative Report

Division of Children and Family Services

Department of Health & Human Services

DHHS

NEBRASKA

Background

LB 820 required the Department to appoint a IV-E Demonstration Committee. The committee's responsibilities included reviewing, reporting and providing recommendations regarding application for a Title IV-E Waiver Demonstration Project. There was no consultant hired for this effort. The committee was to review the current Title IV-E participation and penetration rates, review strategies and solutions for raising Nebraska's participation rate and reimbursement for Title IV-E in child placement, case management, replacement, training, adoption, court findings, and proceedings and recommend specific actions for addressing barriers to participation and reimbursement. The committee was also to create an implementation plan and time line for making application for a Title IV-E waiver. The implementation plan presented in this final report supports and aligns with the goals of the statewide strategic plan requirement in LB 821.

The following committee was appointed by Thomas D. Pristow, Children and Family Services Director. The committee members are representative of the department and child welfare stakeholder entities as identified in the bill.

Committee Members			
Name	**Committee Role**	**Title / Organization**	**Committee Representation**
Sara Goscha	Committee Chair	Special Projects Administrator, DHHS Division of Children and Family Services	DHHS Representative
Kevin R. Nelson	Committee Member	Internal Auditor, DHHS Operations Division	DHHS Representative
Sarah Forrest	Committee Member	Policy Coordinator, Voices for Children	Advocacy Organization Dealing with Legal and Policy Issues
Candy Goergen-Kennedy	Committee Member	Executive Director, Nebraska Federation of Families for Children's Mental Health	Advocacy Organization with the Singular Focus Issues Impacting Children
Jerry Davis	Committee Member	Vice President National Advocacy and Public Policy, Boys Town	Child Welfare Agency Providing and Array of Services
Jim Blue	Committee Member	President, CEDARS	Child Welfare Agency Providing and Array of Services
Bill Reay	Committee Member	President and CEO, OMNI Behavioral Health	One Entity which is a Lead Contractor
Gene Klein	Committee Co-Chair	Project Harmony Director, Child Advocacy Center	Commission Member
Corey Steel	Ex-Officio	Assistant Deputy Administrator, Office of Probation Administration	Ex-Officio
Sheri Dawson	Ex-Officio	Deputy Director, DHHS Division of Behavioral Health	Ex-Officio
The Honorable Judge Inbody	Ex-Officio	Chief Judge of the Court of Appeals, 5th Judicial District	Ex-Officio
Vicky Weisz	Ex-Officio	Director, Nebraska Court Improvement Project	Ex-Officio

The committee convened on June 21, 2012 and met monthly through November 2012. There were two sub-committees established to address the committee's legislative requirements: The IV-E Penetration Rate sub-committee and the IV-E Waiver Implementation Plan sub-committee. The Nebraska Public Meeting Calendar was used for meeting notices. The committee's meeting agendas, minutes and information can be viewed at: http://dhhs.ne.gov/Pages/childrenscommission.aspx. The reports submitted to the legislature can be viewed on-line at: http://www.nebraskalegislature.gov/agencies/view.php

Recommended Actions for Addressing Barriers to Title IV- E Participation and Reimbursement

Recommendations for Increasing IV-E Penetration Rate

The most significant factor limiting Nebraska's IV-E penetration rate is the family income of the home from which the child is removed (typically, the biological family). This eligibility rate is tied to Nebraska's 1996 AFDC eligibility standard, the rates that states must use to determine current IV-E eligibility. Nebraska's rate is low with only four states lower than Nebraska. To illustrate, in this region: NE- cutoff is $364/month for family of 3; IA-$849; KS-$429; MO-$846.

An analysis of current cases indicates that around 60% of Nebraska's children in out of home care are ineligible for IV-E due to family income. Consequently, Nebraska's IV-E penetration could not be expected to substantially exceed 40%.The state's current penetration rate is approximately 30%.

An analysis of cases where children were financially eligible, but the cases were ineligible for IV-E for other reasons, indicated that two areas of improvement were likely to yield significant improvements in the overall penetration rate. One involves required judicial findings that affect the child's eligibility. The second involves the licensing of kinship homes. See Appendix A.

Increase required judicial findings and their identification by reviewers

In order for children to be IV-E eligible, specific court findings have to be made that clearly demonstrate proper judicial oversight of children and youth's removals from their homes. Common reasons for a child's case to be ineligible for IV-E funding include: judge error in proper documentation of findings, reviewer error (e.g. overly narrow interpretation of requirement; failure to review all pertinent orders), and delinquency system issues (e.g. removals to detention that do not always involve judicial oversight).

Recommendations:

1. Administrative Office of the Court (AOC)/Judicial Branch Education should continue to provide ongoing training to judges, clerks, bailiffs regarding judicial findings that are required for IV-E eligibility.
2. AOC/JUSTICE (Court's data management system) should make modifications to DOCKET court orders consistent with required judicial findings.
3. Nebraska Department of Health and Human Services (NDHHS) should continue to conduct monthly internal reviews of all court orders for income eligible children that have been determined to be ineligible because of missing judicial findings.
    a. NDHHS should provide all noncompliant court orders of income eligible children to the Court Improvement Project/AOC on a monthly basis.
    b. Court Improvement Project/AOC should distribute noncompliant court orders to judges and provide training and technical assistance as needed.
4. A workgroup should be formed, including representatives of NDHHS, AOC, Probation, and the Legislature's Judiciary Committee to study and make recommendations to the Children's Commission regarding systemic barriers to IV-E necessary judicial findings in delinquency cases.

Increase the Number of Licensed Kinship Homes in Nebraska

In order for states to receive IV-E reimbursement for services, children must reside in licensed foster homes. In 2010, 1,153 Nebraska children in foster care lived in homes with kin (relatives or others with emotionally significant relationships).1 Only 6% of relative foster homes were licensed in 2010, however, one of the lowest

[1] 2010 AFCARS data as provided by *Kids Count Data Center* (datacenter.kidscount.org).

rates in the country.2 A July 2, 2012 report found that 52.7% of children ineligible for IV-E were ineligible due to their placement.3

While living with kin is beneficial to children, the low rate of licensed kin negatively impacts Nebraska's ability to claim IV-E funds. With more emphasis nationally and locally on notifying relatives and placing children with their kin, Nebraska needs to increase its number of licensed kinship homes. The committee recommends the following steps:

1. DHHS should issue new foster home regulations as soon as possible that allow families to meet requirements for children's safety, health, and well-being in a variety of ways. For example, instead of square footage requirements regulations could require families to provide adequate space for children. These new, more flexible regulations must apply to both kin and non-kin foster homes, as IV-E regulations do not permit different requirements for kin and non-kin homes.
2. DHHS should use its authority to issue waivers to relative homes for non-safety requirements for licensure on a case-by-case basis, as allowed by federal law. DHHS should issue new regulations that establish this practice.
3. DHHS should use a portion of its IV-E administrative dollars to create a fund that can help kinship homes meet safety requirements for licensure. For example, the lack of an egress window or new fire alarms could be installed, even if a family could not afford it, so the family could be fully licensed.
4. DHHS and its partner agencies should make active efforts to provide information and support to kinship families regarding licensure.
5. DHHS should conduct a survey of or focus groups with unlicensed relative homes to help identify systemic barriers to licensure, which can then be addressed.
6. Ongoing monitoring and review of the number of unlicensed kinship homes and their barriers to licensure should be established.

Title IV-E Waiver Application Implementation Plan and Timeline

Goal: The goal selected for the Nebraska Waiver Demonstration Project is to prevent child abuse and neglect and the re-entry of infants, children, and youth into foster care. The waiver project will focus on safely reducing the number of children in foster care while ensuring the physical and mental health of children in foster care is being met. Refer to Appendix B for the Waiver Demonstration Project Implementation Plan and Timeline.

Child Welfare Program Improvement Policies: The two child welfare program improvement policies planned for implementation are:

1. Addressing Health and Mental Health Needs of Children in Foster Care
2. Establishment of Specific Programs to Prevent Foster Care Entry or Provide Permanency

Capacity Assessment: The Department of Health and Human Services (DHHS) has the ability and capacity to effectively use the authority to conduct a waiver project and is committed to creating and sustaining lasting change within the Child Welfare System. This is evidenced through the numerous efforts that have been undertaken thus far to create and improve a system that will safely reduce the number of children in foster care.

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[2] Report to Congress on States' Use of Waivers of Non-Safety Licensing Standards for Relative Foster Family Homes, Children's Bureau, Administration on Children, Youth and Families. Administration for Children and Families, U.S. Department of Health and Human Services, 2011.

[3] Data provided NE DHHS. Data were controlled for youth who were ineligible for income, deprivations and citizenship requirements, but the other reasons for ineligibility could be duplicated. See Appendix A.

The Division of Children and Family Services (CFS) has undergone organizational changes that shifted some operational accountability creating a foundation that allows for a more streamlined environment. This change included the creation of a Special Projects Administrator position that will be dedicated to developing the waiver application along with collaboration of the IV-E Implementation Plan Committee.

Differential Response is anticipated to be a part of the proposed demonstration project for the Title IV-E waiver. Early this summer, the division expanded collaboration with Casey Family Programs, and requested their assistance with learning more about how a Differential Response model could benefit Nebraska's children and families. Differential Response encompasses a best practice model enabling families to see our role as a support that connects them to the community resources they need in order to resolve issues that are putting their children at risk and to strengthen what is already working. A Differential Response will always assess safety and risk but in an approach that is different from our traditional forensic investigations. A Differential Response is a way to support families in a caring and helpful way. With Casey's assistance, we invited key stakeholders along with protection and safety staff to come together as a team to both learn more about Differential Response and to advise the division about how Differential Response could best be implemented in Nebraska. It is the department's intent to implement Differential Response beginning in the summer of 2013. Potentially impacting the implementation of a Differential Response System is that currently Nebraska has no legislation to support this type of system. The Title IV-E waiver will allow monies to be shifted for the differential response system; however, an investment at the beginning of implementation will be necessary to develop the service array needed to implement this type of system.

DHHS has improved data and the ability of being able to use that data to inform decisions regarding children and families to be served by the waiver. This capability will help DHHS identify the target population and how to maintain a control group in determining whether the demonstration project is effective in improving the well-being of children and families.

A team has been assembled including both internal cross divisional partners and external stakeholders to discuss implementation and how this waiver could look in the State of Nebraska. Since the waiver needs to be cost neutral, meaning that DHHS cannot be reimbursed for more title IV-E funds for children served by the waiver than without the waiver, DHHS has taken steps to increase the percentage of children receiving IV-E dollars. It is important that the capped allotment be a benefit to the state to produce a shifting of dollars to prevent re-entry of children and families into the system and abuse and neglect.

Potential Impact

As stated above, Nebraska intends to include the implementation of a Differential Response Model in the waiver application. Currently there is no legislation or additional funding to support a Differential Response System in Nebraska, which could potentially affect the awarding of the Title IV-E waiver to Nebraska in 2013.

Nebraska received a disallowance letter for IV-E funds paid through the lead agencies for 2010. Nebraska is currently working with Federal staff in Washington, DC to continue with the efforts to submit a waiver application. At this time, the department is working to recoup at least part of the disallowance. Director Pristow has also stated that any disallowance would not have an impact on the services that are provided to children and families.

Appendix A

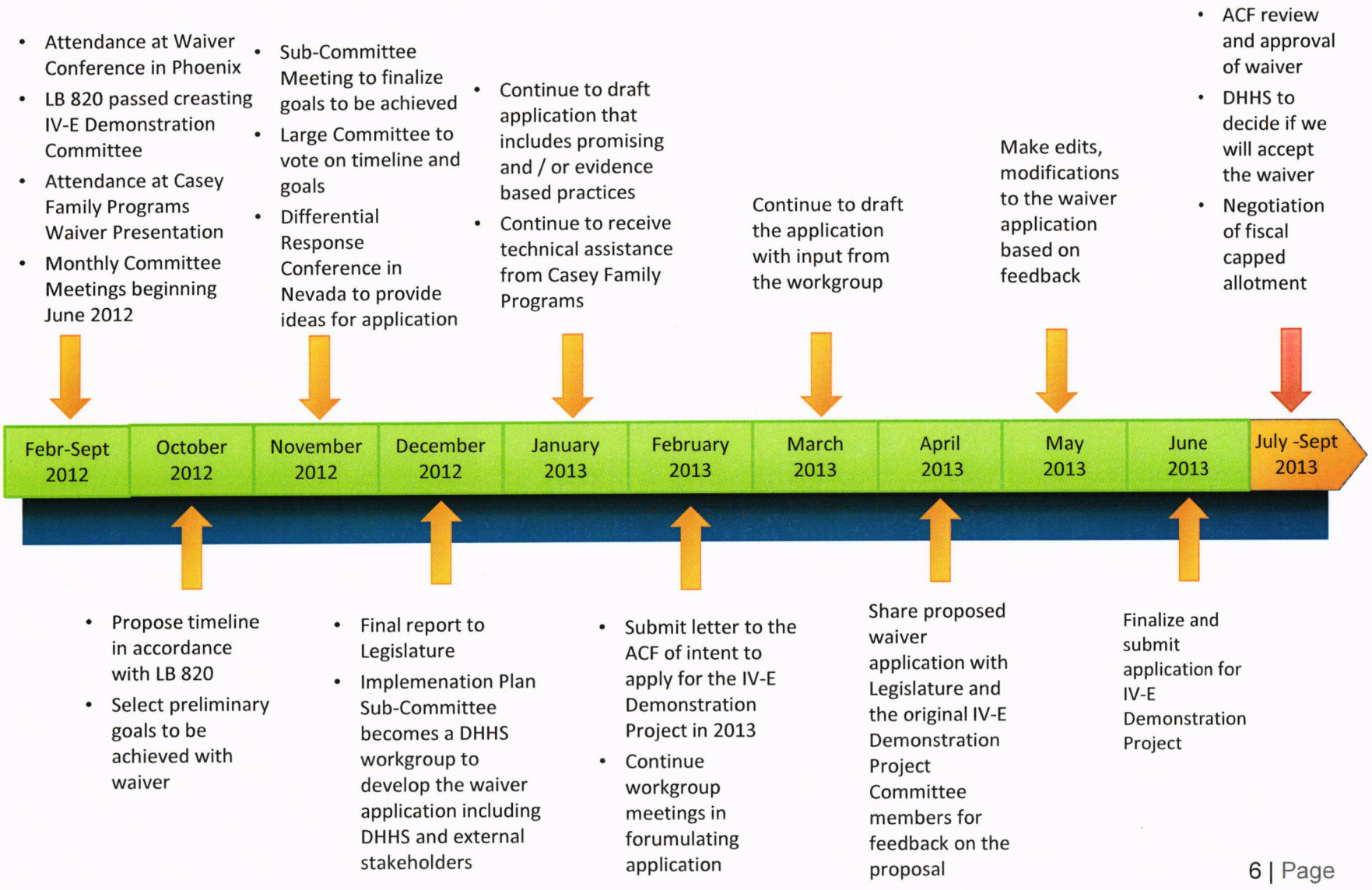
Youth Who are Passing the IV-E Income, Deprivation and Citizenship Requirements and are Failing IV-E Eligibility for Another Reason

Source: Non-IV-E Report July 2, 2012

Current Placement	(All)					
Values	**Column Labels Central**	**Eastern**	**Northern**	**Southeast**	**Western**	**Grand Total**
Count of Youth	120	468	89	249	92	1018
Contrary to the Welfare	22.5%	8.8%	32.6%	12.9%	14.1%	13.9%
Reasonable Efforts	31.7%	10.3%	27.0%	18.5%	22.8%	17.4%
No Permanency Hearing	11.7%	29.7%	9.0%	8.4%	3.3%	18.2%
Age	0.8%	2.4%	0.0%	1.6%	1.1%	1.7%
Placement Facility	50.8%	48.7%	43.8%	57.4%	70.7%	52.7%
School Attendance	0.8%	0.6%	0.0%	0.0%	0.0%	0.4%
SSI	6.7%	11.1%	13.5%	12.4%	15.2%	11.5%
Youth may fail for more than one reason. Because of this duplication, the percent will not add up to 100%.						
Placement Facility Failures include youth placed in the YRTC and Detention.						

Appendix B

IV-E Demonstration Project Implementation Plan and Timeline



APPENDIX F

FOSTER CARE REIMBURSEMENT RATE COMMITTEE RECOMMENDATION

This final report includes the recommendations regarding Foster Care Reimbursement Rates and Level of Care Assessment Tools.

