Nebraska Children's Commission

Sixteenth Meeting
October 16, 2013
9:00 AM – 3:00 PM
Country Inn and Suites, Lighthouse Room
5353 N. 27th Street, Lincoln, NE

Call to Order

Karen Authier called the meeting to order at 9:08 am and noted that the Open Meetings Act information was posted in the room as required by state law.

Roll Call

Commission Members present: Pam Allen, Karen Authier, Beth Baxter, Kim Hawekotte, Martin Klein, Norman Langemach, Andrea Miller, Jennifer Nelson, John Northrop, Mary Jo Pankoke, Dale Shotkoski, and Becky Sorensen.

Commission Members absent: Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, David Newell, and Susan Staab.

Ex Officio Members present: Ellen Brokofsky, Senator Kathy Campbell, Hon. Linda Porter, Thomas Pristow, Vicky Weisz, and Kerry Winterer.

Ex Officio Members absent: Senator Colby Coash, Senator Jeremy Nordquist, and Julie Rogers.

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

Approval of Agenda

A motion was made by Mary Jo Pankoke to approve the agenda, as written. The motion was seconded by John Northrop. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Kim Hawekotte, Martin Klein, Norman Langemach, Andrea Miller, Jennifer Nelson, John Northrop, Mary Jo Pankoke, Dale Shotkoski, and Becky Sorensen. Voting no: none. Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, David Newell, and Susan Staab were absent. Motion carried.

Approval of September 17, 2013, Minutes

A motion was made by Mary Jo Pankoke to approve the minutes of the September 17, 2013, meeting. The motion was seconded by John Northrop. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Kim Hawekotte, Martin Klein, Andrea Miller, Jennifer Nelson, John Northrop,

Mary Jo Pankoke, Dale Shotkoski, and Becky Sorensen. Voting no: none. Norman Langemach abstained. Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, David Newell, and Susan Staab were absent. Motion carried.

Chairperson's Report

Karen Authier provided a brief chair's report. The Nebraska Children's Commission website is still in the design phase and Leesa hopes to have something ready within the next two weeks after the meeting. The applications for the Policy Analyst position have been screened. Beth Baxter, Kim Hawekotte, and Karen Authier will be interviewing 4 candidates for the position and hope to have the position filled as soon as possible. The Alternative Response task force group has not come together yet, but is in the process of trying to find a time to meet. Karen also noted that Dr. Janine Fromm from Magellan would be giving a presentation on the Children's Champions Program at 11:00am.

Legislative Update

Senator Kathy Campbell provided a legislative update on upcoming interim study hearings that are scheduled for late October and early November. A hearing is scheduled for October 25 for LR387 which examines how Nebraska is utilizing Temporary Assistance for Needy Families (TANF) funds and LR238 which examines the Access Nebraska system, as well as the separation of the economic assistance programs from the medicaid program. This hearing will also include a Department of Health and Human Services briefing on Title IV-E.

The second set of hearings is scheduled for November 14. These hearings will cover LR312 which examines issues relating to the child protective services system within DHHS; LR261 which examines barriers to permanent placements for Nebraska children who have been placed out of the home and are wards of the state; and LR262 which examines the high rate of placement of Nebraska's Native American children involved in the foster care system.

Senator Campbell also provided a brief update on: a joint hearing on December 9 with the HHS Committee and the BSDC Special Committee; Medicaid expansion; and LR22 which is examining Nebraska health care in 15 years.

Young Adult Voluntary Services and Support Advisory Committee Report

Mary Jo Pankoke gave a brief report on the Young Adult Voluntary Services and Support Advisory (YAVSSA) Committee. The six workgroups of the YAVSSA Committee are continuing to meet. The workgroups are working in collaboration with internal DHHS workgroups to further develop the recommendations for the report that is due on December 15, 2013. The full YAVSSA Committee will meet on November 5 to review and finalize the next round of recommendations. The YAVSSA Committee anticipates having the next round of

recommendations ready to present to the Nebraska Children's Commission at the November meeting.

Juvenile Services (OJS) Committee Report

Ellen Brokofsky and Martin Klein provided an update on the Juvenile Services Committee, including a written report.

The Juvenile Services (OJS) Committee met on October 8, 2013, to continue facilitated discussions on the requirements of LB 561. Joan Frances facilitated the discussion with assistance from Joyce Schmeeckle. The committee continued their work on drafting framework recommendations to add to the strategic planning efforts. The committee also discussed the future role of the Youth Rehabilitation and Treatment Centers in the juvenile justice system. The committee will meet on November 12, 2013, to review the draft report that is being created by Schmeekle Research Inc. from the committee's prior work. It is the intention of the committee that the finalized draft Juvenile Services (OJS) committee report will be delivered to the Nebraska Children's Commission for consideration at its November 19, 2013 meeting.

Foster Care Reimbursement Rate Committee Report

Peg Harriott gave a verbal report on the committee's first meeting which is scheduled for Friday, October 18 from 9:00am to noon. The committee will be reviewing the work of the previous committee, monitoring the Assessment Pilot Project and developing recommendations regarding foster care rates, including attention to an administrative rate issue for agency based foster care in accordance with the responsibilities assigned by LB530.

DHHS Report

Thomas Pristow gave a DHHS report. Thomas noted that DHHS has received the IV-E waiver and that the document was available on the DHHS website. Thomas commended Sara Goscha and her team for working with the federal partners to ensure that the IV-E waiver was granted. Thomas noted that additional work was needed to address a corrective action plan. Thomas also noted that DHHS was working with Senator Coash on Alternative Response and the upcoming interim study hearing. Results Based Accountability was being pushed back to April 1 to align with other implementation dates. Thomas also noted that he and his staff would be part of the Foster Care Reimbursement Rate committee meeting on October 19.

Update on Facilitated Conferencing and Mediation in Juvenile Court

Kerry Winterer and Vicky Weisz provided an update to the panel presentation from the September meeting. The update also related to letters between Chief Justice Mike Heavican and Kerry Winterer. It was noted that the issue of the letters was one of funding and the movement

of contract dates until October 1. Commission members were given copies of the letters discussed.

A motion was made by Beth Baxter to recess the Commission meeting until 11:00am when the Psychotropic Medications committee presenter was scheduled. The motion was seconded by Pam Allen. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Kim Hawekotte, Martin Klein, Norman Langemach, Andrea Miller, Jennifer Nelson, John Northrop, Mary Jo Pankoke, Dale Shotkoski, and Becky Sorensen. Voting no: none. Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, David Newell, and Susan Staab were absent. Motion carried.

The Commission recessed at 10:30am.

The Commission reconvened at 11:00am.

Commission Members present: Pam Allen, Karen Authier, Beth Baxter, Kim Hawekotte, Martin Klein, Norman Langemach, Andrea Miller, Jennifer Nelson, John Northrop, Mary Jo Pankoke, Dale Shotkoski, and Becky Sorensen.

Commission Members absent: Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, David Newell, and Susan Staab.

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

Ex Officio Members absent: Senator Colby Coash, Senator Jeremy Nordquist, Thomas Pristow, and Julie Rogers.

Psychotropic Medication Committee Reports

Jennifer Nelson gave a verbal update report on the committee's projects related to the adoption of the AACAP Position statement on the Oversight of Psychotropic Medication Use for Children in State Custody. DHHS has been working on establishing policies and procedures to implement the guidelines. In addition, Gregg Wright has been developing computer based Psychotropic Medication training. The committee will be meeting in November or early December to get an update on the DHHS activities and to give input on the computer training modules.

Jennifer then introduced Dr. Janine B. Fromm from Magellan.