LB820 Final Legislative Report

Division of Children and Family Services

Department of Health & Human Services

DHHS

NEBRASKA

Background

LB 820, Sections 4 & 5 requires the Department of Health and Human Services to create a committee to develop a standard statewide foster care reimbursement rate structure. This will include a statewide standardized level of care assessment and tie performance with payments to achieve permanency outcomes for children and families.

The following committee was appointed by Kerry T. Winterer, CEO, Department of Health and Human Services.

Committee Members		
Name	**Position, Organization**	**Representation**
Thomas D. Pristow	Director, Children & Family Services	Designee of the chief executive officer of the department
Debbie Silverman	Administrator, Western Service Area	Representatives from the Division of Children and Family Services of the department from each service area.
Charlie Ponec	Resource Developer, Central Service Area	
Karen Knapp	Children & Family Services Specialist, Northern Service Area	
Jodi Allen	Children & Family Services Specialist Supervisor, Southeast Service Area	
Carrie Hauschild	Children & Family Services Specialist Supervisor, Eastern Service Area	
Carol Krueger	Nebraska Children's Home Society (Eastern)	Representatives from a child welfare agency that contracts directly with foster parents, from each of such service areas.
Gregg Nicklas	Christian Heritage (Southeast)	
Jackie Meyer	Building Blocks for Community Enrichment (Northern)	
Susan Henrie	South Central Behavioral Services (Central)	
Cory Rathbun	St. Francis Community (Western)	
Lana Temple-Plotz	Foster Family-Based Treatment Association, Boys Town	A representative from an advocacy organization which deals with legal and policy issues that include child welfare.
Leigh Esau	Foster Care Closet	A representative from an advocacy organization the singular focus of which is issues impacting children.
Barb Nissen	Nebraska Foster and Adoptive Parent Association	A representative from a foster and adoptive parent association.
David Newell	Nebraska Families Collaborative	A representative from a lead agency.
Rosey Higgs	Project Everlast	A representative from a child advocacy organization that supports young adults who were in foster care as children.
Bev Stutzman	Wood River, Nebraska	A foster parent who contracts directly with the department.
Joan Kinsey	Lincoln, Nebraska	A foster parent who contracts with a child welfare agency.
Sara Goscha	Administrator, DHHS Division of Children and Family Services, Special Projects	Director appointment.

The committee met once a month from June – November 2012. Two sub-committees were established to address the committee's legislative requirements: The Level of Care Assessment Sub-Committee and the Foster Care Rate Sub-Committee. The Nebraska Public Meeting Calendar was used for meeting notices. The committee's meeting agendas, minutes and information can be viewed at:
http://dhhs.ne.gov/ChildrensCommission/Pages/Home.aspx
The reports submitted to the legislature can be viewed on-line at:
http://www.nebraskalegislature.gov/agencies/view.php

Recommended Actions for Foster Care Reimbursement Rates

Goal: The committee was instructed to adjust the standard reimbursement rate to reflect the reasonable cost of achieving measurable outcomes for all children in foster care in Nebraska.

The committee shall
(a) analyze consumer expenditure data reflecting the costs of caring for a child in Nebraska,
(b) identify and account for additional costs specific to children in foster care, and
(c) apply a geographic cost-of-living adjustment for Nebraska.
The reimbursement rate structure shall comply with funding requirements related to Title IV-E of the federal Social Security Act, as amended, and other federal programs as appropriate to maximize the utilization of federal funds to support foster care.

Rate discussion included analysis of:

- Nebraska FCPAY checklist (Foster Care Pay, currently in use)
- M.A.R.C. (Hitting the M.A.R.C. Establishing Foster Care Minimum Adequate Rates for Children) study and data, and
- USDA (US Department of Agriculture, Center for Nutrition Policy and Promotion, Expenditures on Children by Families, 2011).

These documents include similar information, although they are not directly parallel with each other. The USDA cost of raising children included additional expense categories already provided by DHHS for children in foster care (e.g. child care and medical insurance) which were excluded from the recommendation.

The sub-committee chose to use an average of two Midwest Urban two parent family categories as a baseline to calculate the minimum rate to care for a child in foster care. This average took into consideration food, clothing, shelter, normal family transportation, and miscellaneous costs related to children in a two parent family. The committee recommended a set of base foster care reimbursement rates by age grouping, which include a minimal amount of transportation. Foster care brings an additional layer of transportation needs to foster families so the committee also recommends a transportation reimbursement plan for families who use more than 100 miles extra in a month in the course of providing care.

Foster Care Reimbursement Rate Recommendations:

The following Foster Care Reimbursement rates were recommended:

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

Recommended Statewide Standardized Level of Care Assessment

Goal: The committee was instructed to develop a statewide standardized level of care assessment containing standardized criteria to determine a foster child's placement needs and to appropriately identify the foster care reimbursement rate.

The committee shall review other states' assessment models and foster care reimbursement rate structures in completing the statewide standardized level of care assessment and the standard statewide foster care reimbursement rate structure.

The statewide standardized level of care assessment shall be research-based, supported by evidence-based practices, and reflect the commitment to systems of care and a trauma-informed, child-centered, family-involved, coordinated process.

The committee shall develop the statewide standardized level of care assessment and the standard statewide foster care reimbursement rate structure in a manner that provides incentives to tie performance in achieving the goals of safety, maintaining family connection, permanency, stability, and well-being to reimbursements received.

The Level of Care sub-committee discussions centered on researching assessment tools within Nebraska and other states, evaluating their effectiveness, attributes and complications of each tool. Sub-committee members spent considerable time personally contacting experts in other states to gain insight into their assessments.

Ten tools researched and assessed from eight states. Thirteen experts were interviewed. The tools and experts are documented in committee minutes and available on the Nebraska Children's Commission webpage http://dhhs.ne.gov/Pages/childrenscommission.aspx.

Two assessment tools were recommended in order to better assess the level of care needs of the child, and level of responsibility required by the foster parent. Foster parents asked to provide a higher level of care which requires additional training would be paid an additional amount per day. The advanced care needs of medically fragile children who require special feeding, in-home health care, and transportation requirements would be an example. Children with severe mental health concerns which require additional programming, supervision or special services that the foster parent can be trained to provide would result in an additional payment to the foster parent.

Level of Care Assessment Tool Recommendations:

The Level of Care Assessment tool recommendations are:

- Child Needs Assessment: Child and Adolescent Needs and Strengths Comprehensive (CANS)
- Caregiver Responsibilities: Nebraska Caregiver Responsibilities (NCR)

Level of Care Assessment caution: Do not tie foster parent payment directly to the assessment of a child.

Potential Impact Items

The Level of Care Assessment sub-committee received strong recommendations from other states regarding the use of Level of Care Assessment tools, and their use in combination with establishing foster care reimbursement rates.

1. All states interviewed recommended not tying an assessment to foster care payments initially. Instead all states recommended a "hold harmless" phase where foster parents rates do not change for a period of time;
2. An ongoing quality assurance process is critical to success;
3. Other states recommended training, implementation, ongoing training support; and
4. Use caution when developing or choosing a tool to ensure the tool or subsequent payment methodology does not include behaviors or conditions that overlap with other services/funding streams (i.e., developmental disabilities, behavioral health, medically fragile, OJS).

NEBRASKA FOSTER CARE REIMBURSEMENT RATE COMMITTEE
Level of Care Assessment Subcommittee
Final Report
November 2012

Members:

Lana Temple-Plotz (Chair), Carrie Hauschild, Susan Henrie, Rosey Higgs, Joan Kinsey, Karen Knapp, Carol Krueger, David Newell, Barb Nissen

Meeting Dates:

Thursday, June 28, 2012. 9:00 – 10:30 am
Wednesday, July 11, 1-2 pm
Monday, July 30, 10 am – 12 pm
Friday, August 17, 1-3 pm
Wednesday, September 5, 10 am -12 pm
Monday, September 17, 10 am – 12 pm
Thursday, October 11, 12:30 - 2 pm
Monday, October 22, 10 am-12 pm

Recommendations:

The Level of Care Subcommittee took a systematic approach to the development of a tool including:

1. Obtaining feedback from DHHS staff, child placing agency staff and foster parents on the tools currently or recently in use
2. Researching tools utilized by other states
3. Soliciting knowledge and logistical know-how from experts in the field

LOC Subcommittee members spoke with DHHS and child placing agency staff from four of the five service areas. Additionally, seventy-nine foster parents from every region of the state were interviewed. Feedback on the tools varied. Based on these interviews and the expertise of the subcommittee, we deemed the FC Pay checklist to be subjective and not user-friendly, especially as it relates to facilitating an open discussion with foster parents. The tool also lacks enough specifics related to the assessment of infants, specifically those with developmental delays or chronic medical conditions. Subcommittee members also found the tool problematic in terms of its connection to adoption and guardianship subsidies. In reviewing the Child Need Assessment for Out of Home Care and the NFC Foster Care Rate Evaluation, subcommittee members were concerned with the focus on older youth, and the lack of clarity with some of the items and scoring. Overall, members discussed at great length the tendency of all of these tools to focus only on negative behaviors and for those completing the tool to look at the entire history of the youth thus potentially assuming more pathology than is currently present. Specific feedback on all of the tools can be found in the Appendix.

Subcommittee members researched and evaluated level of care tools from eight states including Arizona, Illinois, Indiana, Iowa, Michigan, Vermont, Washington and Wisconsin. In reviewing these tools we saw a shift in several states from child needs and behaviors to caregiver responsibilities. Tools that focused on the responsibilities of the caregivers versus the child's needs and trauma history more closely aligned with the subcommittee's conviction that the specific skills, abilities and expertise of the caregiver, and how they relate to the individualized needs of the child, should be at the center of the conversation when determining level of care.

Once the decision was made to focus on caregiver responsibility, subcommittee members solicited feedback and expertise from a variety of individuals within Nebraska and in other states. Talking with individuals who had experienced a restructuring of rates and changes to their level of care tools and lived to tell about it was most helpful. These experts were eager to share their knowledge and provided important insight. Their lessons learned are woven throughout our recommendations and can be found in their entirety in the Appendix.

Tools -

Youth Assessment:

In order to determine caregiver responsibilities, the subcommittee agreed that a mechanism for assessing youth strengths and needs is necessary. We recommend the Child and Adolescent Needs and Strengths or CANS Comprehensive – 5+ (see Appendix). The CANS is an "information integration process" and 28 states are currently utilizing variations of the tool in the areas of Child Welfare, Mental Health and Juvenile Justice. Dr. John Lyons, CANS developer, describes the tool as designed to create a shared vision and resolve conflicts in systems. The CANS is designed to focus on strengths as well as needs and centers on the previous 30 days versus the entire history of the child. There are no restrictions related to the frequency of completion and training costs are minimal.

Dr. Lyons and several others experts recommended not linking the CANS directly to rates. Several states have done this and experienced a multitude of problems because of it. In order to ensure the CANS is not tied directly to rates, the subcommittee recommends information from the CANS be used to determine the strengths and needs of the child. This information can then be used to determine what responsibilities the caregiver will take on. The caregiver responsibilities tool is described more comprehensively in the next section.

Many states who are currently using the CANS have also adopted Structured Decision Making (SDM) as their safety model. Tennessee, Indiana and Wisconsin have successfully integrated these two tools and found them to be compatible. Shannon Flasch, Associate Director at the Children's Research Center, has offered to assist us in integrating the CANS within existing SDM processes to minimize duplicate work. In addition to being compatible with Nebraska's existing safety model, Magellan requires completion of the CANS (Mental Health Version) by

Psychiatric Residential Treatment Facilities and Therapeutic Group Homes. Use of the CANS by community-based providers will help improve communication between systems and lead to greater continuity in service planning. Data and implementation feedback from Magellan and other states will also prove beneficial throughout the implementation and ongoing quality assurance process.

Caregiver Responsibilities:

Once child needs are assessed, this information can be used to determine the responsibilities of the caregiver. The subcommittee built on the expertise of other states when developing this tool, primarily focusing on tools from Washington and Vermont. In developing the tool, subcommittee members made some basics assumptions including:

1. The base rate for all foster parents will now be enough to adequately meet the needs of the child
2. All children in care experience some level of trauma and individuals should consider both normal childhood development, as well as, what is developmentally appropriate for a youth in foster care when completing the tool

Caregiver responsibilities outlined within the tool include: Medical/Physical Health and Well-Being (LOC1); Family Relationships/Cultural Identity (LOC2); Supervision/Structure/Behavioral & Emotional (LOC3); Education/Cognitive Development (LOC4); Socialization/Age-Appropriate Expectations (LOC5); Support/Nurturance/Well-Being (LOC6); Placement Stability (LOC7); and Transition to Permanency and/or Independent Living (LOC8). Members utilized definitions and descriptors from existing caregiver tools and modified them to address the needs and concerns specific to our state.

In developing their tool, Vermont put particular emphasis on the level of responsibility of the caregiver in the area of Supervision/Structure/Behavioral and Emotional (LOC3), including the rating from this level in every reimbursement category. In analyzing their population and current tool prior to the implementation of caregiver responsibilities, they determined this area had the greatest impact on overall responsibilities and difficulty of care. Vermont also determined this area to be most directly linked to Level of Care decisions defined through their SDM tools. For discussion purposes, we have included Vermont's rate distribution in our tool. Further analysis of Nebraska's population utilizing this new tool should be conducted prior to defining reimbursement categories. (See the Appendix for the full version of the tool).

For further discussion, Vermont rates include:

LOC 3 is 2 and total score less than 16	$30/day
LOC 3 is 2 and total score is 16 or greater	$36.66/day
LOC 3 is 3 and total score is less than 19	$36.66/day
LOC 3 is 3 and total score is 19 -21	$43.32/day
LOC 3 is 3 and total score is 22 or greater	$50/day

Particular attention was paid to transportation and its impact on placement and foster parent responsibilities. In the end, the subcommittee recommends utilizing the existing transportation policy to address this issue. We included the policy within the body of the tool to ensure both foster parents and staff are well informed.

Many of the states we talked with brought up the issue of bias on the part of the caseworker or agency staff when working directly with a foster parent to complete a level of care assessment. Washington State incorporated a foster care rate assessor within their process and the addition of this objective staff person improved both the timeliness and the accuracy of the tool. Given this, we recommend the addition of a similar position.

It's important to stress that the focus of the tool is not on the child's overall needs, but on the specific responsibilities the caregiver will take on related to those needs. For example, if a youth has medical needs requiring 24/7 around the clock nursing care and is currently in a placement where medical specialists come into the home to provide this service, the foster parent would not be responsible to provide this level of care and thus, it would not be outlined on the caregiver responsibility tool. If however, the foster parent was a trained medical professional and cared for the child full-time without the need for outside medical professionals, these responsibilities would be outlined on the tool and the foster parent would be expected to fulfill them.

Subcommittee members recognize that transitioning from child needs to caregiver responsibilities requires a significant shift in focus. As such, we recommend a thorough and comprehensive training plan and an ongoing quality assurance process. These systems are described in greater detail in future sections.

Process -

The Structured Decision Making (SDM) Family Strengths and Needs tool will be completed on the family at intake. Information from the strengths portion of this tool will then be utilized in the completion of the Child and Adolescent Needs and Strengths (CANS). The CANS will be completed within the first 30 days in out-of-home care. Once the needs of the youth are determined, the Nebraska Caregiver Responsibilities tool will be completed within 30 days of placement to determine what needs the foster parent will be responsible for. Foster parents will initially receive the base rate unless there is adequate information on the youth to complete the CANS and Nebraska Caregiver Responsibilities tool (i.e., service plans/discharge plans from foster home, group home, PRTF, etc.).

Training, Implementation and Quality Assurance -

The LOC subcommittee spent a significant amount of time discussing training, implementation and quality assurance processes and their importance to the overall success of this initiative

within our state. After conducting interviews with a number of experts in other states who have developed and implemented rate structuring and level of care tools we recommend:

1. Development of a comprehensive communication and training plan
2. Piloting the tools and processes prior to statewide implementation, and
3. Development of a thorough quality assurance process

The subcommittee recommends the Communication and Training Plan include thorough communication to all stakeholders with an initial focus on the pilot population. Lessons learned in the pilot can then be included in the communication plan prior to statewide implementation. The inclusion of a message to foster parents that there will be a hold harmless period and initially, rates will not go down, will minimize any overreaction and help to alleviate any widespread concern.

The subcommittee recommends the development and piloting of a thorough training process prior to full implementation. It will be important to illustrate the link between Structured Decision Making, Youth Needs (CANS) and Caregiver Responsibilities. Additionally, information on how the caregiver responsibilities tool links to adoption subsidies, and the importance of foster parents being present during completion of the tool, should be covered. An overview of existing foster parent policies including the grievance process, transportation guidelines, and liability insurance should also be outlined. Further, all parties should understand that level of care payments are time limited and the expectation is that payments will decrease as youth get better thus requiring less caregiver responsibilities, except in cases where youth have chronic conditions. All stakeholders including foster parents, case managers, supervisors, and child placing agency staff should be invited to attend. Integrating all these parties into each training class will enhance communication between groups and promote trust and mutual understanding. Given the importance of the child needs tool and his experience with implementing the tool in other states, training of the Child and Adolescent Strengths and Needs should be conducted by John Lyons.