Children's Champions Program

Dr. Fromm provided information on the use of psychotropic medications with very young children and youth. Dr. Fromm noted that the Children's Champion program was coming from a study on the use of psychotropic medications for behavioral care and how those medications impact developing brains. She noted that Magellan is looking at the amount and doses of

medications especially to very young children. Dr. Fromm noted that most medication that are being used are not recommended for children. She also noted that she is in agreement with the medication guidelines that were endorsed by the Nebraska Children's Commission. She noted that Magellan is working to be an educator of others in the state and is an advocate of evidence-based therapies.

A motion was made by Beth Baxter to recess the Commission meeting for lunch and workgroup meetings. The motion was seconded by Marty Klein. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Kim Hawekotte, Martin Klein, Norman Langemach, Andrea Miller, Jennifer Nelson, John Northrop, Mary Jo Pankoke, Dale Shotkoski, and Becky Sorensen. Voting no: none. Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, David Newell, and Susan Staab were absent. Motion carried.

The Commission recessed at 11:32am.

The Commission reconvened at 1:07pm.

Commission Members present: Pam Allen, Karen Authier, Beth Baxter, Kim Hawekotte, Martin Klein, Andrea Miller, Mary Jo Pankoke, and Dale Shotkoski.

Commission Members absent: Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Gene Klein, Norman Langemach, Jennifer Nelson, David Newell, John Northrop, Becky Sorensen, and Susan Staab.

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

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

Phase II Strategic Plan – Workgroup Reports

Each workgroup reported on the work they are currently doing related to the four goals included in the Phase 1 Strategic Plan:

System of Care

The System of Care workgroup provided information on the kickoff meeting that is scheduled for October 29 from 9:00am to 3:00pm. The contact information for signing up for the meeting was provided in a handout. The committee noted that the kickoff meeting will provide participants with an overview of the grant planning process. The workgroup noted that they will also need to work in the future with the Community Ownership workgroup to coordinate the workgroups recommendations.

Community Ownership

The Community Ownership workgroup noted that they are working on a list of questions regarding the mediation centers. The group is also discussing how to help communities take

ownership of population data. The workgroup is also formulating the next series of recommendations.

Workforce

The Workforce workgroup noted that they had draft recommendations for the workgroups review but they did not have a representation of the whole group in order to make any decisions on those recommendations.

Technology

The Technology workgroup noted that they had met every month. The workgroup has received a presentation on the Iowa data warehouse and has reviewed reports related to the Georgetown project and data sharing. The workgroup will meet on November 1 at 1:30pm to review other technology solutions. The workgroup noted that it was likely that they would have recommendations by December for planning to empower the IT workgroup with a 5-10 year plan.

New Business

Next Meeting Date

The next meeting is November 19, 2013, 9:00am-3:00pm at the Country Inn and Suites, 5353 North 27th Street, Lincoln, Nebraska. The meeting will be held in the Omaha room.

Adjourn

A motion was made by Kim Hawekotte to adjourn the meeting, seconded by Beth Baxter. The meeting adjourned at 1:30pm.

Nebraska Children's Commission
2014 Meeting Dates
Time: 9:00am to 12:00
Place: TBD

Wednesday, January 22

Wednesday, February 19

Tuesday, March 18

Tuesday, April 15

Tuesday, May 20

Tuesday, June 17

Tuesday, July 15

Tuesday, August 19

Tuesday, September 16

Tuesday, October 21

Tuesday, November 18

Tuesday, December 16

Health and Human Services and State-Tribal Relations Committees
Testimony on LR 261

Presented By
Karen Authier, Chair
Nebraska Children's Commission

November 14, 2013

My name is Karen Authier and I am the Chairperson of the Nebraska Children's Commission. Thank you for this opportunity to testify on barriers to permanent placements for Nebraska children who have been placed out of the home and are wards of the state.

The Commission approved a Phase 1 Strategic Plan for Child Welfare and Juvenile Justice Reform approximately a year ago. Goal #1 in the plan identified child well-being as a priority outcome for Nebraska's children. Permanency is an essential requirement for child well-being.

While it is important to consider specific changes in policies/procedures or statutes that relate directly to practices or decisions regarding permanency, I want to focus on some underlying issues that combine to impede permanency. Permanency is a complex issue and several of the Commission's Strategic Goals and Recommendations have a bearing on a child's chances for permanency.

Goal #1: Encourage timely access to effective services through community ownership of child well-being.

- Placement moves negatively affect timely permanency outcomes. There are many factors that increase a child's risk for placement moves, but **a significant factor is lack of access to services needed by the child to resolve problem behaviors and effects of emotional trauma.** A recent study, *Demographic, clinical, and geographic predictors of placement disruption among foster care youth receiving wraparound services* (Weiner, Leon, & Stiehl, 2011), found that proximity to needed services was an important factor in placement stability, especially in rural and suburban areas. In other words**, children are more likely to achieve permanency goals either by reunification or adoption if they have access to needed services**.
- Community ownership of effort to ensure that services are available is an important strategy for achieving permanency goals. The Commission Strategic Plan emphasized the **importance of public/private partnerships in assuring access to services.** A Commission work group on community ownership of child well being has been focusing on the Nebraska Children and Family Foundation model for collaborative work in communities across the state to utilize a standardized service array assessment and protective factor framework to develop and support community owned priority plans for prevention and early intervention.

- There are many types of services that can benefit permanency. Of course, behavioral health services often are at the top of the list. Another promising opportunity for children at risk for lingering in out-of-home care is the emergence of facilitated conferencing offered by Mediation Centers that are statewide resources and report success in engaging families in a non adversarial environment to achieve permanency goals.

Goal #2: Support a family driven, child focused and flexible system of care through transparent system collaboration with shared partnerships and ownership.

- The Commission emphasized the **importance of prevention and early intervention in a comprehensive system of care** and endorsed the **principle of Differential or Alternative Response as an approach to deflect families from the system and out of home care.** If families receive supportive, effective and timely services, they are less likely to go deeper into the system with the ultimate risk of termination of parental rights.
- Another Strategic Recommendation under Goal 2 is to **realign current system operations so that they support and are congruent with a trauma informed system of care.** Children enter the child welfare system after experiencing trauma. Those experiences threaten the child's chances for permanency if they are not taken into account. If the system of care ignores the impact of the trauma, the child may be further traumatized in care. This recommendation is in keeping with a July 13 guidance letter to the states from U.S. Department of Health and Human Services encouraging **"integrated use of trauma-focused screening, functional assessments and evidence-based practices" that are sensitive to the damage done by children's exposure to trauma in their environment, including the experience of removal from their family.**

Goal #3: Utilize technological solutions to information exchange and ensure measured results across systems of care.

- Good decisions by workers, supervisors, guardians ad litem, judges and others at critical points reduce barriers to permanency. **Good decisions depend on good data.** Strategic Recommendations under Goal # 3 are 1) to **develop common data systems and standards across all state and private services** 2) **design data systems to support integration, coordination and accessibility of services** and 3) and **utilize an outside entity such as a university to review, analyze and ensure data integrity**. The Commission has developed a work group that is exploring options such as data warehouses and other approaches to data system integration and sharing of data across systems on a real time basis to manage and inform casework and decision-making.

Goal #4: Foster a consistent, stable, skilled workforce serving children and families.

- The Commission recognizes that there is **no substitute for a qualified, trained, well-supervised and satisfied workforce in moving children to permanency**. Without an emphasis on staff selection, training and supervision, recruitment and retention suffer. **A revolving door workforce correlates with barriers to**

permanency including poor quality court reports, missed opportunities for reunification, lack of timeliness in identifying noncustodial parents as permanency options, and long time lapses in identifying permanency options with kin or other potential adoptive homes. A 2006 review of the literature by the Children's Defense Fund cited findings that "Caseworker turnover results in families's receipt of fewer services and has been found to be a major factor in failed reunification efforts, longer lengths of stay for children in foster care and lower rates of finding permanent homes for children. (Flower, McDonald & Sumski, 2005)

Thank you for placing the spotlight on permanency. As there is increasing understanding of the importance for children of stable, predictable relationships and environments, it is encouraging to witness the commitment of the legislature, the executive, and the judicial branches along with partners from the private sector to improving the well being of children in Nebraska.

SUPREME COURT OF NEBRASKA

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

Janice K. Walker
State Court Administrator

Ellen Fabian Brokofsky
State Probation Administrator

TO: **Committee Chair Senator Kathy Campbell, Senator Colby Coash, and Honored Members of the Health and Human Services Committee, Nebraska State Legislature**

FROM: **Debora Brownyard, Director, Dispute Resolution and Special Court Programs**
Nebraska Supreme Court Administrative Office of the Courts & Probation
402-471-2766; debora.brownyard@nebraska.gov

RE: **TESTIMONY – LR261**

DATE: **November 14, 2013**

Good morning, Chairperson Campbell, Senator Coash and members of the Legislature's Health and Human Services Committee, my name is Debora Brownyard. I am here in my capacity as Director of the Supreme Court's Office of Dispute Resolution (ODR) and Special Court Programs to testify in regard to LR 261. For reasons that I will elaborate further, I respectfully request this Committee to recommend to the Legislature to shift current Nebraska Health and Human Services funds to the Supreme Court's budget and to find additional funds to ensure stability of resources for court-connected prehearing conferences used to achieve permanency outcomes for vulnerable children.

My office oversees the delivery of child welfare mediation and facilitated pre-hearing conferencing services ordered by the state's juvenile and county courts. The purpose of the facilitated pre-hearing conference is to reduce barriers to permanency for children in the state's child welfare system. Professional child welfare facilitators affiliated with ODR-approved mediation centers work directly with the county and juvenile court judges with the overall goal of ensuring the safety, permanency and well-being of children and families involved in the juvenile court system. Specific outcomes of facilitated pre-hearing conferences include:

- improved time to permanency for the child
- decreased time through the child's court case progression
- increased number of children with paternity identified at the initial removal stage
- increased number of children with Native American heritage identified at the initial removal stage (per Indian Child Welfare Act)
- increased number of extended family and kinship members identified for possible placement
- increased non-adversarial family and stakeholder dialogue within a formalized court process
- better information to improve better choices for children's permanency
- increased family engagement in discussion and decision-making for the child's best interests
- maximizing courts' limited resources.

Court-connected pre-hearing conferences.

Currently, Nebraska's juvenile and county court judges can order families, their attorneys, child protective services, guardians ad litem, and other child welfare participants to four types of pre-hearing conferences provided by ODR's affiliated mediation centers. Three of the four are:

- **Initial Pre-Hearing Conferences:** Held immediately prior to the Protective Custody Hearing (initial hearing), knowledgeable child welfare facilitators assist in facilitating a brief (30-45 minute) conference to address key preliminary safety and permanency issues with the parties in the case, including the parents, caseworkers, and attorneys.

- **PHPR – Permanency Pre-hearing Conferences**: Optimally scheduled 60 days prior to the 12-month Permanency Hearing, this off-site facilitated conference requires parents, caseworkers, and attorneys to confront critical barriers to progress, permanency decisions that need to be made and action steps to be taken prior to the Permanency Hearing which determines whether reunification with parents is the permanency plan or whether other permanency, such as guardianship or termination of parental rights is warranted.

- **PHTPR – Pre-Hearing Termination of Parental Rights (TPR) Conferences:** Experienced facilitators proficient in TPR issues, conflict dynamics and best-interest considerations prepare and facilitate a conference of parents, caseworkers, attorneys and other individuals to confront critical issues and determine next steps, including a consideration of relinquishment as well as bringing a termination of parental rights petition to trial. This conference includes a relinquishment educator in some regions.

While not of primary focus for the remainder of this testimony because not funded directly with the Judicial Branch, I do want to inform the Committee about a fourth type of conference that is an important child welfare resource for juvenile judges, that being the **Family Group Conference.** The Family Group Conference, or FGC, has been provided to families in the child welfare system by Nebraska's Mediation Centers since 1999. The Nebraska Supreme Court's Child Welfare Court Improvement Project introduced this nationally-recognized evidenced-based approach as a way to "do things differently;" to ensure broad-based family and child participation to achieve permanency outcomes. This extensive and thoughtfully prepared process engages parents, grandparents, aunts, uncles and others of the child's extended family as well as child welfare professionals to meet at a day-long conference to create a family-driven plan setting out where the child might safety live and be cared for, both in the short term and more permanently. The plan also details what the parents need do in order to be able to be reunified with their child and how extended family members will help out, such as with transportation, child care, moral support and accountability. Outcomes in FGCs have included more family engagement and ownership in decision-making, more relative placements, and higher satisfaction with the court process[1].

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[1] For research-based outcomes, see the Colorado Kempe Center FGDM (Family Group Decision-Making Office). http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/subs/can/FGDM/Pages/FGDM.aspx. Since early 2000s, the NE Department of Health and Human Services recognized the benefits of FGCS and has funded a number (over 2,700) of FGCs through contracts with the mediation centers. A decade ago, FGC referrals were primarily by local CPS workers, and more recently, under the Through the Eyes of the Child initiative, juvenile judges order FGCs for the more challenging child welfare cases. For more information on Family Group Conferencing outcomes, data, financing, and utilization, please contact the Office of

The past fourteen years have seen a growth in the types of conferences provided and the stages of legal process where the conferences occur, primarily for child welfare cases. In 2008, facilitated conferences in juvenile court were defined in statute[2] and confidentiality for the proceedings was provided. Since that time, over 3,000 initial prehearing conferences have been ordered by juvenile court judges, and over 300 permanency and termination of parental rights pre-hearing conferences have been successfully used by trial courts to achieve permanency outcomes for children.

Successful permanency outcomes from pre-hearing termination of parental rights conferences. A recent Nebraska study of 36 termination of parental rights cases ordered by juvenile court judges to participate in a facilitated pre-hearing conference showed that in 44% of the cases, parents, with their attorneys participating, made the decision to voluntarily relinquish parental rights, either during the conference or soon thereafter.[3] Special care is taken by the facilitators to prepare parents, attorneys, caseworkers, and others prior to the conference so that it is clear that the parents maintain full decision-making authority as to their constitutionally-protected parental rights. To avoid even an appearance of undue influence, no expectation of final decision-making is required or even anticipated at the conference itself. Rather the conference provides a forum in which not only parents, but county attorneys and child protective service workers can assess the strength or weakness of the evidence for a TPR. As a result of prehearing TPR conferences, county attorneys have withdrawn their TPR filing because of lack of reasonable efforts or other flaws in the child welfare case.

The voluntary relinquishment that results from proficiently facilitated prehearing conferences leads to several important outcomes:

- children are more speedily adopted by waiting families;
- birth parents are able make the very difficult decision voluntarily to "do the right thing" for their children with dignity;
- county attorneys, defense attorneys, caseworkers, and courts significantly reduced their adversarial termination trial dockets as well as court appeal dockets; and
- costs to the county and the state in prosecuting termination of parental rights cases in trial court and through the appellate court process were avoided entirely.

Dispute Resolution, State Court Administrator's Office. See also Weisz, V., Korpas, A., & Wingrove, T. (2006). Nebraska family group conferencing: Evaluation report. Lincoln, NE: University of Nebraska, UN-L Center on Children, Families, and the Law.

[2] Neb. Rev. Stat. 43-247.01. Facilitated conferencing; confidential; privileged communications.

(1) Pending the adjudication of any case, the court may provide the parties the opportunity to address issues involving the child's care and placement, services to the family, and other concerns through facilitated conferencing. Facilitated conferencing may include prehearing conferences and family group conferences. All discussions taking place during such facilitated conferences, including plea negotiations, shall be considered confidential and privileged communications, except communications required by mandatory reporting under section 28-711 for new allegations of child abuse or neglect which were not previously known or reported.