The subcommittee recommends the development of a well thought out pilot process to ensure we "practice" using the new tools and work out any issues prior to statewide implementation. The subcommittee recommends choosing two regions, one urban and one rural and piloting the Nebraska Caregiver Responsibilities tool and the Child and Adolescent Needs and Strengths for at least 90 days. This pilot should include relative caregivers. Throughout the pilot a mechanism for providing feedback on the tools and their implementation should be provided to foster parents, DHHS staff and providers. Particular attention should be paid to the overall implementation of the tools and any caregiver responsibilities that may fall outside those outlined in the Nebraska Caregiver Responsibilities tool. Those youth whose care needs are not outlined within the existing tool can be further reviewed and the creation of an exceptions list and an override mechanism can then be developed. Feedback from the pilot can then be used to develop a statewide implementation plan. If the pilot cannot be conducted within the current legislative session, the subcommittee recommends piloting the proposed system before it's funded and comparing the data to the current tools.

A comprehensive quality assurance process should be developed to include overriding principles, purpose, objectives and membership. We recommend Regional Review/Implementation Panels (RRP) made up of foster parents, a local NFAPA representative, DHHS representatives (direct care and administrative), child placing agency representatives (direct care and administrative), and representatives from Developmental Disabilities and Behavioral Health. The panel's purpose is to review grievances to identify patterns and/or systems issues related to the tool and its implementation, make decisions and determine next steps. We recommend RRP's report up to the Reimbursement Rate Committee who in turn make recommendations to the Children's Commission and others to improve both level of care processes and individual tools. Additional quality assurance issues to consider include assessing inter-rater reliability. This can be done by utilizing existing DHHS staff.

Impact on Permanency -

Subcommittee members recognize that any changes to the level of care tool have a direct impact on adoptions and guardianships. Of particular importance is the potential for delays in adoptions should the base rate increase as recommended by the larger committee. This may cause delays as staff or foster parents request an updated assessment using the new tools. Additionally, families who have already finalized may learn about the new rates and request the opportunity to renegotiate their subsidy. To address these issues the subcommittee recommends the following:

1. All adoptions eligible for a subsidy receive the base rate or higher, depending on the needs of the child and the responsibilities of the caregiver
2. Adoption rates increase as the child ages in line with the minimum rates established by the Rate Committee
3. Upon implementation of the new rates, an automated process be initiated to bring all existing adoption subsidies falling below the minimum standards up to the base rate

Summary:

The Level of Care Subcommittee has enjoyed this opportunity to research and develop a new level of care tool for the state of Nebraska. There is a great deal of experience and expertise available from practitioners in other states and this committee has spent a considerable amount of time researching, discussing and visualizing the potential implementation of a number of tools before finalizing our recommendations.

Critical to the success of this initiative are the communication, training and quality assurance processes. Successful implementation requires a well thought out communication plan that emphasizes the value our state puts on our foster parents; a comprehensive training plan that allows foster parents, DHHS and agency staff to come together and learn from one another; and an ongoing quality assurance process that integrates lessons learned. Without these important components the tool, and in turn the care we provide to the children and youth it's meant to help, will be useless.

Attachments

Tools Reviewed

Level of Care -

1. Arizona – Assessment for Placement and/or Special Rate Evaluation
2. Illinois – Levels of Care Assessment Form
3. Indiana – Caregiver Strengths and Needs Assessment
4. Iowa – Foster Child Behavioral Assessment Form
5. Michigan – Assessment for Determination of Care for Medically Fragile Children in Foster Care
6. Nebraska –
   a. Child Need Assessment for Out of Home Care – developed and used by previous lead agencies
   b. FC Pay Checklist – used by HHS
   c. NFC Foster Care Rate Evaluation – developed and used by NFC
7. Vermont – Vermont Social and Rehabilitation Caregiver Responsibilities
8. Washington – Division of Children and Family Services Foster Care Rate Assessment
9. Wisconsin – Foster Care Levels of Service Assessment

Other -

1. Child and Adolescent Needs and Strengths (CANS)
2. Structured Decision Making (SDM) Strengths and Needs Assessment

Current Assessment Tools Feedback

Northern and Western Service Areas:

Child Need Assessment for Out of Home Care -
Strengths:
- Organized in a sensible way
- Scoring is easy to understand and use
- Focuses on degree of the child's needs and not just on whether the behavior exists
- Requires narrative for justification/explanation of why each item is chosen
- Very inclusive list of varying behaviors and needs that could be encountered
- Give an accurate picture of the child's behavioral needs as well as the intervention/supervision necessary for the foster home to provide

Weaknesses:
- Combines frequency and severity of behaviors so some combinations may not be covered and could be unclear.
    - Example with #1 – if the child has sexual behavior but her displays the behavior weekly or less and there is no risk of harm to others or self would this be mild, moderate or severe?
    - #2 – there is not a clear distinction between moderate and severe needs
    - #5 – there are children who attend therapy once per month and no foster parent involvement is required. It is not clear whether moderate or mild would be chosen.
- No rating for a child with no needs.
- There is no place to total the score on the form and there is no place that tells you how the score applies to the outcome of the assessment

FC Pay Checklist -
Strengths:
- Easier to use because of familiarity
- Easy to understand
- Structured in a simple way
- Detailed questions and explanation of needs

Weaknesses:
- Does not allow for different degrees of behavioral issues as definitions are very specific
- Too black and white and does not help to provide for kids who has behaviors with no diagnosis.
- Lacks full evaluation of educational needs

NFC Foster Care Rate Evaluation -
Strengths:
- Ability to rate different issues as minimal, moderate or intensive
- If there is one intensive category then the overall score is intensive no matter what
- There are good examples of how each frequency level is applied to each behavior/category
- At the end of both categories there are spots to indicate whether the child has any diagnosis or medical conditions.

- Requires the child to be reviewed every 60 days.
- Short and tells you how to score the assessment.

Weaknesses:
- The last few categories in each section do not have examples for all 3 frequencies (minimal, moderate and intensive). This is confusing.
- When is the age appropriate box marked?
- There are several minor behavioral/emotional characteristics that are not covered clearly... for example, hyperactivity, suicidal thoughts (not attempts), sleeplessness, depression, anxiety.
- There is a category related to therapy but it is in regard to physical needs not mental health needs.
- Confusing.
- Why is age appropriate a choice for running away, using drugs and alcohol etc.
- Physical and personal care needs needed more explanation as well as explanation of payment and rates.

Additional Comments -
- None of the tools provide for transportation needs of older youth to work/after school activities
- Could there be more than one assessment tool (i.e. one specific to OJS wards)

Eastern Service Area:

Child Need Assessment for Out of Home Care -
- The NE Rate Assessment: this is nice because it gives specific behavioral examples to help delineate mild from moderate...etc.
- I am obviously a little biased towards our NFC assessment, but I actually also really like the one titled "Nebraska Foster Care Assessment Tool" due to the fact that it has a "justification" section for the FPS to provide rationale. I think this helps to provide a more individualized assessment for each youth and would also make it easier to compare future progress. I am not sure of what the actual process will look like, but I think the way we do it with the FPS, FCS, and foster parent all meeting is beneficial, because it provides the foster parent and FCS with some information about the kiddo early on and also gives the team a starting point to build goals and a plan.

FC Pay Checklist -
- Not currently being used

NFC Foster Care Rate Evaluation -
- Runaway: The criteria primarily meets needs of older youth. I have several younger youth who "flee" situations, placing them in danger. This is not necessarily a "runaway" but is definitely alarming and can be quite dangerous.
- School and Classroom: The criteria primarily meets needs of older youth. I have several younger youth who participate in Early Intervention services and/or need extra foster parent time to help them "catch up" to their developmental level.
- Peer Relationships: The criteria primarily meets needs of older youth. Younger children struggle with peer relationships as well, but it looks differently than the examples list.

- Overall, the tool seems to target older youth. Younger youth (0-12) often have high needs but because their specific issues are not listed on the NFC tool, they are ignored. It would be helpful to have a section to address "miscellaneous needs". Some children require extensive transportation in order to keep them involved in extracurricular activities at school. Some children require extensive transportation to unsupervised visits. Some children exhibit constant non-compliance, which does not fall into aggression or illegal, but can be quite exhausting for foster parents (for example, lying or manipulating).
- it's great that it breaks down minimal, from moderate, to intensive with clear definitions, but then within each definition phrases such as "frequently" and "occasionally" are used, in some instances, such as under runaway it's further objectified with numbers "8 or more times per year..5 or more days at a time..." I think the more concrete it can be the better, although it might create a more tedious tool and require more digging into history on the part of the FPS...which will be challenging.
- in terms of practice, it seems inconsistent to have "age appropriate" with behaviors such as "illegal" and "self-abusive." Can there be a clarifier at that check box, maybe it could read "age appropriate/non-existent" or something along those lines...

Additional Comments -

- Something more specific for older youth would be nice--like a rating for independent living, or youth who have graduated.
- I have experience with all three of the Nebraska tools and I know that the FC pay checklist is very concrete (yes or no) and the KVC/Visinet tool didn't account for when a youth had high needs in one section and minor needs in other sections. If there would be a way to do an average of the sections on that tool, it may be more effective. I think the NFC tool is good since it does take the highest rate category for the overall category. I am not as familiar with the CANS but will play around with it tomorrow. I do know that the tool should be straight forward and easy to score so that the workers understand how to use it.
- My three supervisors all concurred they like the evaluation assessment tool that NFC uses the best. They also believe there should be flexibility with any assessment tool in a situation where a unique need is not captured on a particular assessment. This would allow the CFS Specialist for Family Permanency Specialist the opportunity to trump an overall score and assign what he/'she believes to be the appropriate level. Supporting data (rationale for level) and sign off by a supervisor would be required.

South Central Behavioral Health Services:

Child Need Assessment for Out of Home Care -

- ...seemed to be more on target. It was confusing by the sections being so cut into pieces, but I think it hit all of the major areas to look for. Positives were that it gave good detail in each section and broke down some options as "example 1 OR example 2" to check that section. Deltas-Maybe didn't have enough options for the educational section where it could give an option regarding "contact with school personnel". Just needs to be more specific as to what section can be checked when deciding intensity (mild vs. moderate).
- ....out of the three forms that I liked the best was the form that states at the top of the sheet, "Child Need Assessment for Out of Home Care."
- I did mine on an 8 year old little girl that the foster parents feel should be a level 3, but she comes out as a level 2 on the current assessment. I can tell you that I did not like the Nebraska Out-Of-Home Care assessment. At first I thought I did as the descriptions were

very detailed, but I think a lot of our kids would come out on Tier 1 and Tier 2 and it was a very long process.

FC Pay Checklist -

- "The FC Pay that we are currently using is looking better to me. The other two, although more descriptive were cumbersome."
- I completed all three of the payment determination for two youth, one is a 14 year old female and the other is a 6 year old male child that's in my own house for foster care. Here's what I saw happening for these two youth:
- The current FC pay for CSA shows a more accurate picture overall of the youth. (bio/social/medical/psych) However, it weights much more heavier on the medical, and not as fairly on the behaviorally challenged youth. (ODD, Conduct Disorder, Attention Seeking) It also does not pay much attention to youth that will require ongoing substance abuse counseling and treatment in the community and the accessibility for rural homes.

NFC Foster Care Rate Evaluation -

- It seems to be lacking several areas which I listed below. Its positives were that it had the minimal/moderate/intensive selections. It did not seem to cover the areas our kids need. The kid I was assessing is currently a tier 3 on FC Pay (recently re-did the FC Pay) and came out with only minimal overall needs on this form.
- Deltas: Missing the following areas to check: extra supervision, inappropriate public behavior/social skills problems, extra daily or independent living skills, impulsive/over-excitedness, distractibility so much that it impairs daily living or school performance, sleeplessness, excessive argumentativeness/disobedience, weekly therapy/counseling appointments, psychotropic meds
- The one assessment makes a very large step from the foster parent assisting with cares daily as minimal, to constant 24 hour one to one. There doesn't seem to be any middle ground in the tool.
- While it does offer an additional payment for Parenting Time, it does not address sibling visitation for youth that are in separate homes, sibling group placement and the chaos that this brings immediately to the foster home (four placements at once versus one at a time) and it does not address permanency goals/work that a foster family can be involved in that is very time consuming and far reaching. "
- "I have completed the out of home assessment forms in order to identify a tier level for our youth. The assessment tool, I didn't like the Nebraska Families Collaborative one at all. I think that the form didn't capture enough behavioral issues and was too simple.
- The best one was the Nebraska Families Collaborative assessment. Probably needs more detail in terms of what the basic rate would be and how to some up with the supplemental amount and exceptional payment, but I liked the idea of this one the best. On this form the little girl that I did it on would have been at the Intensive level. She is a RAD sibling group that should be a tier 3. I liked the basic rate and then adding on the extras and liked how they did it, but feel that their needs to be a little more detail and instructions put into it and then I would like it better.

CANS -

- "I too thought this model was great. I really loved all of the detail that it went into and how when a kid rates higher in some areas, then you move on to another section to complete in greater detail. It was really great how it captured so many areas and so much detail in that. I was confused by some of the ratings but think that just would take some

more explanation. All of the areas captured in this model seem to be all that one would need to assess almost all the needs of kids and the parents who care for them.
- I agree with Brenda that it would be difficult to complete this assessment in the first 30 days. I also think that it would be difficult to get some caseworkers to take the time to complete this because it took a great deal of time compared to the FC Pay."

- "I really like this model! It is very intensive, and offers a great picture of the youth and what they have experienced and lived through. It would also give the foster parent a great stepping off point and the YFS when developing goals and objectives. My only fear is gathering that much information at time of admission, and also only looking at the previous 30 days for some of the areas. I believe that for most of our workers, it would be hard to get all that information in the initial 30 days of placement if this is a new case. I love the Trauma module, and think that this would also be great information in choosing an appropriate therapist, and then to share with the therapist. This is also the only model I have seen that really addresses several areas such as mental health, developmental delays, etc."

Additional Comments -
- I completed my forms on a child that would be a tier 1 according to the current FC pay that is being used by HHS. On paper it shows that he has no issues but he is a difficult child due to him having fetal alcohol effects. This child needs a routine, will need a lot of life skill assistance and doesn't understand cause and effects of his actions. Some of the things that this committee should look at capturing are, questions like the following: Do they have basic math skills, Do they have concepts of money management skills, Do they have budgeting skills, Can they figure a check book, Do they have hygiene issues, Can they keep a job longer than a month, Can they wash dishes and do basic cleaning tasks, Do they need their life style to be consistent and repetitious in order for them to be successful in that environment.
- We are required by law to work on independent living skills with our children 16 years and older. I feel that many of our kids struggle in this area and especially the ones that have Fetal Alcohol effects or have other disorders that they are seeing counselors for. I just think that some of these basic things that we assume our kids can do need to be added as questions, to the out of home assessment tool. I would say about half of my kids that age out of the system can't do some of the things that I listed above due to trauma and other things have occurred in their lives. Our foster parents work on these day to day tasks with our children every day and need to be compensated for it."

Foster Parent Survey:

79 Foster Parents completed the survey.
- Central Service Area – 18
- Northern Service Area – 20
- Western Service Area – 9
- Eastern Service Area – 20
- Southeast Service Area – 12

What tool is currently being used to assess your foster child's needs?

Tool	NSA	WSA	CSA	ESA	SESA

FC Pay checklist	20	8	18	4	4
NFC Foster Rate Evaluation				12	
Child Need Assessment for Out Of Home Care					
Doesn't know		1		4	8

In your experience, have you been exposed to other assessment tools, if so what are the strengths/weaknesses of the tool?

Respondents did not identify any other tool but the FC Pay Checklist or NFC Foster Rate Evaluation.

What are the strengths of the tool?

Number responded	Response
FC Pay Checklist	
26	There are no strengths
17	It provides a good assessment of needs and/or behaviors
6	It is a good resource for knowing what behaviors to expect when a child comes into your care
3	No one has ever done a checklist with them. " Has never seen the list, other than at training, the agency just pays her"
1	The fact that it can be used to reevaluate the child is a strength
1	It really covers medically fragile children
NFC Foster Rate Evaluation	
8	There are no strengths
8	It covers everything and provides a really good evaluation of the child's needs/behaviors

What are the weaknesses or areas not addressed in this tool?