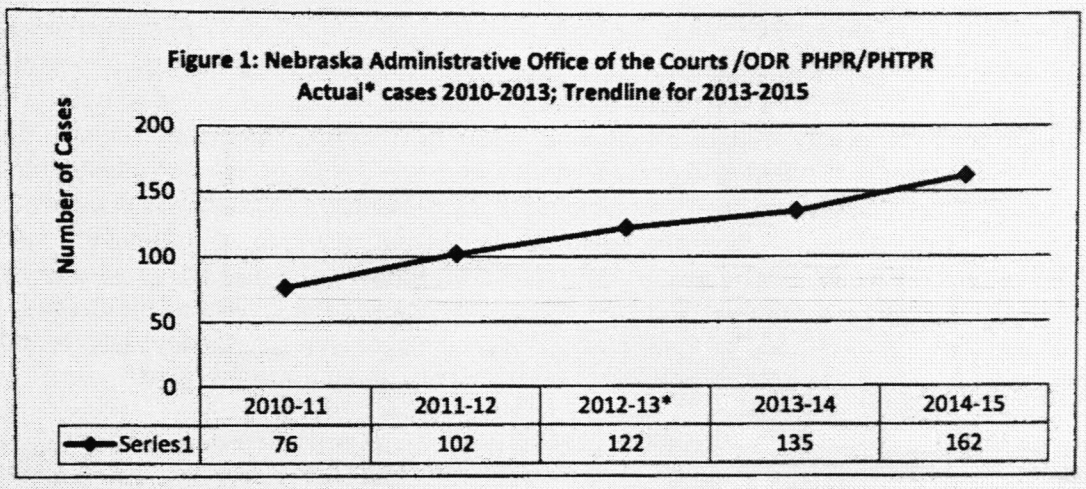
(2) For purposes of this section:

(a) Prehearing conference means a facilitated meeting prior to appearing in court and held to gain the cooperation of the parties, to offer services and treatment, and to develop a problem-solving atmosphere in the best interests of children involved in the juvenile court system; and

(b) Family group conference means a facilitated collaborative process in which families work with extended family members and others to make decisions and develop plans for the best interests of children who are under the jurisdiction of the court.

[3] 2012 study conducted by Concord Mediation Center, Omaha of 36 pre-hearing conferences facilitated in termination of parental rights (TPR) cases. This study was done in partnership with Nebraska Families Collaborative (NFC) and the Douglas County Juvenile Court.

Utilization of prehearing permanency and termination of parental rights conferencing by juvenile court judges is increasing. Figure 1 below shows the trend line for the increasing utilization of facilitated conferencing for permanency and TPR cases, from the initial 76 cases in 2010-2011 to the projected 122 cases this past fiscal year. In actuality, there were 108 cases in 2012-13, but ODR had to suspend court referrals in May 2013 due to funds exhausted under the NDHHS-Supreme Court grant.



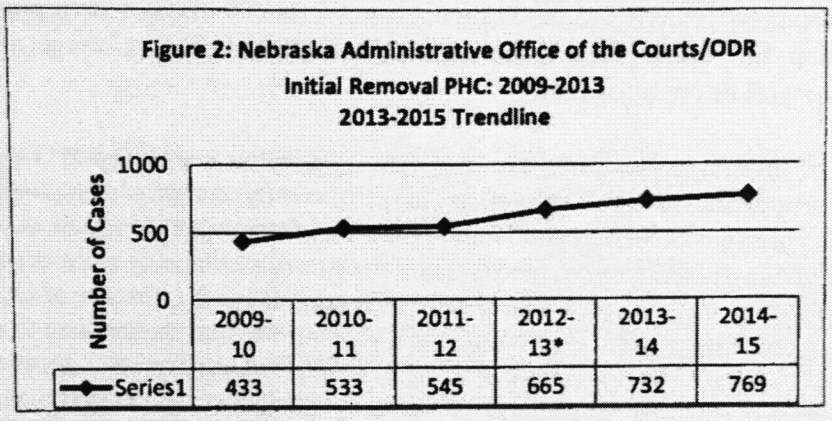
The trend line in **Figure 1, above,** indicates that the number of TPR facilitations will reach 162 in the coming year. Additionally, the Through The Eyes Team in Lancaster County is teaming up with the local Mediation Center to conduct a prehearing facilitation for every filed TPR next year. However, should this happen, there is a certainty that funds will be exhausted prior to the end of the term.

Successful court progression outcomes from initial prehearing conferencing cases. Pre-hearing conferences (PHC) in child welfare cases were evaluated regarding their impact on juvenile court case progression. Cases that utilized PHCs adjudicated about a month faster (days from petition to adjudication average =47 days) than cases that did not utilize a PHC (average =77 days). Similarly, the median time from adjudication to disposition was about a week shorter for PHC cases (average= 59 days) than non-PHC cases (average= 66 days). Thus, the PHC cases reached disposition about five weeks before the non-PHC cases.[4]

Utilization of initial removal prehearing conferences by juvenile court judges is increasing. Since the initial pilot of the nationally-modeled front-loaded PHC process in 2005, prehearing conferences have steadily grown as an integral part of the juvenile court's day-of-court protocols. For example, Douglas County Juvenile Court has adopted a 2nd quarter 2013 docket in which all five juvenile court judges have a prehearing conference time slot calendared every day of the week prior to the parties' meeting with the judge in open court.

[4] Pre-Hearing Conference Study, 2007. Nebraska Center for Children, Families, and the Law, retrieved 11/6/13 from http://www.throughtheeyes.org/prehearingconfstudy.php

The trend line in **Figure 2, below** shows that in the next two years, PHCs could reach well over 750 cases per year, far outpacing the current NDHHS – Supreme Court funded grant budget of 550 cases per year. This portends another "pull the plug" scenario which will tie the hands of judges who have seen success through these conferences.



Positive evaluations of Nebraska's court-connected facilitated conferences. Evaluations of Nebraska facilitated conferences[5] indicate a high degree of family engagement, high satisfaction by family members and professionals, an increase of child welfare children living with their parents or other family members as opposed to foster or institutional care, and an acceleration at the front end of the court process. These conferences, across the board, were nearly universally provided by the professional child and family facilitators trained and affiliated with the ODR-approved mediation centers. These facilitators adhere to the state-approved court facilitation protocols[6] adopted by the Nebraska Center on Children Families and the Law and the Office of Dispute Resolution.

Current NDHHS grant as source of funding for Supreme Court's court-connected pre-hearing conferences is inadequate in process and resources. Funding for the courts to order pre-hearing conferences is currently limited to a year-to-year $235,000 grant to the Supreme Court from the Nebraska Department of Health and Human Services. At present, this grant funds only 100 TPR and permanency conferences statewide.

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[5] (a) Data regarding 88 Child Welfare Family Group Conferences and 46 Juvenile Justice FGCs from across the state were gathered including surveys of participants.[5] FGCs were very well attended by extended family with, on average, about eight family members attending conferences. FGCs enjoyed high levels of satisfaction from all participants, including parents with abuse/neglect allegations, offending youth, extended family, and professionals. Family members felt that the conferences were fair, that they had an opportunity to express their views, and that the conferences resulted in good plans. Professional also had very positive perceptions and viewed the process as an effective mechanism for good decision-making.

(b) A small quasi- experimental outcome study of 33 Expedited Family Group Conferences (EFGC) that occurred within 30 days of removal for abuse/neglect was conducted. The comparison group consisted of 33 removed children randomly selected from the NDHSS data system who did not have any family group conference. This study found no differences between the groups on time to discharge from the system. It did find a significant difference in where children were living. A significantly greater proportion of EFGC children (73%) were either reunified with their parents, in a trial home visit, or living with a relative than the comparison group (51%).

[6] Nebraska Office of Dispute Resolution Child Welfare Collaborative Practices: http://www.supremecourt.ne.gov/6026/collaborative-child-welfare-practices.

This is only 10% of the potential total of 1,084[7] TPR cases alone that could benefit from similar pre-hearing conferences. The grant also funds 550 initial removal pre-hearing conferences statewide. In May 2013, this funding was exhausted by increasing utilization by trial court judges. The Office of Dispute Resolution was forced to deny court referrals to prehearing facilitation until the grant was renewed on July 1, 2013. A similar funding shortfall of $120,000 due to increasing juvenile court utilization situation is expected to will occur in 2014, but even earlier in the grant term. Last year, the Legislature mandated that this minimum amount of $235,000 per year be funded by NDHHS to the Supreme Court annually, though the projected utilization costs are at $355,000.[8] However, the funding source has been limited and unstable, unfortunately fraught with administrative challenges and future uncertainty.

Additionally, the Judicial Branch requests that the Legislature effectuate a shift in how the funding of court-based prehearing conferences are managed so as to avoid the necessity to engage in annual cumbersome negotiations with the Department of Health and Human Services. Grant timeliness and execution by NDHHS have been frustrating and has caused confusion and uncertainty as to availability of resources for juvenile court judges. To illustrate, two years ago, after months of repeated requests by the director of ODR to obtain a signed and executed prehearing conference grant document, the State Court Administrator had to make a personal demand of the NDHHS Director.[9] This year, the director of ODR formally initiated grant negotiations with the Department 3 months prior to renewal. However, even with repeated meetings, emails and phone calls, a grant extension for July 1 wasn't confirmed until June 28 by email and wasn't executed by the Department until August 8.[10] Judges went down to the deadline of Friday, June 28 before they knew whether they could refer families to prehearing conferences the following Monday, July 1. It was only through persistent negotiations by this office and staff of the Department that the current 12-month Prehearing Conference Grant was timely executed four days prior to the October 1 grant renewal date. The Judicial Branch strives to have cooperative branch-to-branch relations; however, experiences with prehearing conferences illustrate the Branch's desire to avoid such inefficient negotiations in the future.

Court-connected ADR such as pre-hearing conferences is cost-effective. It is in the interests of Nebraska tax payers, courts, and families for the Legislature to allocate funding toward facilitative prehearing conferences. Cost-benefit studies in other states included: (a) A child protection mediation study in the San Francisco Juvenile Court found an estimated savings of $2,931 per successful mediated case with an annual savings of $545,225 if one case per day through mediation avoided a contested hearing.[11] (b) A study in the Hamilton County, Ohio, Juvenile Court found that each case going to mediation, the court system saved an average of

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[7] Nebraska Foster Care Review Office, 2012 Annual Report. Number of files in which evidence appeared to justify termination of parental rights plan. http://www.fcro.nebraska.gov/pdf/publications/annualreport/2012/fcro-annual-report.pdf

[8] 43-4203. Nebraska Children's Commission; duties; establish networks; service area; develop strategies; committees created; use of facilitated conferencing. (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 April 12, 2012.

[9] The document was finally executed October 5, 2011, 3 months late.

[10] For a detailed chronology, please contact the Office of Dispute Resolution, State Court Administrator's Office.

[11] Thoennes, N. Dependency Mediation in the San Francisco Courts. Center for Policy Research. March 1998.

$5,993.[12] (c) A study in Michigan of a community mediation program addressing special education issues found an estimated cost savings to the courts of $897,700.[13]

Nebraska's court-connected mediation centers are a statutorily-created means for juvenile courts to achieve outcomes. Throughout its history, Nebraska has been noted for its innovative and forward-thinking approaches to create democratic citizen-focused governance and statewide resources for the commonwealth. One of Nebraska's innovative decisions was to legislate the creation of six regional statewide mediation centers[14] to work with courts and communities throughout the state's 93 counties to mediate and resolve conflicts. In its 1991 Dispute Resolution Act[15], the Legislature made these findings:

> (2) Mediation of disputes has a great potential for efficiently reducing the volume of matters which burden the court system in this state;
> (6) There is a compelling need in a complex society for dispute resolution whereby people can participate in creating comprehensive, lasting, and realistic resolutions to conflicts;
> (8) Nonprofit dispute resolution centers can make a substantial contribution to the operation and maintenance of the courts of this state by preserving the court's scarce resources for those disputes which cannot be resolved by means other than litigation.

Over the past two-plus decades, the Supreme Court's six ODR-(Office of Dispute Resolution) approved nonprofit dispute resolution centers have functioned as ancillary to Nebraska's trial courts as a means for the public to address and resolve disputes, particularly in the child welfare, youth, and family arenas. Nebraska's alternative dispute resolution (ADR) scheme is similar to the "multi-door courthouse"[16] concept posited by Frank Sander[17] who built upon Chief Justice Warren Burger's 1982 call for "a better way" to resolve disputes, pronouncing that litigation is stressful, expensive, and frustrating.[18]

While literally building multiple doors within Nebraska's 93 county court buildings would have been impractical and expensive, as a metaphor, however, the six ODR-approved nonprofit mediation centers have functioned implicitly as the ADR door for many if not all of Nebraska's trial court judges and clerks. During the past fiscal year, nearly 60% of the mediation centers' three-thousand-plus case load, or 1,806 disputes were referred to the statewide centers by trial courts. This is consistent with the referral statistics for the prior several years, court-based referrals having grown from an average of 20-25% of all mediations a decade ago. With the proven track record of over two decades of successful mediation performance by the mediation centers (mediated agreements at the 80% rate), it is a good investment for the state to allocate tax dollars to the

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[12] Thoennes, N. Hamilton County Juvenile Court Permanent Custody Mediation. Center for Policy Research. July 2002.
[13] Cited in Wilkinson, J. Community Mediation Trends and Needs: A Study of Virginia and Ten States. Institute for Environmental Negotiation, University of Virginia. August 2001. Page 10.
[14] Concord Mediation Center, Omaha; The Mediation Center, Lincoln; The Resolution Center, Beatrice; Nebraska Mediation Center, Fremont; Central Mediation Center, Kearney; and Mediation West, Scottsbluff.
[15] Neb. Rev. Stat. §25-2902
[16] Several states and jurisdictions utilize mediation centers and ADR resources as an ancillary means to address and resolve disputes. Colorado's Arapaho County District Court operates a multi-door courthouse mediating family matters; North Carolina's superior courts utilize an ADR menu at its stand-in for the multi-door courthouse, providing the many alternative settlement procedures available to litigants to assist them in the resolution of their cases. The District of Columbia's Multi-Door Dispute Resolution Center includes ten dispute resolution programs, including child welfare mediation. DeKalb County District Court, Georgia created a "Multi-Door Courthouse-Dispute Resolution Center" for all types of civil and family disputes.
[17] Frank E.A. Sander & Lukasz Rozdeiczer, Matching Cases and Dispute Resolution Procedures: Detailed Analysis Leading to a Mediation-Centered Approach, 11 HARV. NEGOT. L. REV. 1, 6, 8–9 tbl.1 (2006)
[18] Justice Burger spoke of "a better way" for many years. Warren E. Burger, Isn't There A Better Way? *A.B.A. Journal*, Mar. 1982, at 274, 274–76.

Nebraska Supreme Court and Office of Dispute Resolution in order to continue to work toward our common goal of achieving positive permanency outcomes for children.

Request a finding of effectiveness of prehearing conferences and recommend sustainable funding. To close, I respectfully request this Committee to find that court-connected prehearing conferences are effective in helping to achieve permanency for children, are effective in reducing court time and expenditures, are cost-effective for Nebraska tax payers, and as such, to thus recommend to the Legislature to allocate additional funds and to shift current Nebraska Health and Human Services funds to the Supreme Court's budget for to ensure stability of resources for court-connected prehearing conferences used to achieve permanency outcomes for vulnerable children.