Number responded	Response
FC Pay Checklist	
14	• The Cost to raise a child shouldn't be determined only by behaviors. It costs just as much to raise a child that is well behaved as it does for one that has a lot of behavioral problems. How can they determine that one child needs to have more money than another child? What about the well behaved child that is involved in sports etc and requires more expensive clothing or equipment? It isn't fair that it is only the behaviors that determine what a foster parent gets for a child. • How can a child's behaviors determine what it cost to raise them. A child with no behaviors still has the same basic needs. How can one worker say a child needs a clothing voucher and another worker deny a voucher for another child within the same foster home? Most children come into care with very little belongings. It

	gets pretty expensive trying to bring them up to standard, and that is even before we receive any type of pay from the state.
12	Needs to rate sometimes, never. always on specific behaviors – should be able to rate each area , behavior, mental health, social skills should be rated moderate to severe – frequency of behavior ---needs to be more specific, the AdoptUsKids website rates kids by moderate to severe
8	Needs an area to document actual problems
6	Don't know what tool is – have never completed one
5	Daycare provider gets paid more than I do
5	Damage coverage, we have had drywall, carpet, windshields damaged with no reimbursement
4	There are no weaknesses
3	Behaviors constantly change
3	Inadequate for infant care – meth or addicted babies, medical fragile
2	Need one tool across the state
2	Transportation needs to be included
2	Worker does not respect opinion of foster parent – they don't live with child 24/7 and deal with behaviors
1	I think the only weakness is not so much the money as the follow up that is done after a child is placed. It is so hard to get return phone calls from caseworkers when you need an answer to something.
1	Doesn't cover teenagers specific needs
1	We don't do it for the money!
NFC Foster Rate Evaluation	
6	Not realistic to cost of living
4	No weaknesses
4	Needs to be Evaluated more often because behaviors are constantly changing
1	A tough tool to fill out if not educated
1	Some questions are to vague – like the one on lying
1	Inadequate for infants
1	Has 2 small kids & feels she is receiving to much money. They are getting a lot of money when all they need is asthma medication

Experts Interviewed

Nebraska -

- Bill Reay, President and CEO, Omni Behavioral Health
- Carl Chrisman, Supervisor, Magellan
- Lori Hack, Manager of Consumer Recovery, Magellan
- HHS and agency representatives from every region of Nebraska
- Seventy-nine foster parents from every region of Nebraska

Other States -

- Laura Boyd, FFTA Public Policy and Government Relations Consultant, Oklahoma
- Brad Bryant, People Places Inc., Virginia
- Shannon Flasch, Associate Director, Children's Research Center
- Amelia Franck-Meyer, Anu Family Services, Wisconsin
- Linda Hall, Executive Director, Wisconsin Sate Association of Providers
- Brenda Hallock, Child Welfare Resource Monitor, Vermont Department of Children and Families
- Carrie Kendig, Washington Department of Children and Families
- Dana Lawrence, Program Development Unit Chief, Vermont Department of Children and Families
- John Lyons, CANS Developer
- Heather McLain, Revenue Enhancement Manager, Vermont Department of Children and Families

Feedback from Experts

Brad Bryant, People Places, Inc., Virginia:

- ✓ Spoke with Brad Bryant from People Places Inc. in Virginia on 07/09/12 at 9:00.
- ✓ Brad states VA is county led with 120 counties; $ for subsides comes from the county
- ✓ Access to IV E dollars is what has driven the rate structure
    - VA initially passed up a lot of opportunities for federal $'s
    - First committee work was related to adoption subsidies which quickly led to inclusion of FC rates as well
- ✓ VA developed an instrument – Virginia Enhanced Maintenance Assessment Tool (V MAT) – based on Wisconsin tool.
    - Tool has three dimensions – behavioral, emotional, physical
    - Tool assesses degree of need of the child – three levels (minimum, moderate, severe)
    - Somewhat subjective – completed differently at each locality and depends on rater and circumstances
        - How bad do you need the placement?
        - How much money does your county have?
        - What is your county administrator's stance? What do they say about the tool and how to use it?
    - Not completed by HHS worker in charge of case; completed by HHS co-worker or another agency rep.
        - Assigned Worker and FP must be present
        - Tool cannot be completed by person with "greatest stakes in the outcome"
    - Tool is not standardized, reliable or scientifically valid
    - State trained staff in how to complete the tool
    - VA set upper and lower amounts/limits w/ each point worth a dollar amount; range of $320 plus basic maintenance to $2,880 (36 total points at $80/point)
    - Grievance and appeal process is in place – Brad sees this as very important
- ✓ VA is spending more money than prior to the statewide tool and the work of the rate committee
    - Amount spent on adoption subsidies has also gone up
    - State has looked at the amounts currently being paid out and putting a cap on this; possibility rates could be cut by 50-70%
    - Providers expressed concern at the onset of the change that rates may be too high - have come forward and stated they could take up to 30% cut in rates
- ✓ Tool is currently in the process of being revised
- ✓ Brad made point that "weak parents" who have children with "high indicators" end up receiving a greater rate than good parents who are able to manage a difficult child and help him get better – good parents get less and less money the better they do

<u>Take Away</u> -

- ✓ Important to consider the effect of rate structuring on recruitment and adoption?
- ✓ Tool needs input from people doing the work and the families it impacts
- ✓ Must consider total impact of rate increases not just now but into the future (Brad gave example of an adoption subsidy of $2,000/month for a 9 year old from now until he is 18...big cost to the state)
- ✓ Must consider cost of living when determining rates – VA did not do this initially and some of their rates are higher than New York City where the cost of living is much higher
- ✓ When developing tool build in:
    - Training
    - Who will complete the assessment
    - Ongoing re-evaluation of the tool
    - Grievance and appeal process

Amelia Franck Meyer, CEO, Anu Family Services, Wisconsin:

- ✓ Spoke with Amelia from Anu Family Services on 09/13/12.
- ✓ Amelia and her team were very involved in rate structure and level of care tools in Wisconsin
- ✓ Follow up call with others in Wisconsin on Tuesday, 09/18/12 to discuss lessons learned and how they integrate the CANS and SDM
- ✓ Wisconsin uses the CANS. They chose a tool, randomly assigned points to rates and began implementation. Amelia recommends the trauma informed version of the tool.
- ✓ County workers complete the tool in isolation of other members of the team.
- ✓ Overall, foster care rates went down by 10% across the state.
- ✓ They lost a lot of foster parents. They felt disregarded, disrespected and like they had to haggle for money, they also felt like there was too much of an emphasis on kids faults, they hated the negotiation part of it and felt foster parenting had turned into a monetary value versus emphasis on the social value.
- ✓ Rate negotiations take 5-10 hours for each youth placed (tx level)

<u>Take Away</u> -

- ✓ Do not tie tool to rates right away, pilot it for a year to see where your youth will fall.
- ✓ Leave rates as they are or increase to cost of living and complete the CANS on the kids coming into care and see where they fall. Once you have data you can determine where to set the rates for levels of care.
- ✓ Use the trauma informed version of the CANS
- ✓ Include foster parents – complete as a team or each complete and average the scores

Linda Hall, Executive Director, Wisconsin State Association of Providers:

- ✓ Wisconsin is county run. Prior to rate setting, Wisconsin agencies set their own rates
- ✓ 5 levels of care:
    - County Run - Kinship (1) and General (2)

- Agency Run – Treatment Foster Care (3&4), Shift Staffed Foster Care (5) – 1 or 2 youth in a home run by shift staff. Too intense for TFC; qualify for Medicaid waiver program and also use Block grant and local funds

✓ WI rushed through CANS implementation. It takes several years for people to get used to using the instrument. There was no practice time in WI

✓ CANS is a communication system, not a psychological evaluation or standardized instrument. If it is used correctly, it can lead to integrated service delivery but it was not designed and should not be used for setting rates.

- WI cross walked CANS from level of need to setting rates.
- Established a base payment of 400-450/month and $5.50 per point on the CANS. This is not working
- CANS doesn't capture some of the issues kids have and the time intensive issues foster parents must deal with
- In their system it is possible to add on supplemental monies but the state is being more prescriptive about what counties can approve as supplemental pay
- Impacts adoption subsidy payments
- CANS is very subjective. Linda's association trained 150 agency staff in WI. People have a hard time "living within the restraints of the instrument"
- During training nearly all tests have to go back to Lyons to score and this can take as long as a month for people to get certified

✓ Providers and foster parents are not at the table when the CANS is completed. WI providers continue to advocate that FP's be at the table

✓ WI providers proposed a separate group, not counties, be responsible for the CANS – independent body with singular focus.

✓ WI looked at other tools to determine level of care and did not find any other tools

✓ Now providers know what's wrong with the system and have ideas on how to fix it but it's so complex and hard to explain and legislators and HHS are on to the next issue

✓ WI has developed a Rate Regulation Advisory Committee – legislated to study rates, made up of providers and HHS, developed principles and rules related to level of care and foster parent payment. Linda to send principles to Lana

✓ University of Indiana – operates a users group for CANS – outside reviewers, answers questions, establishes inter-rater reliability

✓ CANS used for wrap programs as well and they link the two tools together

✓ Linda recommends we look at Florida – they have done a lot of things right

<u>Take Away</u> -

✓ Conduct assessment first before you tie it to rates. Assess all kids, what services do we have/need as a state

✓ Implement in stages

✓ Don't tie CANS to money

✓ Foster parents must be at the table

✓ Quality assurance process necessary so we can go back and make changes

✓ If we use CANS an independent "users group" is necessary

✓ Simplify the process

Shannon Flasch, Associate Director, Children's Research Center, SDM:

- ✓ Shannon is Associate Director at the CRC. Most of her time is devoted to SDM development and implementation projects
- ✓ Shannon has played an extensive role in development and implementation process in Nebraska. She has been with the project from the very beginning, 12+ months, beginning in the summer of 2011 coordinating the workgroups. She has been in charge of all manual development, training of trainers, worked with DHHS trainers and is currently working with QA on the case review process.
- ✓ Shannon reports the Family Strengths and Needs Assessment looks at the child and their needs but does not translate the needs of the child into the level of care required
- ✓ Shannon is familiar with the CANS and reports in it much more detailed than the SDM. Difficult, hard to manage, high risk behaviors re not looked at in as fine a detail on the SDM as they are on the CANS and not to the degree necessary to determine level of care and foster care rates.
- ✓ Further, SDM is focused on the parents and the child, not the foster parents.
- ✓ Shannon reports there are ways to minimize overlap with whatever tool we choose. She offered to assist us in completing a detailed crosswalk with the identified tool and the SDM Family Strengths and Needs to look at how each tool will translate, making the process easier for workers and minimizing duplicate work. This would include looking at timelines and workflows for each tool. She also mentioned the possibility of incorporating a prompt system within NFOCUS to point out areas or overlap between tools and prompt the worker to go to a specific section of the next tool.

Take Away -

- ✓ SDM is not designed to determine level of care.
- ✓ Shannon and the CRC can help Nebraska integrate whatever tool we choose into existing SDM processes to minimize duplicate work.

Carrie Kendig, Washington Department of Children and Families:

- ✓ They changed to the caregiver responsibility assessment about 10 years ago
- ✓ There was difficulty in changing the mind set from child's behaviors to caregiver responsibility (the time spent by the caregiver in caring for the child). An example was an autistic foster child, if placed with a stay at home foster parent, they would receive a higher reimbursement while the same child in another setting where they attended a day program, the foster parent would receive a lesser reimbursement as they did not provide the same level/time of care.
- ✓ They had 9,000 to 10,000 children in care. When the social worker was completing the assessment, their 'likes and dislikes' regarding the caregiver/child/whatever, still impacted how the document was completed. This was resolved by hiring a Foster Care Rate Assessor full time. This person was more objective when completing the form and had the time to move quickly on completing the assessments. All children enter care at the lowest level until the assessment has been completed. Washington has 4 levels and 60% of the

children were at the lowest level, 20% level 2, 15% at level 3 and 5% were at the highest level.

- ✓ They created a Medically Fragile template as their assessment was not capturing the level on caregiver tasks and skills needed for the infants and special need younger children, i.e. tube feeding, cleaning of medical equipment,

Dana Lawrence, Program Development Unit Chief, Vermont Department of Children and Families:

- ✓ Dana was involved in the development and implementation of Vermont's Caregiver Responsibility Tool
- ✓ Before implementing this tool, VT's FC rates were based on the age of the child and the experience of the foster parent. Their caregiver tool makes these two assumptions.
- ✓ Prior to this tool they had a Specialized Rate and Service Agreement completed by the foster parents and the caseworker. They had difficulty with this tool in relation to who was completing it and some bias related to that.
- ✓ VT has cut FC population in ½ in the last 8-10 years. A substantial shift from long-term foster care to a substantial proportion of adoptions now occurring with foster parents.
- ✓ Recommended starting with a sampling of the population (i.e., pilot)
- ✓ The emphasis of this tool is on the interaction of the foster parent and the child. The tool assumes a normative range of behaviors for kids in foster care and focuses on 1) what's basic for a youth in foster care at this age, 2) what special needs does this child have, and 3) what specifically will the foster parent be doing
- ✓ Need to pay attention not just to what the foster parent will be doing but if they can do it based on other youth in the home
- ✓ Mentioned the relationship between this and permanency – there is an incongruity between high-end challenging kids and permanency and can be a disincentive to adopt
- ✓ VT does an analysis of base rates, monitoring them annually and going back to the legislature if necessary
- ✓ More than money foster parents state they need support, help right away when they ask for it, need to see their worker more often and need more training
- ✓ VT created IV- E funded foster care supports – private agencies targeted to support the foster parents. This increased reunifications and adoptions. VT utilized a category of Medicaid that allowed them to fund this structure, so when the child moved (home, adoption, another level) the support went with the kid
- ✓ VT went through many versions of their caregiver tool and involved many focus groups and review committees

<u>Take Away</u> -

- ✓ Start with a sample
- ✓ Emphasize 1)what's basic for a youth in foster care at this age, 2) what special needs does this child have, and 3) what specifically will the foster parent be doing
- ✓ Annual analysis of rates
- ✓ May need to involve more people in looking at the tool

John Lyons, Child and Adolescent Needs and Strengths (CANS):

- ✓ Group asked Dr. Lyons to describe the CANS and explain how other states have utilized the tool. Dr. Lyons shared the following:
  - Overall Description of Tool - The CANS is an "information integration process" and 28 states are currently utilizing variations of the tool in the areas of Child Welfare, Mental Health and Juvenile Justice; Dr. Lyons described the tool as designed to create a shared vision process and resolve conflicts in systems; he further described the tool as "total clinical outcomes management" with three focus areas: decision support, outcome monitoring, and quality improvement; Instead of a score or cutoff, the CANS uses patterns or 2's and 3's across domains.
  - Use of Tool for Rate Setting - Dr. Lyons stated you must imbed any assessment within a larger system of decision making and not just use it for rate setting; he cited Tennessee and Indiana as examples of states that had imbedded the tool within larger decision making models.
  - Training – training is fairly simple as is the certification process. Dr. Lyons' describes it as applying what you already know to a common language; he stated the tool has inter-rater reliability and cited an article being published in "Youth Today" and described how auditors in Allegany County are using a tool to assess if the CANS is used in service delivery; he again referenced the need to incorporate the CANS within a larger system of care and process; If NE were to choose this tool Dr. Lyons recommended a "launch" and choosing a cohort of people who can train the tool across the state.
  - Level of Care – when asked further about the CANS use in assessing level of care, Dr. Lyons described the need for both caregiver responsibility and level of need of the child. He indicated the CANS has a caregiver section.
  - Timelines – when asked about timelines for using the tool, Dr. Lyons reported that some states like Tennessee use it in the first 7 days (starts in CPS and then flows to Child Welfare) and others wait as many as 30 days before completing the tool. Dr. Lyons stressed the importance of building the expectation that the focus should be on learning as much about the child as soon as possible versus making a quick decision to complete a step in the process.
  - Other States Implementation of the CANS – Wisconsin and NY State use separate the CANS for 0-5, transition age youth and medically fragile. Tennessee, Indiana and Wisconsin use both Structured Decision Making (SDM) and the CANS; Dr Lyons states the two tools are completely compatible and these states pull the 7 questions about strengths out of the SDM and input the CANS questions in their place.
  - Foster Parent Involvement – foster parents can be involved in completing the tool and should be trained as well.

Bill Reay, President and CEO, Omni Behavioral Health:

- ✓ Group asked Dr. Reay his opinions on the use of the CANS as an assessment tool and he shared the following:

- Instrument never received any independent research and, in his opinion, lacks inter-rater reliability. Additionally, it is not normed and has no psychometric properties.
- Dr. Reay recommends the committee consider looking more closely at the Nursing Home industry which approaches level of care from the caregiver responsibility perspective, focusing on the level of caregiver responsibility needed to care for the individual. In addition to matching caregiver responsibilities to youth needs, we should also consider the degree of perceived strain on the caregiver as this is the highest predictor of a youth leaving a setting.
- Dr. Reay believes level of care thinking misses the point because it assumes treatment is based on the setting and this is not true.

✓ The group discussed the need to get a better idea of the current population of children in foster care in Nebraska and Dr. Reay recommended we table this discussion for the time being and consider recommending to the larger committee that a scientific or clinical advisory committee be conveyed to look at this more closely and advise the larger group.

Carl Chrisman and Lori Hack, Magellan Representatives:

✓ Carl Chrisman, Supervisor and Lori Hack, Manager of Consumer Recovery reviewed Magellan's use of the CANS.
✓ Magellan requires Psychiatric Residential Treatment Facilities and Therapeutic Group Homes to complete the CANS at intake, every 90 days and at discharge
✓ Magellan has been collecting data since the Fall of 2010
✓ Dr. Lyons led a two day training on the tool in October 2010 and provides ongoing technical assistance
✓ Magellan offers training on the instrument on-line
✓ Community-based service providers are not required, but encouraged, to use the too

Child and Adolescent Needs and Strengths

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) — COMPREHENSIVE– 5+

Please ✓ appropriate use: ☐ Initial ☐ Reassessment ☐ Transition/Discharge Date: M M D D Y Y

Child's Name | DOB (m m d d y y) | ☐M ☐F Gender | Race/Ethnicity

Current Living Situation:

Assessor (Print Name): Signature

Caregiver Name: Relation

LIFE DOMAIN FUNCTIONING

0 = no evidence of problems 1 = history, mild
2 = moderate 3 = severe

	NA	0	1	2	3
Family		○	○	○	○
Living Situation		○	○	○	○
Recreational		○	○	○	○
Job Functioning		○	○	○	○
Developmental[1]		○	○	○	○
Legal		○	○	○	○
Medical		○	○	○	○
Physical		○	○	○	○
Sexuality		○	○	○	○
Sleep		○	○	○	○
School Behavior		○	○	○	○
School Achievement		○	○	○	○
School Attendance		○	○	○	○

YOUTH STRENGTHS

0 = centerpiece 1 = useful
2 = identified 3 = not yet identified

	NA	0	1	2	3
Family		○	○	○	○
Interpersonal		○	○	○	○
Optimism		○	○	○	○
Educational		○	○	○	○
Vocational		○	○	○	○
Talents / Interests		○	○	○	○
Spiritual / Religious		○	○	○	○
Community Life		○	○	○	○
Relation Permanence		○	○	○	○
Resiliency		○	○	○	○
Resourcefulness		○	○	○	○

ACCULTURATION

0 = no evidence 1 = minimal needs
2 = moderate needs 3 = severe needs

	0	1	2	3
Language	○	○	○	○
Identity	○	○	○	○
Ritual	○	○	○	○
Cultural Stress	○	○	○	○

MODULES

[1] go to *DD Module*
[2] go to *Trauma Module*
[3] go to *SUD Module*
[4] go to *Violence Module*
[5] go to *SAB Module*
[6] go to *Runaway Module*
[7] go to *JJ Module*
[8] go to *FS Module*

See Back for Module Scoring

CAREGIVER STRENGTHS & NEEDS

○ Not applicable – no caregiver identified

0 = no evidence 1 = minimal needs
2 = moderate needs 3 = severe needs

	NA	0	1	2	3
Supervision		○	○	○	○
Involvement		○	○	○	○
Knowledge		○	○	○	○
Organization		○	○	○	○
Social Resources		○	○	○	○
Residential Stability		○	○	○	○
Physical		○	○	○	○
Mental Health		○	○	○	○
Substance Abuse		○	○	○	○
Developmental		○	○	○	○
Safety		○	○	○	○

YOUTH BEHAVIORAL / EMOTIONAL NEEDS

0 = no evidence
1 = history or sub-threshold, watch/prevent
2 = causing problems, consistent with diagnosable disorder
3 = causing severe/dangerous problems

	NA	0	1	2	3
Psychosis		○	○	○	○
Impulse / Hyper		○	○	○	○
Depression		○	○	○	○
Anxiety		○	○	○	○
Oppositional		○	○	○	○
Conduct		○	○	○	○
Adjustment to Trauma[2]		○	○	○	○
Anger Control		○	○	○	○
Substance Use[3]		○	○	○	○

YOUTH RISK BEHAVIORS

0 = no evidence 1 = history, watch/prevent
2 = recent, act 3 = acute, act immediately

	0	1	2	3
Suicide Risk	○	○	○	○
Self Mutilation	○	○	○	○
Other Self Harm	○	○	○	○
Danger to Others[4]	○	○	○	○
Sexual Aggression[5]	○	○	○	○
Runaway[7]	○	○	○	○
Delinquency[6]	○	○	○	○
Fire Setting[7]	○	○	○	○
Social Behavior	○	○	○	○

MODULES

NAME: _____ Date _____

DEVELOPMENTAL NEEDS (DD)	0	1	2	3
Cognitive	O	O	O	O
Developmental	O	O	O	O
Communication	O	O	O	O
Self Care / Daily Living	O	O	O	O

SUBSTANCE USE (SUD)	0	1	2	3
Severity of Use	O	O	O	O
Duration of Use	O	O	O	O
Stage of Recovery	O	O	O	O
Peer Influences	O	O	O	O
Parental Influences	O	O	O	O
Environmental Influences	O	O	O	O

TRAUMA (*Characteristics of the trauma experience*)	0	1	2	3
Sexual Abuse*	O	O	O	O
Physical Abuse	O	O	O	O
Emotional Abuse	O	O	O	O
Medical Trauma	O	O	O	O
Natural Disaster	O	O	O	O
Witness to Family Violence	O	O	O	O
Witness to Community Violence	O	O	O	O
Witness/Victim - Criminal Acts	O	O	O	O
Other:				
If Sexual Abuse >0, complete the following:				
Emotional closeness to perpetrator	O	O	O	O
Frequency	O	O	O	O
Duration	O	O	O	O
Force	O	O	O	O
Reaction to Disclosure	O	O	O	O
Adjustment	**0**	**1**	**2**	**3**
Affect Regulation	O	O	O	O
Intrusions	O	O	O	O
Attachment	O	O	O	O
Dissociation	O	O	O	O

VIOLENCE MODULE				
Historical Risk Factors	**0**	**1**	**2**	**3**
History of Physical Abuse	O	O	O	O
History of Violence	O	O	O	O
Witness to Domestic Violence	O	O	O	O
Witness Environmental Violence	O	O	O	O
Emotional/Behavioral Risks	**0**	**1**	**2**	**3**
Frustration Management	O	O	O	O
Hostility	O	O	O	O
Paranoid Thinking	O	O	O	O
Secondary gains from anger	O	O	O	O
Violent Thinking	O	O	O	O
Resiliency Factors	**0**	**1**	**2**	**3**
Aware of violence potential	O	O	O	O
Response to Consequences	O	O	O	O
Commitment to Self-Control	O	O	O	O
Treatment Involvement	O	O	O	O

SAB – SEXUALLY AGGRESSIVE BEHAVIOR	0	1	2	3
Relationship	O	O	O	O
Physical Force/Threat	O	O	O	O
Planning	O	O	O	O
Age Differential	O	O	O	O
Type of Sex Act	O	O	O	O
Response to Accusation	O	O	O	O
Temporal Consistency	O	O	O	O
History of Sexual Behavior	O	O	O	O
Severity of Sexual Abuse	O	O	O	O
Prior Treatment	O	O	O	O

RUNAWAY	0	1	2	3
Frequency of Running	O	O	O	O
Consistency of Destination	O	O	O	O
Planning	O	O	O	O
Safety of Destination	O	O	O	O
Involvement in Illegal Acts	O	O	O	O
Likelihood of Return on Own	O	O	O	O
Involvement of Others	O	O	O	O
Realistic Expectations	O	O	O	O

JJ – JUVENILE JUSTICE	0	1	2	3
Seriousness	O	O	O	O
History	O	O	O	O
Arrests	O	O	O	O
Planning	O	O	O	O
Community Safety	O	O	O	O
Legal Compliance	O	O	O	O
Peer Influences	O	O	O	O
Parental Influences	O	O	O	O
Environmental Influences	O	O	O	O

FS – FIRE SETTING	0	1	2	3
Seriousness	O	O	O	O
History	O	O	O	O
Planning	O	O	O	O
Use of Accelerants	O	O	O	O
Intention to Harm	O	O	O	O
Community Safety	O	O	O	O
Response to Accusation	O	O	O	O
Remorse	O	O	O	O
Likelihood of Future Fires	O	O	O	O

Nebraska Caregiver Responsibilities
(NCR)

Child's Name: _____ Child's Master Case #: _____ Date: _____

Foster Care Rate Assessor: _____ Service Area: _____ Caregiver: _____

Child Placing Agency:_____ CPA Worker:_____

The Nebraska Caregiver Responsibility document is to be completed within the first 30 days of a child's placement in out-of-home care. Forms should be filled out in a face-to-face meeting with the foster parent, foster care rate assessor and, child placing agency worker (if applicable). A notification of the rate will be sent to the supervisor, resource development, case worker, agency worker (if applicable) and caregiver. Copies of the NCR should be included in the child's file and the caregiver's file. Rate information should go in the caregiver's file.

The first level (L1) is considered essential for all placements and the minimum expectation of all caregivers. For each of the responsibilities, indicate the level of service currently required to meet the needs of the child. The **focus is on the caregiver's responsibilities, not on the child's behaviors**. Each level is inclusive of the previous one. Outline caregiver responsibilities in the box provided for any area checked at a 2 or higher.

LOC1 Medical/Physical Health & Well-Being		
L1	Caregiver arranges and participates, as appropriate in routine medical and dental appointments; provides basic health care and responds to illness or injury; administers prescribed medications; maintains health records; shares developmentally appropriate health information with the child.	
L2	Caregiver arranges and participates with additional visits with medical specialists, assists with treatment and monitoring of specific health concerns, and provides periodic management of personal care needs. Examples may include treating and monitoring severe cases of asthma, physical disabilities, and pregnant/parenting teens.	
L3	Caregiver provides hands-on specialized interventions to manage the child's chronic health and/or personal care needs. Examples include using feeding tubes, physical therapy, or managing HIV/Aids.	
	Outline the caregiver responsibilities:	
LOC2 Family Relationships/Cultural Identity		
L1	Caregiver supports efforts to maintain connections to primary family, including siblings and extended family, and/or other significant people as outlined in the case plan; prepares and helps child with visits and other contacts; shares information and pictures as appropriate; supports the parents and helps the child to form a healthy view of his/her family.	
L2	Caregiver arranges and supervises ongoing contact between child and primary family and/or other significant people or teaches parenting strategies to other caregivers as outlined in the case plan.	
L3	Caregiver works with primary family to co-parent child, sharing parenting responsibilities, OR	

	supports parent who is caring for child AND works with parent to coordinate attending meetings and appointments together. Examples include attending meetings with doctors, specialists, educators, and therapists together.	
	Outline the caregiver responsibilities:	
LOC3 Supervision/Structure/Behavioral & Emotional		
L1	Caregiver provides routine direct care and supervision of the child, assists child in learning appropriate self-control and problem solving strategies; utilizes constructive discipline practices that are fair and reasonable and are logically connected to the behavior in need of change, adapts schedule or home environment to accommodate or redirect occasional outbursts.	
L2	Caregiver works with other professionals to develop, implement and monitor specialized behavior management or intervention strategies to address ongoing behaviors that interfere with successful living as determined by the family team.	
L3	Caregiver provides direct care and supervision that involves the provision of highly structured interventions such as using specialized equipment and/or techniques and treatment regiments on a constant basis. Examples of specialized equipment include using alarms, single bedrooms modified for treatment purposes, or using adaptive communication systems, etc.; works with other professionals to develop, implement and monitor strategies to intervene with behaviors that put the child or others in imminent danger or at immediate risk of serious harm.	
	Outline the caregiver responsibilities:	
LOC4 Education/Cognitive Development		
L1	Caregiver provides developmentally appropriate learning experiences for the child noting progress and special needs; assures school or early intervention participation as appropriate; supports the child's educational activities; addresses cognitive and other educational concerns as they arise, participation in IEP development and review.	
L2	Caregiver maintains increased involvement with school staff to address specific educational needs that require close home/school communication for the child to make progress AND responds to educational personnel to provide at-home supervision when necessary; or works with others to implement program to assist youth in alternative education or job training.	
L3	Caregiver works with school staff to administer a specialized educational program AND carries out a comprehensive home/school program (more than helping with homework) during or after school hours.	
	Outline the caregiver responsibilities:	
LOC5 Socialization/Age-Appropriate Expectations		
L1	Caregiver works with others to ensure child's successful participation in community activities; ensures opportunities for child to form healthy, developmentally appropriate relationships with	

	peers and other community members, and uses every day experiences to help child learn and develop appropriate social skills.	
L2	Caregiver provides additional guidance to the child to enable the child's successful participation in community and enrichment activities AND provides assistance with planning and adapting activities AND participates with child when needed. Examples include shadowing, coaching social skills, sharing specific intervention strategies with other responsible adults, etc.	
L3	Caregiver provides ongoing, one-to-one supervision and instruction (beyond what would be age appropriate) to ensure the child's participation in community and enrichment activities AND caregiver is required to participate in or attend most community activities with other responsible adults, etc.	
	Outline the caregiver responsibilities:	
LOC6 Support/Nurturance/Well-Being		
L1	Caregiver provides nurturing and caring to build the child's self-esteem; engages the child in constructive, positive family living experiences; maintains a safe home environment with developmentally appropriate toys and activities; provides for the child's basic needs, and arranges for counseling or other mental health services as needed.	
L2	Caregiver consults with mental health professionals to implement specific strategies of interacting with the child in a therapeutic manner to promote emotional well-being, healing, and understanding, and sense of safety on a daily basis.	
L3	Caregiver works with services and programs to implement intensive child-specific in-home strategies of interacting in a therapeutic manner to promote emotional well-being, healing, and understanding, and sense of safety on a constant basis.	
	Outline the caregiver responsibilities:	
LOC7 Placement Stability		
L1	Caregiver maintains open communication with the child welfare team about the child's progress and adjustment to placement and participates in team meetings, court hearings, case plan development, respite care, and a support plan .	
L2	Child/youth needs require caregiver expertise that is developed through fostering experience, participation in support group and/or mentor support, and consistent relevant in-service training.	
L3	Child/youth needs require daily or weekly involvement/participation by the caregiver with intensive in-home services as defined in case plan and/or treatment team.	
	Outline the caregiver responsibilities:	
LOC8 Transition To Permanency and/or Independent Living		
L1	Caregiver provides routine ongoing efforts to work with biological family and/or other significant adults to facilitate successful transition home or into another permanent placement. Caregiver	

	provides routine assistance in the on-going development of the child/youth lifebook.	
L2	Caregiver actively provides age-appropriate adult living preparation and life skills training for child/youth age 8 and above, as outlined in the written independent living plan and determined through completion of the Ansell Casey Life Skills Assessment. For those youth available for adoption or guardianship who have spent a significant portion of their life in out of home care, the caregiver (with direction from their agency and in accordance with the case plan), actively participates in finding them a permanent home including working with team members, potential adoptive parents, therapists and specialists to ensure they achieve permanency.	
L3	Caregiver supports active participation of youth age 14 and above in services to facilitate transition to independent living. Services including but not limited to assistance with finances, money management, permanence, education, self-care, housing, transportation, employment, community resources and lifetime family connectedness.	
	Outline the caregiver responsibilities:	

Respite processes and payment should be discussed with the child's caseworker and/or your agency representative.

Transportation: Foster parents are responsible for the first 100 miles per month of direct transportation for foster children in their home, and are eligible for reimbursement for every 50 mile increment beyond the initial 100 miles. (Title 479 2-002.03E1, Administrative Memo #1-3-14-2005).

Liability Insurance: Federal and state law mandate liability coverage for Foster Parents. For more information speak with your child's caseworker and/or agency representative (Program Memo-Protection and Safety- #1-2001).