NEBRASKA ALLIANCE OF CHILD ADVOCACY CENTERS

CHILD WELFARE NON-COURT INVOLVED CASES: A REPORT TO THE HEALTH AND HUMAN SERVICES COMMITTEE

SEPTEMBER 2013

The Nebraska Alliance

The Nebraska Alliance of Child Advocacy Centers consists of seven (7) fully accredited Child Advocacy Centers (CACs) with the mission to enhance Nebraska's response to child abuse. Our State Chapter was awarded State Chapter Accreditation by National Children's Alliance (NCA) following an extensive application and site review process. Accreditation is the highest level of membership with NCA and denotes excellence in service provision. As an accredited State Chapter, the Nebraska Alliance has been recognized for providing CACs and multi-disciplinary teams with the resources they need to consistently offer unique and vital services to child victims of abuse and their families; and for serving as the voice for all CACs in Nebraska.

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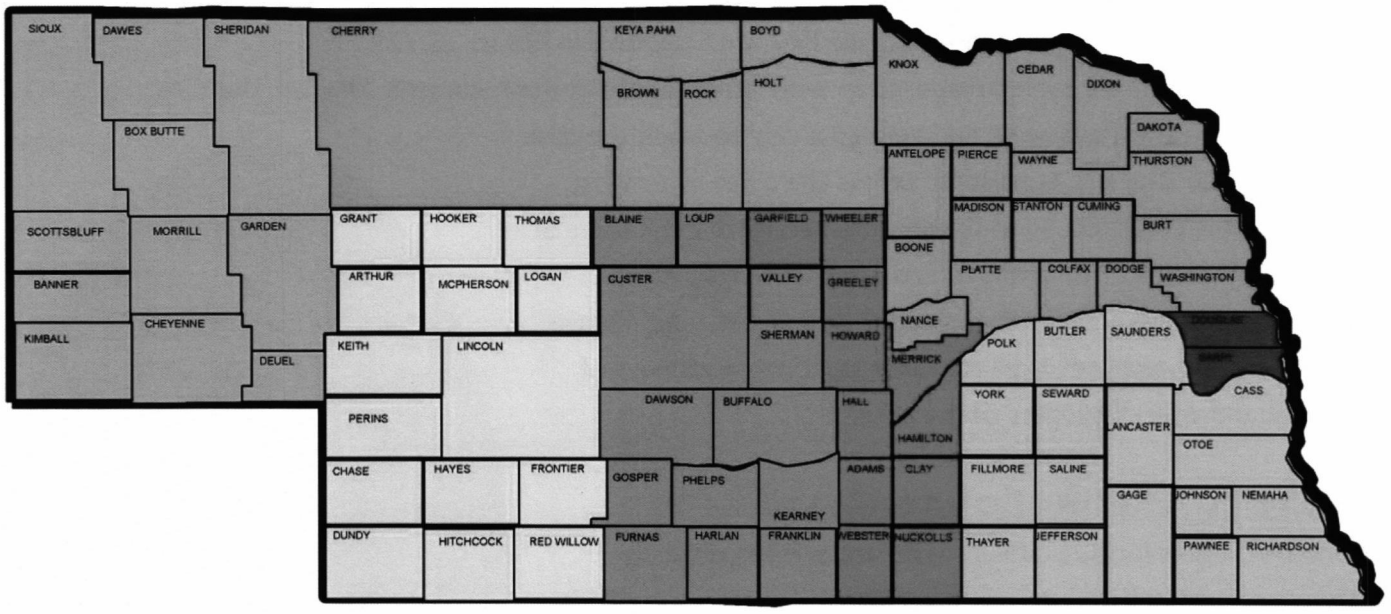

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LB1160 Overview

LB1160 Reads:

"Each service area administrator and any lead agency or the pilot project shall provide monthly reports to the child advocacy center that corresponds with the geographic location of the child regarding the services provided through the department or a lead agency or the pilot project when the child is identified as a voluntary or non-court-involved child welfare case. The monthly report shall include the plan implemented by the department, lead agency, or the pilot project for the child and family and the status of compliance by the family with the plan. The child advocacy center shall report to the Health and Human Services Committee of the Legislature on September 15, 2012, and every September 15 thereafter, or more frequently if requested by the committee."

Child Advocacy Center Role in LB1160

Child Advocacy Centers (CACs) have worked with the Department of Health and Human Services to obtain data on cases that are non-court involved. The CACs run reports from NFOCUS on a monthly basis and the Coordinators at each CAC take it to Multi-Disciplinary Team meetings for review following guidelines set forth by Nebraska Revised Statutes 28-728 to 28-729 .

Over the past year through collaboration with other CACs in the Nebraska Alliance, the CAC Coordinators have developed and refined a way to track the case information so they are consistent across the state as to what information is collected, shared, and obtained from the Teams at the time of review. The areas of focus are: case discussion/ review, current case plan establishment, and at the time of case closing— the overall parental compliance, appropriateness of services, and overall success of the case.

What is a Non-Court Case?

Non-court cases include families who are offered ongoing services provided by DHHS (or a contracted agency like NFC), but do not have juvenile court involvement. These services are voluntary, and may include family support, case management, and referrals to community agencies for mental health, substance abuse, or other resource assistance. The vast majority of children involved in these cases remain in their homes. Others may stay with relatives or family friends until the safety threat which brought the family to DHHS attention is resolved.

New Non-Court Cases

From September 1, 2012 to July 31, 2013, 1,022 new non-court cases opened throughout the state. Figure 1 is a representation of the number of cases that opened statewide each month during the reporting period. An average of 93 cases opened per month. Figure 2 shows the number of non-court cases that opened in each Child Advocacy Center (CAC) region during the reporting period. Almost 70% of new non-court cases opened in the areas served by Project Harmony and the Lincoln Child Advocacy Center.