Vermont Rates for further discussion:

LOC 3 is 2 and total score less than 16	$30/day
LOC 3 is 2 and total score is 16 or greater	$36.66/day
LOC 3 is 3 and total score is less than 19	$36.66/day
LOC 3 is 3 and total score is 19 -21	$43.32/day
LOC 3 is 3 and total score is 22 or greater	$50/day

SIGNATURES:

Youth: _____ DATE: _____

NAME: _____ NAME: _____
Foster Parent Foster Parent

DATE: _____ DATE: _____

NAME: _____ NAME: _____
Foster Care Rate Assessor CPA Representative

DATE: _____ DATE: _____

Foster Parent Policies

Grievance:

Nebraska Department of Health and Human Services, Department of Children and Family Services; Child and Family Services Rules and Regulations, Title 390 – Child Welfare and Juvenile Services. Retrieved October 29, 2012 from http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-390/Chapter-7.pdf

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

Insurance:

Nebraska Department of Health and Human Services, Department of Children and Family Services; Administrative and Policy Memos. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Documents/PM-5.pdf

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

Transportation:

Nebraska Department of Health and Human Services, Department of Children and Family Services; Administrative and Policy Memos. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Documents/AM-17TransRate.pdf

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

PROGRAM AND POLICY MEMORANDUM-PROTECTION AND SAFETY #4-98

December 13, 1998

TO: Protection and Safety Staff
IM Foster Care Staff
Supervisors/Managers of Resource Development
Service Area Contract Liaisons
Protection and Safety Legal Team

FROM: Chris Hanus-Schulenberg and Mark Martin, Co-Administrators
Protection and Safety

RE: Foster Parent Insurance

As of July 1, 1998, the Department's provision of foster parent insurance changed. Rather than purchasing insurance through a private company, the State has moved to a form of self-insurance. The change was made in-order to improve payment of claims and to allow for better data collection to reflect needs and payments. This data will be used to make future improvements that will benefit our foster care program. Basically, the coverage to be provided under the new program is the same as the coverage prior to July, 1998.

Included as part of this memorandum you will find several documents. They are:
*FOSTER PARENT INSURANCE PROGRAM, which describes the coverage provided
*ACCIDENT REPORTING PROCEDURES, which provides an explanation of the report form
*ACCIDENT INVESTIGATION REPORT, which is the form to be completed by the foster parent (The form which is being mailed to foster parents will have the original and two copies so they can send the original to the company, send a copy to the case manager, and keep a copy. If the foster parent or a staff person need more copies, they can be obtained from Bill Jeppson, Office of Risk Management, Executive Building, 521 South 14th Street, Suite 230, Lincoln, NE 68508, or (402)471-2404.)

All of these documents will be mailed to foster parents the first week in January, by Sedgwick of Nebraska, the company which is adjusting claims.

The following information is provided to give you more detail to assist in answering questions from foster parents about procedures in processing claims.

1. Foster parent, as the insured party, completes the Accident Investigation Report and sends the original to Sedgwick of Nebraska, Inc. and sends a copy to the child's case manager. When appropriate, the foster parent also files a claim with his or her homeowner's insurance.

2. Sedgwick investigates the claim and makes decision about whether it is a covered loss under the Foster Parent Insurance program.

3. Sedgwick sends written notification of the decision to:
   a. The foster parent
   b. The child's case manager
   c. Nebraska Office of Risk Management
   d. Appropriate third parties when the claim involves damage to their property

4. If the incident is covered and involves damage to the foster parent's property, Sedgwick makes a payment to the foster parent for the amount of the claim minus the foster parent's deductible, which is $50. If the incident is covered and involves damages to the property of someone other than the foster parent, Sedgwick makes a payment to the third party.

If the decision of Sedgwick is that the incident is not covered, and the foster parent is not willing to accept that decision, the foster parent's recourse would be a claim with the State Claims Board.

We are encouraging foster parents to file claims, so that we gather data for future planning.

If you have questions, please contact Margaret Bitz at (402)471-9457, or on profs or CC: Mail.

FOSTER PARENT INSURANCE PROGRAM

As part of the Foster Parent Program, the State of Nebraska offers foster parents protection against claims that may arise as a result of their participation in the foster parent program. The policy offers protection for claims that occur and are reported to the state during the coverage period. **When an incident occurs, please remember to report the incident to your personal insurance carrier and follow the instructions in the Accident Reporting Procedures.** The Accident Investigation Report should be sent to Sedgwick of Nebraska, Inc. at the address shown on the report with copy sent to your case manager.

The following are highlights of the Foster Parent Insurance Program. These highlights are intended as a brief synopsis of the coverage provided by the Foster Parent Program and is not intended to replace specific policy language. The policy language including all applicable coverage parts, supplemental payments, definitions, conditions and exclusions will govern when determining whether coverage will apply.

Coverage Period:

From July 1, 1998 to July 1, 1999 at 12:01 A.M. standard time at the Named Insured's mailing address.

Coverage	Description	Limit of Liability
A.	Bodily Injury and Properly Damage	$300,000 Each Occurrence
	Physical and Sexual Abuse Sublimit	$100,000 Each "Foster Household"
B.	Personal Injury Liability	$300,000 Any One Person or Organization
C.	Property Damage to Property of Others	$250 Each Occurrence
D.	Damage to Your Property	$5,000 Each Occurrence

General Aggregate Limit- "Each Foster Household" $300,000 Aggregate

Coverage Highlights

Coverage A: Bodily Injury or Property Damage

This protects you in the event a foster child in your care is injured and you are sued by the foster child's natural parent or guardian. This also protects you from claims for bodily injury and or property damage done to other persons because of an act by a foster child.

There is no protection for actual or threatened physical or sexual abuse whether committed by an insured under the coverage, any other person for whom the

insured is legally responsible or because of the negligent employment, investigation, supervision, reporting to proper authorities or retention of any person or persons. There is a sublimit available for defense of such allegations.

Coverage B: Personal Injury Liability

This protects you in the event you are sued for libel, slander, false arrest, wrongful eviction and alienation of affection of your foster child from his/her parents.

Coverage C: Property Damage to Property of Others

This provides you protection in the event a foster child under your care or control damages other people's property regardless of whether you would be legally liable for such damage in court. This is limited protection and does not provide protection for those losses that would be paid under Coverage A.

Coverage D: Damage to Your Property

This protects you in the event a foster child in your care or custody damages your property. This is a limited amount of protection for those unintentional property losses that occur. You are responsible for the first $50 dollars of the cost of repairs.

Exclusions

Not all acts or losses are covered by this policy. There are a number of exclusions that affect the protection provided by this policy including the following:

Injury or damage expected or intended by an insured.

Injury or damage arising out of the ownership, maintenance or use of an automobile.

Property damage to any property in your care, custody or control, or to any property owned by, rented to or loaned to you or a person residing in your household. This exclusion does not apply to Coverage D. Damage to Your Property.

Injury or damage by reason of causing or contributing to the intoxication of any person, furnishing of alcoholic beverages or as a result of any statute, ordinance or regulation relating to the use of the sale, gift, distribution or use of alcoholic beverages.

Physical or sexual abuse

Injury or damage resulting from the negligent employment, investigation, supervision, retention or reporting to the proper authorities.

Injury or damage resulting from the transmission of communicable diseases.

There are certain obligations you have in order for this protection to apply. Generally, you are responsible for the following in the event of a loss.

You are responsible to report all losses as soon as practical. Accident Investigation Reports and Accident Reporting Procedures have been provided to assist you in reporting incidents.

You must forward any notice, summons, demand or legal papers received in connection with a claim.

You must cooperate with the investigation and settlement of any claim including defense against suit.

You must not assume, except at your own cost, any obligation or make any payment without consent.

ACCIDENT REPORTING PROCEDURES

It is important that insurance claims relating to incidents involving foster children be investigated as quickly as possible. **You, the foster parent, begin the process by first notifying your auto or homeowners insurer and then completing an Accident Investigation Report.** Three copies of the report are needed. The original copy of the report is for Sedgwick of Nebraska. Inc. (the insurance adjuster), one copy is for your case manager and one copy is to be retained for your records. Your case manager can answer any questions concerning the completion of the Accident Investigation Report or direct you to another appropriate person who can assist. The original copy should be sent to:

Mr. Brian Shald
Sedgwick of Nebraska, Inc.
10909 Mill Valley Road, Suite 4200
Omaha, NE 68154
1-800-486-2152

The primary reason for investigating an incident is to get accurate information about the incident. The information will be used in several ways. First, the report is necessary to start the insurance claims process. Second, the information will also be used to develop a data base that will enable us to further develop a comprehensive foster parent insurance program. Third, the information will be analyzed to help the Department and foster parents to see if steps can be taken to prevent similar accidents. (This type of analysis is called "loss control.")

A thorough investigation of incidents resulting in injury or damage is a key to a successful loss control program. The first step in preventing the reoccurrence of an accident or to reduce the financial impact of an accident is to analyze what happened to see if steps can be taken to prevent the accident from happening again.

The following describes what type of information is needed when completing the Accident Investigation Report.

ACCIDENT FACTORS: Please provide the details of what occurred.

- Who was involved?
- Who sustained injury or damage (including addresses and phone numbers, if known)?
- What were the circumstances surrounding the incident.
- Where did the incident occur?
- How did the incident happen?

ACCIDENT CAUSES:

- In your opinion, were there any factors or extenuating circumstances that contributed to? or caused this loss to occur? (Include special needs of the child that might have played a part in what happened.)

ACCIDENT INVESTIGATION REPORT

Foster Parent Name: ————————————————————————————

Address: _____City: ----------'Zip: _____

Daytime Phone Number: _____Home Phone Number:_____

Date & Time of Accident: _____

Foster Child Name: _____ Date Place in Your Home: _____

Person(s) Injured:

_____
(If Foster Parent, write same)

Daytime Phone Number: ( ) _____ Estimated Amount of Damages: _____

Case Manager Name: _____ Phone Number: ( ) _____

Was this loss reported to your auto or homeowners insurer? _____

Accident Factors

Describe what occurred (attach a separate sheet of paper if necessary):

_____

_____

_____

_____

_____

_____

_____

_____

_____

Accident Causes

Please describe contributing factors or extenuating circumstances: _____

_____

_____

_____

Signature: _____ Date:

_____

Send form to: Mr. Brian Shald
Sedgwick of Nebraska
10909 Mill Valley Road, Suite # 200
Omaha, NE 68154
1-800-486-2152

Nebraska Department of Health and Human Services, Department of Children and Family Services; Administrative and Policy Memos. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Documents/PM-5.pdf

SECTION VI

INSURANCE COVERAGE FOR FOSTER PARENTS

Nebraska statute mandates the Department to provide insurance coverage for liability and damage for foster parents. Any foster home or adoptive home licensed or approved by the Department or Indian Tribal Councils within Nebraska is covered by the insurance for the period of time that an HHS or HHS-OJS ward is placed in the home. This coverage also exists for any foster or adoptive home licensed or approved by the Department or Indian Tribal Councils within Nebraska for the period of time that a child covered under an IVE contract is placed in the home. The foster parent(s) in the home are considered as "the insured". The Department covers the cost of the insurance premium for each foster home.

When a foster parent requests reimbursement for damages to property incurred by a ward: The

worker will:

- Provide the foster parent with a copy of the insurance claim form.
- Participate by providing information to the claims adjustor when requested.

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE
DEPARTMENT OF FINANCE AND SUPPORT

STATE OF NEBRAS
MIKE JOHANNS, GOVER

PROGRAM MEMO

Program Memo- Protection and Safety- #1-2001

March 14, 2001

TO: Protection and Safety Administrators
Protection and Safety Staff
IM Foster Care Staff
Supervisors/Managers of Resource Development
Service Area Contract Liaisons
Protection and Safety Legal Team

FROM: Ron Ross, Director, and Health and Human Services
Jane M. Bosworth, Deputy Director Protection and Safety

RE: Foster Parent Insurance

CITATION: 390 NAC 7-001.10

In an effort to better clarify the Foster Parent Insurance program, a meeting was held with HHS Management and Program staff, HHSS Legal staff, the Insurance Policy Holder, the Insurance Claims Examiner, and the Office of Risk Management to assess our coverage for foster parents and determine if changes needed to be made to the coverage. We were pleased to find that in the majority of cases the Foster Parent Insurance provider was providing coverage for the claims submitted. Where coverage was not provided it was generally due to the fact that the request was outside of the coverage provided by the policy. It was determined that the coverage would remain the same at this point in time with an increased effort to collect data reflecting insurance needs and payments made to foster parents.

Included as part of this memorandum you will find several documents. They are:

- FOSTER PARENT INSURANCE PROGRAM, which describes the coverage provided. It is important that staff understands the coverage provided by this insurance and are able to relate to the foster parents their understanding of the coverage.

- ACCIDENT REPORTING PROCEDURES, which provides an explanation of the report form

- ACCIDENT INVESTIGATION REPORT, which is the form to be completed by the foster parent (The form which is being mailed to foster parents will have the original and two copies so they can send the original to the company, send a copy to the case manager, and keep a copy. If the foster parent or a staff person need more copies, they can be obtained from Leslie Donley, Office of Risk Management, Executive building, 521 South 14'h Street, Suite 230 Lincoln, NE 68508, or (402)471-2404.)

All of these documents will be mailed to foster parents by the 1st of April, 2001 by Sedgwick of Nebraska, the company which is adjusting claims.

The following information is provided to give you more detail to assist in answering questions from foster parents about procedures in processing claims.

1. The foster parent, as the insured party, completes the Accident Investigation Report and sends the original to Sedgwick of Nebraska, Inc. and sends a copy to the child's case manager. The foster parent must file a claim with his or her homeowner's/renter's/auto insurance first, as they are the primary insurance carrier.

2. Sedgwick investigates the claim and makes the decision about whether it is a covered loss under the Foster Parent Insurance program.

3. Sedgwick sends a written notification of the decision to the foster parent.

4. If the incident is covered and involves damage to the foster parent's property, Sedgwick makes a payment to the foster parent for the amount of the claim minus the foster parent's deductible, which is $50. If the incident is covered and involves damages to the property of someone other than the foster parent, Sedgwick makes a payment to the third party. Payments are made per the provisions of the policy.

5. Foster Parents can file a miscellaneous claim with the State Claims Board to recover their $50 deductible regarding the covered claim paid by Sedgwick.

We are encouraging foster parents to file all claims with the insurance company so we can gather data for future planning and documentation of the types of incidences that are occurring in foster homes.

We are no longer encouraging the foster parents to file their uncovered claims with the State Claims Board as claims uncovered by the insurance may in all likelihood not are covered by the State Claims Board.

If you have questions, please contact Shirley Deethardt at (402)471-9277 or e-mail shirley.deethardt(@hhss.state.ne.us or Katie McLeese Stephenson at (402)471-9456 or e-mail katie.mcleese.stephenson@hhss.state.ne.us.

cc: Service Area Administrators
Protection and Safety Management Team Jim
Hathway, HHSS Legal Division Agency Based
Foster Care Providers Leslie Donley, DAS Risk
Management Sheri Shonka, Marsh, Inc.
Michelle Bock, Sedgwick

Nebraska Department of Health and Human Services, Department of Children and Family Services; Administrative and Policy Memos. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Documents/PM-5.pdf

ADMINISTRATIVE MEMO #1-3-14-2005

Date: March 24, 2005

To: Protection and Safety Staff

From: Todd Reckling

Signed by: ----------'Administrator,
Office of Protection and Safety

Re: Increase in payment to foster parents who provide transportation for children in their care

Effective date: **April1, 2005**

Contact: Margaret Bitz (402) 471-9457 or Ruth Grosse (402) 471-7785

Due to the increase in gasoline prices, the Department has made a decision to provide a 10% increase in payment to transportation providers and foster parents who are providing transportation for children in their care. This increase becomes effective April 1, 2005. The increase does NOT apply to Protection and Safety contractors who provide transportation as part of one of the services under a child welfare contract. This program memorandum concerns the increased rate of payment for foster parents.

The following replaces Out-of-Home Guidebook, Section D., TRANSPORTATION FOR THE CHILD, 1. Foster Parent Transportation:

1. Foster Parent Transportation: One hundred miles of transportation is included in the monthly maintenance rate. The cost of transportation of 100 miles or less is considered to be a "usual" expense related to care of a child.

When a foster parent transports a child more than 100 miles within guidelines listed below, the foster parents can be reimbursed. As of April 1, 2005, the reimbursement is to be computed as follows: "The foster parents may receive **$14.85** per month for each 50 miles, or portion thereof, above the initial 100 miles. (For example, if the foster parent drives the child a total of 85 miles/month, the foster parent would not be entitled to any additional payment. If s/he drives the child 125 miles/month, the foster parent would be entitled to an additional **$14.85/month.)**

Originally, it might be difficult for the foster parent to provide a specific number of miles. Therefore, an estimate can be used. The worker should request that the foster parent keep a log for a period of time which usually would not exceed 3 months. The worker then can use the logged information to arrive at an average number of miles/month, and that figure can be used in authorizing payment. Periodically, but at least annually, the worker should obtain actual information from the foster parent to assure that mileage reimbursement remains correct.

In order to be counted as transportation for payment purposes, the following criteria must be met:

a. The foster parents would not be doing the driving if the child were not there, that is, they would not be taking their birth child to the same location or diving for their family's own purposes;
b. If more than one foster child is being transported, the transportation payment is divided evenly between the children; and
c. The transportation need is documented in the case plan or in the narrative on N-FOCUS.

Service Areas will provide direction to staff on implementation of this increase. If you have questions, please contact Margaret Bitz or Ruth Grosse.

Nebraska Department of Health and Human Services, Department of Children and Family Services; Administrative and Policy Memos. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Documents/AM-17TransRate.pdf

7. Agency-based foster care: In Agency Based Foster Care, as of July 1, 1998, the payments for child care are to be made directly to the child care provider. Previously these payments were made to the agency supporting the foster homes.

The case file should include documentation that the child care guidelines in 474 NAG 7-000 are met. The documentation should state, at a minimum, that the payment is for care while the foster parent(s) works or is in school, or explain the need related to number 4 or 5; that the rate is within the contracted or maximum Department rate, or how the special needs requirement is met, and that the number of hours needed has been confirmed by the worker.

Payments for child care will be made directly to the provider based on the provider's monthly billing.

D. TRANSPORTATION FOR THE CHILD

The foster parents may provide transportation themselves or purchase transportation from a provider.

1. Foster Parent Transportation: One hundred miles of transportation or $21 is included in the monthly rate.

   The foster parents may receive $11.00 per month for increments of 50 miles over the initial 100 miles. The estimate is rounded to the next highest 50 miles. The estimate of miles should be in the plan for transportation in the case file. The transportation will meet the following guidelines:

   a. The foster parents would not be doing the driving if the child were not there, that is they would not be taking their birth child to the same location or driving for their family's own purposes;
   b. If more than one foster child is being transported, the transportation payment is divided evenly between the children; and
   c. The transportation need is documented in the case file.

   The worker should discuss the transportation expectations with the foster parents and determine the number of approximate miles the foster parents travel for each child in their home.

2. Purchased Transportation

   a. Purchased by Foster Parent

      Foster parents may be reimbursed if they pay transportation providers more than $21.00 a month. The foster parents may be reimbursed when a transportation need dictates the use of public or specialized transportation such as a taxi, bus, or a handicapped accessible van, or bus. The following should be documented in the case file: the child's disability, the fact that the foster family's vehicle will not accommodate the child's disability or that both foster parents are unable to provide transportation and cannot find someone to do it. Reimbursement must be at actual costs with receipts or verification through the transportation plan prepared with the case manager and be consistent with the child's needs and services in the case plan.

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

SECTION XV
COMPLAINTS AND GRIEVANCES BY FOSTER PARENTS

A. Procedures for Complaints on Policies

When a foster parent makes a written complaint about a policy the following steps will be taken:

1. A team will be formed within five working days to address the issue. This team will consist of representatives of protection and safety workers and supervisors and a Central Office representative knowledgeable about policy;

2. The team will review the complaint and the policy and consider statewide implications. Policies of other states may also be reviewed.

3. The team will make a recommendation for action to the Director within fifteen working days of the receipt of the complaint (or ten working days of the team formation).

4. The Director will review the information and make a final decision within ten working days of the team's recommendation. The decision will be sent to the team who will then notify the foster parents. Written complaints will be responded to in writing. This process should not exceed 30 working days.

5. Changes in policy will be made if necessary.

B. Procedures for Complaints on Practice

When a foster parent makes a complaint regarding specific practice 6r a casework decision the following steps will be followed:

1. The involved protection and safety worker and supervisor will review the situation and discuss it further with the foster parent within five working days of the complaint. The foster parent may present additional information.

2. If the issue is not resolved, the supervisor will form an informal short-term team of representatives of local protection and safety workers and supervisors and a foster parent representative within five working days.

3. The team will review the complaint and the practice or casework decision and review how similar situations are handled.

4. Within 15 working days, the team will develop a plan to address the issue, as needed. The team may consult with personnel staff in their area if needed.

5. Within five working days after the plan is developed, the team will notify the foster parent in writing of the general plan to address the issue if needed or the reasons for no action. A copy of the decision will be sent to the Director and the team.

6. If the foster parent is not in agreement with the decision of the team, he/she has the recourse to contact the Director.

7. The Director will review the report submitted by the team and review additional information as needed.

8. The Director will make the final decision within 15 working days of the receipt of the foster parent's complaint.

9. The Director will notify the foster parent, the team and personnel staff of the final decision.

C. Procedures for Grievances

The grievable areas are found in Chapter VI, Out-of-Home Placements, Section **III.**

When a foster parent makes a complaint about procedures or actions taken by the Department related to the placement, care or removal of children from a foster home, the following steps will be taken:

1. The foster parent will notify the Department in writing within five working days after the action or inaction cited as the reason for grievance.

2. The person in receipt of the grievance will notify the foster parent, worker and supervisor of the receipt of the grievance. A copy of the grievance will be provided to the worker and supervisor.

3. Within five working days, the person in receipt of the grievance will form a team to address the issue. The team will consist of workers, supervisors and a foster parent representative.

4. The team will:

   a. Request a written response from the worker and supervisor and send a copy of it to the foster parent;
   b. Gather additional information, as needed;
   c. Meet with the foster parent, worker and supervisor within 15 working days to work toward a resolution. Send a summary of the consensus of the group to all involved within five working days;
   d. If resolution is not reached, decide action to be taken and notify all parties within ten working days of the meeting with the foster parent and involved staff. Send a copy to the Director of the findings and decision. Advise the foster parent of right to present his/her grievance to Director if dissatisfied with the decision of the team.

5. If the foster parent decides to pursue the grievance further, he/she will send a copy of his/her grievance and the report of the team to the Director within ten days of receipt of the team's decision.

6. The Director will review all information and make a final decision.

7. The Director will provide her/his decision in writing to the foster parent, involved staff and the team within ten working days of receipt of the grievance.

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

7-001.08 COMPLAINT AND GRIEVANCE POLICY FOR FOSTER PARENTS

The worker and foster parents will strive to resolve differences together regarding actions taken related to the placement, care, or removal of children from a foster home. If the situation cannot be resolved, there are two categories of complaints: general complaints and grievances.

General complaints concern policies or practice. Grievances are disagreements about procedures or actions taken by the Department, related to the placement, care or removal of children from a foster home. Complaint and grievance procedures are limited to foster parents and do not apply to group or residential care. Foster parents will be given a copy of the grievance policy and procedures.

7-001.08A GENERAL COMPLAINTS

7-001.08A1 COMPLAINTS CONCERNING POLICY

When the complaint is about the content of policy, a team consisting of representatives of workers and supervisory staff from more than one area will be formed (Policy and Practice Team). A central office representative may also serve on the team. The team will review the complaint along with the policy and consider the statewide implications of the policy and potential changes in policy. The team will make a recommendation for action to the statewide planning, coordinating and evaluation team. This team will make the final decision. Written complaints will be responded to in writing.

7-001.08A2 COMPLAINTS CONCERNING PRACTICE

When the complaint regards specific practice or a casework decision, it must be first addressed to the worker and supervisor. See 390 NAC 2-007. A plan to resolve the complaint will be developed as necessary. The foster parent will be advised in writing of the general content of the plan or reasons for no action. If the foster parent does not agree with the decision of the team, the foster parent has recourse to contact the Director. The decision of the Director is final.

7-001.08A3 GRIEVANCES

Grievances are limited to the following areas:

1. The Department's decision not to approve a foster parent to adopt a child residing in the foster home.
2. Removal of a foster child for placement if the child has resided in the foster home for six months or longer. Situations that cannot be grieved:
   a. There is a report of child abuse or neglect, and the allegations or findings indicate -
      (1) Allegations of sexual abuse;
      (2) Visible or apparent physical signs of abuse or neglect; or
      (3) The abuse or neglect is or could be life threatening;
   b. Removal is for the purpose of a direct adoptive placement;
   c. Removal is to a less restrictive environment or, in cases in which reunification is the plan, to a placement closer to the home of the birth parent(s);
   d. Removal is requested by birth parent(s) or child(ren), and the request is supported by the placement worker;
   e. Removal is court-initiated;
   f. The child is returning to the physical custody of the birth parent(s);
   g. Removal results from a licensing action; and
   h. Removal is to the Youth Rehabilitation and Treatment Center or detention center.
3. Failure of the agency to follow conditions of a contract, Nebraska statutes, or Department of Health and Human Services policy and regulations.
4. The decision not to use the Foster Care Payment Checklist or concerns about the accuracy of the list.

NOTE: The child will remain in the foster home while an appeal of the removal of a child is pending except as described above in Statement 2, a thru h.

A grievable issue will first be addressed by the worker and supervisor. If resolution is not reached, an informal short-term team made up of non-involved workers, supervisors and a foster parent representative will address the issue. This team is responsible for reviewing the information, meeting with the involved foster parent and staff, resolving and taking action on the issue, and notifying in writing the foster parent and staff of action taken and the reason for the action.

If the foster parent is not satisfied with the decision of the local team, the foster parent may forward a copy of his/her grievance and the report from the team to the director. The director will review all the information and make a decision. The decision of the director will be provided in writing to the foster parent(s), worker and supervisor. The Director's decision is final.

See Out-of-Home Placement Guidebook for Procedures on Complaints and Grievances.

Nebraska Department of Health and Human Services, Department of Children and Family Services; Child and Family Services Rules and Regulations, Title 390 – Child Welfare and Juvenile Services. Retrieved October 29, 2012 from http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-390/Chapter-7.pdf

APPENDIX G

LB 821

LEGISLATIVE BILL 821

Approved by the Governor April 11, 2012

Introduced by Health and Human Services Committee: Campbell, 25, Chairperson; Bloomfield, 17; Cook, 13; Gloor, 35; Howard, 9; Krist, 10; Lambert, 2; McGill, 26; Nordquist, 7; Pirsch, 4.

FOR AN ACT relating to health and human services; to amend sections 28-711, 73-401, 81-8,240, 81-8,241, 81-8,244, and 81-8,245, Reissue Revised Statutes of Nebraska; to state intent; to create the Nebraska Children's Commission; to provide powers and duties; to adopt the Office of Inspector General of Nebraska Child Welfare Act; to change provisions relating to the Public Counsel; to harmonize provisions; to repeal the original sections; and to declare an emergency.

Be it enacted by the people of the State of Nebraska,

Section 1. (1) The Legislature finds and declares that:

(a) The Health and Human Services Committee of the Legislature documented serious problems with the child welfare system in its 2011 report of the study that was conducted under Legislative Resolution 37, One Hundred Second Legislature, First Session, 2011;

(b) Improving the safety and well-being of Nebraska's children and families is a critical priority which must guide policy decisions in a variety of areas;

(c) To improve the safety and well-being of children and families in Nebraska, the legislative, judicial, and executive branches of government must work together to ensure:

(i) The integration, coordination, and accessibility of all services provided by the state, whether directly or pursuant to contract;

(ii) Reasonable access to appropriate services statewide and efficiency in service delivery; and

(iii) The availability of accurate and complete data as well as ongoing data analysis to identify important trends and problems as they arise; and

(d) As the primary state agency serving children and families, the Department of Health and Human Services must exemplify leadership, responsiveness, transparency, and efficiency and program managers within the agency must strive cooperatively to ensure that their programs view the needs of children and families comprehensively as a system rather than individually in isolation, including pooling funding when possible and appropriate.

(2) It is the intent of the Legislature in creating the Nebraska Children's Commission to provide for the needs identified in subsection (1) of this section, to provide a broad restructuring of the goals of the child welfare system, and to provide a structure to the commission that maintains the framework of the three branches of government and their respective powers and duties.

Sec. 2. (1) The Nebraska Children's Commission is created as a high-level leadership body to (a) create a statewide strategic plan for reform of the child welfare system programs and services in the State of Nebraska and (b) review the operations of the Department of Health and Human Services regarding child welfare programs and services and recommend, as a part of the statewide strategic plan, options for attaining the legislative intent stated in section 1 of this act, 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. The commission shall provide a permanent forum for collaboration among state, local, community, public, and private stakeholders in child welfare programs and services.

(2) The commission shall include the following voting members:

(a) The chief executive officer of the Department of Health and Human Services or his or her designee;

(b) The Director of Children and Family Services or his or her designee; and

(c) Sixteen members appointed by the Governor within thirty days after the effective date of this act. The members appointed pursuant to this subdivision shall represent stakeholders in the child welfare system and shall include: (i) A director of a child advocacy center; (ii) an administrator of a behavioral health region established pursuant to section 71-807; (iii) a community representative from each of the service areas designated pursuant to section 81-3116. In the eastern service area designated pursuant to such section, the representative may be from a lead agency of a pilot project

established under Legislative Bill 961, One Hundred Second Legislature, Second Session, 2012, or a collaborative member; (iv) a prosecuting attorney who practices in juvenile court; (v) a guardian ad litem; (vi) a biological parent currently or previously involved in the child welfare system; (vii) a foster parent; (viii) a court-appointed special advocate volunteer; (ix) a member of the State Foster Care Review Board or any entity that succeeds to the powers and duties of the board or a member of a local foster care review board; (x) a child welfare service agency that directly provides a wide range of child welfare services and is not a member of a lead agency collaborative; (xi) a young adult previously in foster care; and (xii) a representative of a child advocacy organization that deals with legal and policy issues that include child welfare.

(3) The commission shall have the following nonvoting, ex officio members: (a) The chairperson of the Health and Human Services Committee of the Legislature or a committee member designated by the chairperson; (b) the chairperson of the Judiciary Committee of the Legislature or a committee member designated by the chairperson; (c) the chairperson of the Appropriations Committee of the Legislature or a committee member designated by the chairperson; and (d) three persons appointed by the State Court Administrator. The nonvoting, ex officio members may attend commission meetings and participate in the discussions of the commission, provide information to the commission on the policies, programs, and processes of each of their respective bodies, gather information for the commission, and provide information back to their respective bodies from the commission. The nonvoting, ex officio members shall not vote on decisions by the commission or on the direction or development of the statewide strategic plan pursuant to section 4 of this act.

(4) The commission shall meet within sixty days after the effective date of this act and shall select from among its members a chairperson and vice-chairperson and conduct any other business necessary to the organization of the commission. The commission shall meet not less often than once every three months, and meetings of the commission may be held at any time on the call of the chairperson. The commission shall be within the office of the chief executive officer of the Department of Health and Human Services. The commission may hire staff to carry out the responsibilities of the commission. The commission shall hire a consultant with experience in facilitating strategic planning to provide neutral, independent assistance in developing the statewide strategic plan. The commission shall terminate on June 30, 2014, unless continued by the Legislature.

(5) Members of the commission shall be reimbursed for their actual and necessary expenses as members of such commission as provided in sections 81-1174 to 81-1177.

Sec. 3. (1) The Nebraska Children's Commission shall work with administrators from each of the service areas designated pursuant to section 81-3116, the teams created pursuant to section 28-728, local foster care review boards, child advocacy centers, the teams created pursuant to the Supreme Court's Through the Eyes of the Child Initiative, community stakeholders, and advocates for child welfare programs and services to establish networks in each of such service areas. Such networks shall permit collaboration to strengthen the continuum of services available to child welfare agencies and to provide resources for children and juveniles outside the child protection system. 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.

(2)(a) The commission shall create a committee to examine state policy regarding the prescription of psychotropic drugs for children who are wards of the state and the administration of such drugs to such children. Such committee shall review the policy and procedures for prescribing and administering such drugs and make recommendations to the commission for changes in such policy and procedures.

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

(c) The commission may organize committees as it deems necessary. Members of the committees may be members of the commission or may be appointed, with the approval of the majority of the commission, from individuals with knowledge of the committee's subject matter, professional expertise to assist the committee in completing its assigned responsibilities, and the ability to collaborate within the committee and with the commission to carry out the powers and duties of the commission.

(d) If the One Hundred Second Legislature, Second Session, 2012, creates the Title IV-E Demonstration Project Committee or the Foster Care Reimbursement Rate Committee, or both, such committees shall be under the jurisdiction of the commission.

(3) The commission shall work with the office of the State Court Administrator, as appropriate, and entities which coordinate facilitated conferencing as described in section 43-247.01. Facilitated conferencing shall be included in statewide strategic plan discussions by the commission. Facilitated conferencing shall continue to be utilized and maximized, as determined by the court of jurisdiction, during the development of the statewide strategic plan. Funding and contracting of facilitated conferencing entities shall continue to be provided by the Department of Health and Human Services to at least the same extent as such funding and contracting are being provided on the effective date of this act.