FIGURE 1. Number of New Non-Court Cases

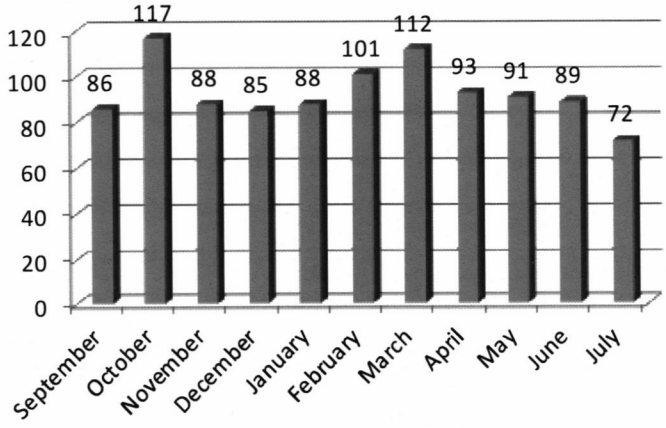


FIGURE 2. Percentage of the Total Number of New Cases Distributed to Each CAC

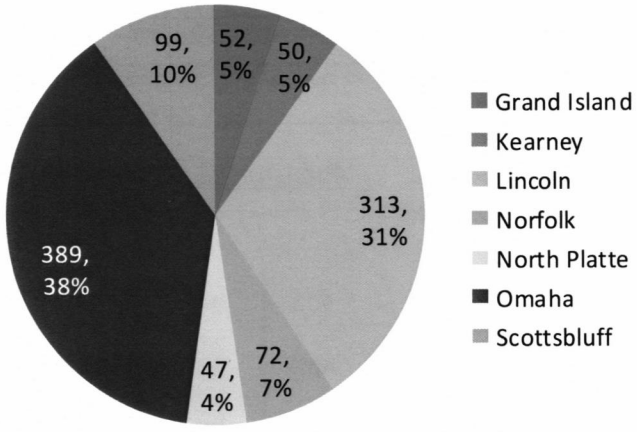


FIGURE 3. Percent of New Cases with a Case Plan

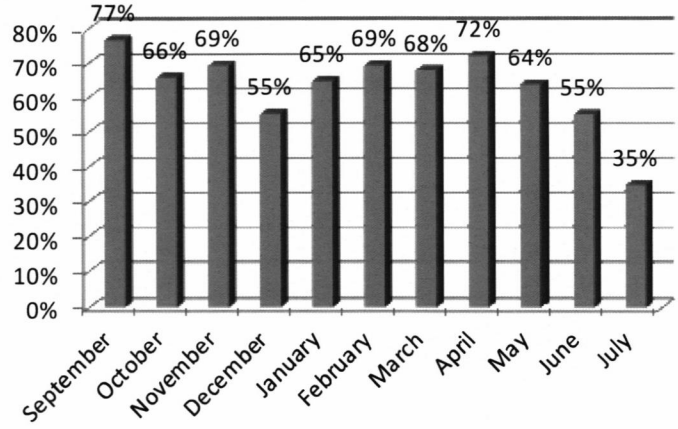


Figure 3 shows the percentage of non-court cases that had an active case plan. A case plan identifies the goals and services the families must achieve with the assistance of the case manager. On average, 64% of these cases had an active case plan.

Case Closings

During the reporting period, 678 non-court cases closed without court intervention. On average, cases stayed open 144 days (almost 5 months).

At closing, non-court cases are reviewed at team meetings coordinated by each CAC. These teams are comprised of county attorneys, initial assessment workers, ongoing caseworkers, coordinators from the CAC and professionals from the community who have expertise in child and family issues. Each non-court case is evaluated on the following criteria: overall success of case, overall parental compliance, and overall appropriateness of services offered to the family. Table 1 provides definitions for each criterion.

TABLE 1. Definitions of Criteria Examined at Case Closure

Measure	Possible Outcomes
Overall Success of the Case	**Completely:** Family met all case plan goals
	Somewhat: Family met some case plan goals
	Not at all: Family did not meet any case plan goals or refused voluntary services.
Parental Compliance	**Good:** Parents are consistently working toward completion of case plan.
	Fair: Parents are inconsistently working toward completion of case plan (e.g. they need multiple reminders to complete tasks, make appointments, etc).
	Poor: Parents are not working towards completion of case plan and/or they refused voluntary services.
Appropriateness of Services Offered to the Family	**All appropriate:** Caseworker referred family to all services that could help them.
	Some appropriate: Caseworker referred family to some services, but may have missed others (e.g. referred for substance abuse services, but not DV services in a family with clear DV issues)
	None appropriate: Caseworker did not refer family to any services that could help them.
	No services offered: Caseworker did not have a chance to refer to services (e.g. family refused voluntary services).

Figure 4 shows that statewide, 83% of closed cases were either "completely successful" or "somewhat successful." Figure 5 shows that 49% of non-court involved caretakers had "good parental compliance." Finally, Figure 6 shows that 62% of cases closed with an agreement that all of the services provided to the family were appropriate.

FIGURE 4. Overall Success Rate of Closed Non-Court Cases

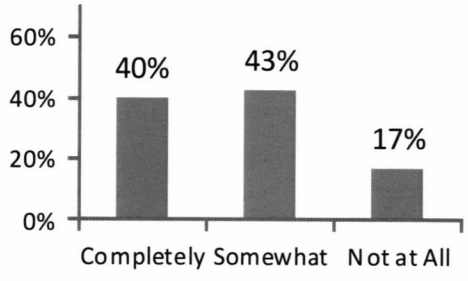


FIGURE 5. Overall Parental Compliance

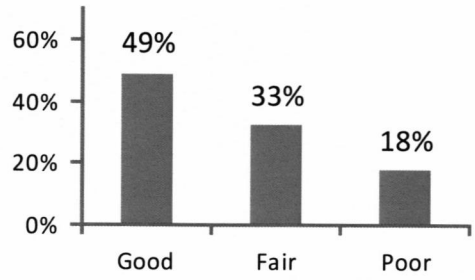
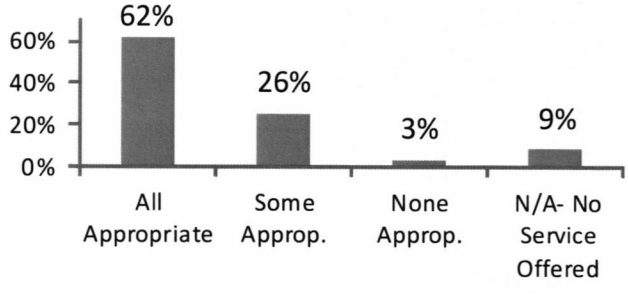


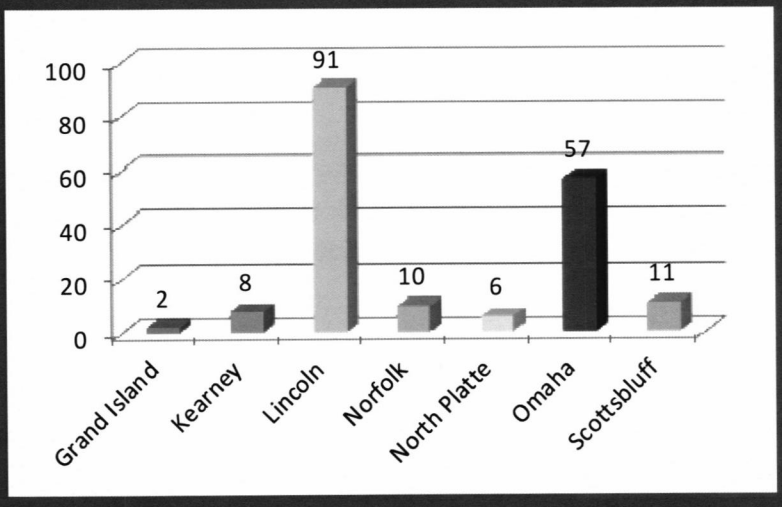
FIGURE 6. Overall Appropriateness of Services



Court Filings

At times, it may be necessary to file an affidavit in court on a non-court involved family who needs more intensive supervision. During the reporting period, there were 185 court filings (18% of the 1,022 new non-court cases). On average, 113 days (almost 4 months) passed between case opening and court filing. Figure 7 is a breakdown of the number of court filings by CAC.

FIGURE 7. Court Filings by CAC



Implications

Each CAC submitted an annual 1160 narrative which outlined successes, areas for improvement and systems' issues. The following is an analysis of common themes that emerged from each CAC's 1160 narrative.

AREAS FOR IMPROVEMENT

1. Data Collection and Documentation

Several CACs commented that the percentage of non-court involved cases with an active case plan did not equal 100%. One CAC wrote that most families probably have case plans, but they are not being documented in N-FOCUS. Without a case plan, it can be difficult for the multi-disciplinary teams to thoroughly evaluate each family's goals and potential service needs.

Another documentation issue revolved around safety plans, which are required for non-court involved children who are deemed "conditionally safe" during the initial assessment. Safety plans should include the specific safety threats that were identified, along with specific objectives that will be used in order to mitigate these threats. All of this information should be documented in N-FOCUS in a timely manner.

A "data delay" was noted in a few CAC 1160 narratives. Some CACs complained that some non-court cases are not showing up on an 1160 report from DHHS until they have been open for several months. By the time the CAC is aware of the case's existence, it may be time to close the case.

Implications Continued

2. Challenges of the Multi-Disciplinary Team Meetings

Coming to a consensus about how non-court involved cases should proceed is another difficulty encountered during team meetings. At times, it can be difficult for case coordinators to find common ground between those who want to pursue a court filing and those who want to maintain non-court services.