(4) The commission shall gather information and communicate with juvenile justice specialists of the Office of Probation Administration and county officials with respect to any county-operated practice model participating in the Crossover Youth Program of the Center for Juvenile Justice Reform at Georgetown University.

(5) If the Nebraska Juvenile Service Delivery Project is enacted by the One Hundred Second Legislature, Second Session, 2012, the commission shall coordinate and gather information about the progress and outcomes of the project.

Sec. 4. (1) The Nebraska Children's Commission shall create a statewide strategic plan to carry out the legislative intent stated in section 1 of this act for child welfare program and service reform in Nebraska. In developing the statewide strategic plan, the commission shall consider, but not be limited to:

(a) The potential of contracting with private nonprofit entities as a lead agency, subject to the requirements of subsection (2) of this section. Such lead-agency utilization shall be in a manner that maximizes the strengths, experience, skills, and continuum of care of the lead agencies. Any lead-agency contracts entered into or amended after the effective date of this act shall detail how qualified licensed agencies as part of efforts to develop the local capacity for a community-based system of coordinated care will implement community-based care through competitively procuring either (i) the specific components of foster care and related services or (ii) comprehensive services for defined eligible populations of children and families;

(b) Provision of leadership for strategies to support high-quality evidence-based prevention and early intervention services that reduce risk and enhance protection for children;

(c) Realignment of service areas designated pursuant to section 81-3116 to be coterminous with the judicial districts described in section 24-301.02;

(d) Identification of the type of information needed for a clear and thorough analysis of progress on child welfare indicators; and

(e) Such other elements as the commission deems necessary and appropriate.

(2) A lead agency used after the effective date of this act shall:

(a) Have a board of directors of which at least fifty-one percent of the membership is comprised of Nebraska residents who are not employed by the lead agency or by a subcontractor of the lead agency;

(b) Complete a readiness assessment as developed by the Department of Health and Human Services to determine the lead agency's viability. The readiness assessment shall evaluate organizational, operational, and programmatic capabilities and performance, including review of: The strength of the board of directors; compliance and oversight; financial risk management; financial liquidity and performance; infrastructure maintenance; funding sources, including state, federal, and external private funding; and operations, including reporting, staffing, evaluation, training, supervision, contract monitoring, and program performance tracking capabilities;

(c) Have the ability to provide directly or by contract through a local network of providers the services required of a lead agency. A lead agency shall not directly provide more than thirty-five percent of direct services required under the contract; and

(d) Provide accountability for meeting the outcomes and performance standards related to child welfare services established by Nebraska child welfare policy and the federal government.

(3) The commission shall review the operations of the department regarding child welfare programs and services and recommend, as a part of the statewide strategic plan, options for attaining the legislative intent stated in section 1 of this act, 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.

Sec. 5. Within three months after the effective date of this act, the Department of Health and Human Services, with direction from the Nebraska Children's Commission, shall contract with an independent entity specializing in medicaid analysis to conduct a cross-system analysis of current prevention and intervention programs and services provided by the department for the safety, health, and well-being of children and funding sources to (1) identify state General Funds being used, in order to better utilize federal funds, (2) identify resources that could be better allocated to more effective services to at-risk children and juveniles transitioning to home-based and school-based interventions, and (3) provide information which will allow the replacement of state General Funds for services to at-risk children and juveniles with federal funds, with the goal of expanding the funding base for such services while reducing overall state General Fund expenditures on such services.

Sec. 6. The Department of Health and Human Services shall fully cooperate with the activities of the Nebraska Children's Commission. The department shall provide to the commission all requested information on children and juveniles in Nebraska, including, but not limited to, departmental reports, data, programs, processes, finances, and policies. The department shall collaborate with the commission regarding the development of a plan for a statewide automated child welfare information system to integrate child welfare information into one system if the One Hundred Second Legislature, Second Session, 2012, enacts legislation to require the development of such a plan. The department shall coordinate and collaborate with the commission regarding engagement of an evaluator to provide an evaluation of the child welfare system if the One Hundred Second Legislature, Second Session, 2012, enacts legislation to require such evaluation.

Sec. 7. The Nebraska Children's Commission shall provide a written report to the Health and Human Services Committee of the Legislature on the status of its activities on or before August 1, 2012, September 15, 2012, and November 1, 2012. The commission shall complete the statewide strategic plan required pursuant to section 4 of this act and provide a written report to the Health and Human Services Committee of the Legislature and the Governor on or before December 15, 2012.

Sec. 8. Sections 8 to 38 of this act shall be known and may be cited as the Office of Inspector General of Nebraska Child Welfare Act.

Sec. 9. (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 department and 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 in the Nebraska child welfare system. Confusion of the roles, responsibilities, and accountability structures between individuals, private contractors, 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 Performance Audit Section of the Legislative Performance Audit Committee 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.

Sec. 10. For purposes of the Office of Inspector General of Nebraska Child Welfare Act, the definitions found in sections 11 to 23 of this act apply.

Sec. 11. 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.

Sec. 12. Department means the Department of Health and Human Services.

Sec. 13. Director means the chief executive officer of the department.

Sec. 14. Inspector General means the Inspector General of Nebraska Child Welfare appointed under section 24 of this act.

Sec. 15. Licensed child care facility means a facility or program licensed under the Child Care Licensing Act or sections 71-1901 to 71-1906.01.

Sec. 16. 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.

Sec. 17. Management means supervision of subordinate employees.

Sec. 18. Misfeasance means the improper performance of some act that a person may lawfully do.

Sec. 19. 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.

Sec. 20. Office means the office of Inspector General of Nebraska Child Welfare and includes the Inspector General and other employees of the office.

Sec. 21. Private agency means a child welfare agency that contracts with the department or contracts to provide services to another child welfare agency that contracts with the department.

Sec. 22. 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.

Sec. 23. Responsible individual means a foster parent, a relative provider of foster care, or an employee of the department, 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.

Sec. 24. (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.

Sec. 25. (1) The office shall investigate:

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

(b) Death or serious injury in foster homes, private agencies, child care facilities, and other programs and facilities licensed by or under contract with the department and death or serious injury in any case in which services are provided by the department to a child or his or her parents or any case involving an investigation under the Child Protection Act, which case has been open for one year or less. The department 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 to the Inspector General as soon as reasonably possible after the department learns of such death or serious injury. For purposes of this subdivision, 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 Act. The Inspector General and his or her staff are subject to the reporting requirements of the Child Protection 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.

Sec. 26. (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.

Sec. 27. (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 of the department by an employee of or a person under contract with the department, a private agency, or a licensed child care facility, a foster parent, or any other provider of child welfare services or alleges a basis for discipline pursuant to the Uniform Credentialing Act. 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, violation of a statute or of rules and regulations of the department, or a

basis for discipline pursuant to the Uniform Credentialing Act;

(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.

Sec. 28. All employees of the department, all foster parents, and all owners, operators, managers, supervisors, and employees of private agencies, licensed child care facilities, and other providers of child welfare 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.

Sec. 29. Failure to cooperate with an investigation by the office may result in discipline or other sanctions.

Sec. 30. 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.

Sec. 31. (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, a foster parent, a licensed child care 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, 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 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, 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, 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, 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.

Sec. 32. (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 34 of this act, 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 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.

Sec. 33. 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.

Sec. 34. (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. 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 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, 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, 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.

Sec. 35. (1) Within fifteen days after a report is presented to the director under section 34 of this act, 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 request for modifications but is not obligated to accept such request. Such report shall become final upon the decision of the director to accept or reject the recommendations in the report or, if the 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 report shall be presented to the foster parent, private agency, licensed child care facility, or other provider of child welfare 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.

Sec. 36. 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.

Sec. 37. 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. 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.

Sec. 38. On or before September 15 of each year, the Inspector General shall provide to the Health and Human Services Committee of the Legislature and the Governor a summary of reports and investigations made under the Office of Inspector General of Nebraska Child Welfare Act for the preceding year. The summaries shall detail recommendations and the status of implementation of recommendations and may also include recommendations to the committee regarding issues discovered through investigation, audits, inspections, and reviews by the office that will increase accountability and legislative oversight of the Nebraska child welfare system, improve operations of the department and the Nebraska child welfare system, or deter and identify fraud, abuse, and illegal acts. The summaries shall not contain any confidential or identifying information concerning the subjects of the reports and investigations.

Sec. 39. Section 28-711, Reissue Revised Statutes of Nebraska, is amended to read:

28-711 (1) When any physician, any medical institution, any nurse, any school employee, any social worker, the Inspector General appointed under section 24 of this act, or any other person has reasonable cause to believe that a child has been subjected to child abuse or neglect or observes such child being subjected to conditions or circumstances which reasonably would

result in child abuse or neglect, he or she shall report such incident or cause a report of child abuse or neglect to be made to the proper law enforcement agency or to the department on the toll-free number established by subsection (2) of this section. Such report may be made orally by telephone with the caller giving his or her name and address, shall be followed by a written report, and to the extent available shall contain the address and age of the abused or neglected child, the address of the person or persons having custody of the abused or neglected child, the nature and extent of the child abuse or neglect or the conditions and circumstances which would reasonably result in such child abuse or neglect, any evidence of previous child abuse or neglect including the nature and extent, and any other information which in the opinion of the person may be helpful in establishing the cause of such child abuse or neglect and the identity of the perpetrator or perpetrators. Law enforcement agencies receiving any reports of child abuse or neglect under this subsection shall notify the department pursuant to section 28-718 on the next working day by telephone or mail.

(2) The department shall establish a statewide toll-free number to be used by any person any hour of the day or night, any day of the week, to make reports of child abuse or neglect. Reports of child abuse or neglect not previously made to or by a law enforcement agency shall be made immediately to such agency by the department.

Sec. 40. Section 73-401, Reissue Revised Statutes of Nebraska, is amended to read:

73-401 Except for long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act, the contracting agency shall ensure that any contract which a state agency enters into or renews which agrees that a corporation, partnership, business, firm, governmental entity, or person shall provide health and human services to individuals or service delivery, service coordination, or case management on behalf of the State of Nebraska shall contain a clause requiring the corporation, partnership, business, firm, governmental entity, or person to submit to the jurisdiction of the Public Counsel under sections 81-8,240 to 81-8,254 with respect to the provision of services under the contract.

Sec. 41. Section 81-8,240, Reissue Revised Statutes of Nebraska, is amended to read:

81-8,240 As used in sections 81-8,240 to 81-8,254, unless the context otherwise requires:

(1) Administrative agency shall mean any department, board, commission, or other governmental unit, any official, any employee of the State of Nebraska acting or purporting to act by reason of connection with the State of Nebraska, any corporation, partnership, business, firm, governmental entity, or person who is providing health and human services to individuals or service delivery, service coordination, or case management under contract with the State of Nebraska and who is subject to the jurisdiction of the office of Public Counsel as required by section 73-401, any regional behavioral health authority, any community-based behavioral health services provider that contracts with a regional behavioral health authority, and any county or municipal correctional or jail facility and employee thereof acting or purporting to act by reason of connection with the county or municipal correctional or jail facility; but shall not include (a) any court, (b) any member or employee of the Legislature or the Legislative Council, (c) the Governor or his or her personal staff, (d) any political subdivision or entity thereof except a county or municipal correctional or jail facility or a regional behavioral health authority, (e) any instrumentality formed pursuant to an interstate compact and answerable to more than one state, or (f) any entity of the federal government; and

(2) Administrative act shall include every action, rule, regulation, order, omission, decision, recommendation, practice, or procedure of an administrative agency.

Sec. 42. Section 81-8,241, Reissue Revised Statutes of Nebraska, is amended to read:

81-8,241 The office of Public Counsel is hereby established to exercise the authority and perform the duties provided by sections 81-8,240 to 81-8,254 and the Office of Inspector General of Nebraska Child Welfare Act. The Public Counsel shall be appointed by the Legislature, with the vote of two-thirds of the members required for approval of such appointment from nominations submitted by the Executive Board of the Legislative Council.

Sec. 43. Section 81-8,244, Reissue Revised Statutes of Nebraska, is amended to read:

81-8,244 (1)(a) The Public Counsel may select, appoint, and compensate as he or she sees fit, within the amount available by

appropriation, such assistants and employees as he or she deems necessary to discharge the responsibilities under sections 81-8,240 to 81-8,254. He or she shall appoint and designate one assistant to be a deputy public counsel, one assistant to be a deputy public counsel for corrections, one assistant to be a deputy public counsel for institutions, and one assistant to be a deputy public counsel for welfare services.

(b) Such deputy public counsels shall be subject to the control and supervision of the Public Counsel.

(c) The authority of the deputy public counsel for corrections shall extend to all facilities and parts of facilities, offices, houses of confinement, and institutions which are operated by the Department of Correctional Services and all county or municipal correctional or jail facilities.

(d) The authority of the deputy public counsel for institutions shall extend to all mental health and veterans institutions and facilities operated by the Department of Health and Human Services and to all regional behavioral health authorities that provide services and all community-based behavioral health services providers that contract with a regional behavioral health authority to provide services, for any individual who was a patient within the prior twelve months of a state-owned and state-operated regional center, and to all complaints pertaining to administrative acts of the department, authority, or provider when those acts are concerned with the rights and interests of individuals placed within those institutions and facilities or receiving community-based behavioral health services.

(e) The authority of the deputy public counsel for welfare services shall extend to all complaints pertaining to administrative acts of administrative agencies when those acts are concerned with the rights and interests of individuals involved in the welfare services system of the State of Nebraska.

(f) The Public Counsel may delegate to members of the staff any authority or duty under sections 81-8,240 to 81-8,254 except the power of delegation and the duty of formally making recommendations to administrative agencies or reports to the Governor or the Legislature.

(2) The Public Counsel shall appoint the Inspector General of Nebraska Child Welfare as provided in section 24 of this act. The Inspector General of Nebraska Child Welfare shall have the powers and duties provided in the Office of Inspector General of Nebraska Child Welfare Act.

Sec. 44. Section 81-8,245, Reissue Revised Statutes of Nebraska, is amended to read:

81-8,245 The Public Counsel shall have the power to:

(1) Investigate, on complaint or on his or her own motion, any administrative act of any administrative agency;

(2) Prescribe the methods by which complaints are to be made, received, and acted upon; determine the scope and manner of investigations to be made; and, subject to the requirements of sections 81-8,240 to 81-8,254, determine the form, frequency, and distribution of his or her conclusions, recommendations, and proposals;

(3) Conduct inspections of the premises, or any parts thereof, of any administrative agency or any property owned, leased, or operated by any administrative agency as frequently as is necessary, in his or her opinion, to carry out duties prescribed under sections 81-8,240 to 81-8,254;

(4) Request and receive from each administrative agency, and such agency shall provide, the assistance and information the counsel deems necessary for the discharge of his or her responsibilities; inspect and examine the records and documents of all administrative agencies notwithstanding any other provision of law; and enter and inspect premises within any administrative agency's control;

(5) 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;

(6) Undertake, participate in, or cooperate with general studies or inquiries, whether or not related to any particular administrative agency or any particular administrative act, if he or she believes that they may enhance knowledge about or lead to improvements in the functioning of administrative agencies; ~~and~~

(7) Make investigations, reports, and recommendations necessary to carry out his or her duties under the State Government Effectiveness Act; and~~.~~

(8) Carry out his or her duties under the Office of Inspector

General of Nebraska Child Welfare Act. If any of the provisions of sections 81-8,240 to 81-8,254 conflict with provisions of the Office of Inspector General of Nebraska Child Welfare Act, the provisions of such act shall control.

Sec. 45. Original sections 28-711, 73-401, 81-8,240, 81-8,241, 81-8,244, and 81-8,245, Reissue Revised Statutes of Nebraska, are repealed.

Sec. 46. Since an emergency exists, this act takes effect when passed and approved according to law.

*** CASEWORKER: any person who has been hired by the Child Welfare or Juvenile Justice systems in the State of Nebraska, to include, but not be limited to, a CFS worker, Probation officer, or the worker, by title, of any contracting entity

- **Develop plan for retention of frontline staff**
  Ask CFS, the Administrative Office the Courts and Probation and any contracting entity to each develop a plan to increase retention of their respective front line workers and lend Commission support to that effort

- **Address education and training for staff**
  Ask DHHS, the Administrative Office the Courts and Probation and any contracting entities to address education and training requirements (including trauma-informed care) for caseworkers and supervisors, including funding issues

This process may involve establishing workgroups, reviewing external evaluations, considering fiscal impacts and funding implication, and providing recommendations to the Supreme Court, HHS, and the legislature for implementation.