Areas Needing Improvement

- *Data Collection and Documentation*
- *Challenges of the Team Meetings*
- *Lack of and Accessibility to Resources*

Several CACs commented that for some counties, it can be difficult to get the appropriate team members to come to meetings on a regular basis.

Many of the rural county teams served by the various CACs only meet once per quarter. These CACs noted that it can be difficult for the team to stay up-to-date on non-court involved cases. For example, a new non-court case may open immediately after the quarterly team meeting and close before the next one.

3. Lack of and Accessibility to Resources

CACs with multiple rural counties noted that it can be difficult to locate services for non-court involved families in these areas. These services include mental health and substance abuse treatment. In urban areas, there may be services available yet gaining access to them may be difficult due to volume.

Systems' Issue

New CFS Intakes During a Non-Court Case and/or After Case Closure

Some non-court involved families continue to be the subjects of CFS hotline calls, even when their cases are still open. However, these intakes may not rise to the level of a safety threat. The county attorney or DHHS may not have enough evidence for a court filing, but the concerns about these families remain.

Systems' Issue

- *New Intakes to the Hotline of the Non-Court Cases*

Some CACs have also been tracking how many families receive new CFS intakes after their non-court cases have closed. One CAC noted that DHHS caseworkers are being pressured to keep their caseloads low, so they may be closing cases prematurely. This could result in families coming back into the CFS system after their non-court cases close.

Recently, DHHS contracted with the state's Public Behavioral Health Network (Regions) for them to provide services to families with mental health issues. The Family Empowerment Program is an avenue available to high risk families who may not need CFS involvement. After the initial assessment is finished, their CFS case is closed and the Region provides services. Because these families are high or very high-risk for future maltreatment, CAC coordinators should be informed of them and they should be reviewed at team meetings in accordance with LB 993. Some CACs have struggled to receive information about families who are being referred to this program. Furthermore, there is some confusion as to which cases are being referred to the Regions and which are becoming non-court involved. The criteria for each type of case sometimes overlap. CACs will continue to work with DHHS in order to clarify the criteria and receive information about the families who are referred to the Family Empowerment Program.

Successes

Community Agencies Serving on Teams

Having multidisciplinary team members who are mental health professionals has been very helpful for some CACs. Their expertise on mental health issues and possible community resources for families has been invaluable.

Preventing Out-of Home Care

Many CACs commented that having a multidisciplinary team to review non-court cases has helped reduce the number of children in out-of-home care. Through team meetings, county attorneys have become aware of families who may be at a higher risk for future maltreatment. Instead of pushing for an immediate court filing, many county attorneys are willing to continue monitoring the families to see if a non-court intervention will work. One CAC commented that in its area, no non-court case went court-involved in six months.

Successes

- ***Community Agencies Serving on Teams***
- ***Preventing Out-of Home Care***
- ***Teamwork and Communication***

Teamwork and Communication

Most CACs praised the multidisciplinary teams that review non-court involved cases. Specifically, they have observed improved communication and cooperation between the various agencies who serve on these teams.

Caseworkers who work with non-court involved families are becoming increasingly comfortable with presenting their cases to the teams. Some are even requesting that the multidisciplinary team review their non-court involved cases so that they can get feedback on possible services and ways to engage the families.

Through the past year, CACs and the professionals who serve on the non-court treatment teams have worked to create a system where non-court involved cases are being monitored. Although there are some areas that need to be improved, overall the CACs feel that this new system is working well.

"Information is freely being shared, and this process has only improved communication...at the beginning of this process there were a lot of reluctant team members and lack of communication, but now that a process has been put in place and is steadily running effectively, team discussion, open communication has only increased."

~MDT Team in FAN Service Area

A Closer Look at the Cases

In order to discover certain characteristics of families who become non-court involved, a statewide sample was reviewed with a total of 716 children represented in 289 cases. Table 2 summarizes the number of cases by each Child Advocacy Center's (CAC).

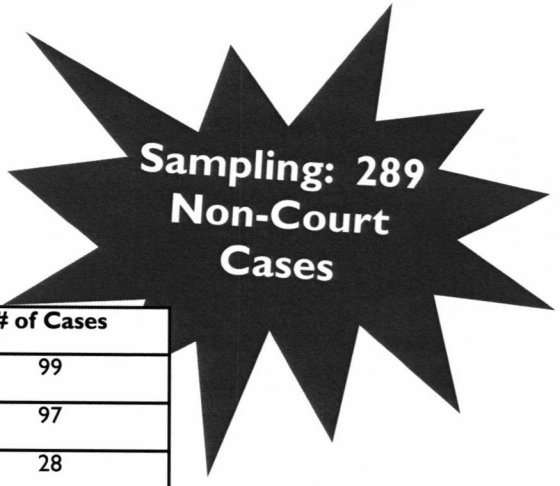


TABLE 2. Location of Cases

Name and Location of Child Advocacy Center	# of Cases
Project Harmony (Omaha)	99
Lincoln Child Advocacy Center (Lincoln)	97
Northeast Nebraska Child Advocacy Center (Norfolk)	28
Central Nebraska Child Advocacy Center (Grand Island)	15
Family Advocacy Network (Kearney)	16
Bridge of Hope Child Advocacy Center (North Platte)	16
CAPstone (Scottsbluff)	18

A Closer Look...Families

ABUSE TYPES/FAMILY ISSUES

Overwhelmingly, physical neglect was the most common allegation. Table 3 summarizes abuse/neglect allegations. **Please note:** Some intakes had more than one allegation, so the total number of cases will exceed 289 cases.

TABLE 3. Abuse/Neglect Types

Abuse/Neglect Type	# of Cases
Physical Neglect	243
Physical Abuse	47
Sexual Abuse	15
Dependency	11
Emotional Abuse	9
Emotional Neglect	4

Additionally, N-FOCUS narratives regarding these cases were examined to determine if any adverse family issues existed. These issues are problems that could make the family more likely to be reported to CFS in the future. The most common adverse family issues are listed in Table 4.

TABLE 4. Adverse Family Issues

Adverse Family Issue	# of Cases
Domestic Violence	80
Dirty House	45
Improper Supervision	39
Poor Hygiene	30
Medical Neglect	22
Poverty	20
Educational Neglect	10
Prior Terminations of Parental Rights or Relinquishments	12

A Closer Look...Demographics

Family Demographics

The 289 cases in this sample included 716 children. Figure 8 provides a breakdown of how many children resided in each home.

- 205 cases (71%) had at least 1 child ages 0 to 5.
- 147 cases (51%) had at least 1 child ages 6 to 10.
- 96 cases (33%) had at least 1 child ages 11 to 18.

Primary caretakers ranged from 16 to 82 years old. The average age was 32 years old. Figure 9 shows that the most common age range was 26 to 35 years old.

FIGURE 8. Number of Children in the Home

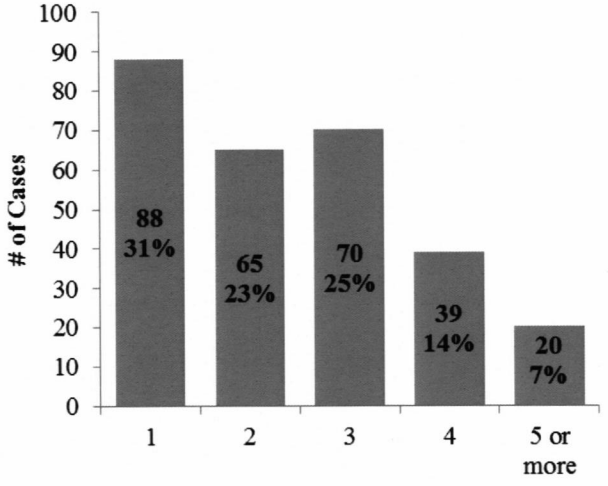
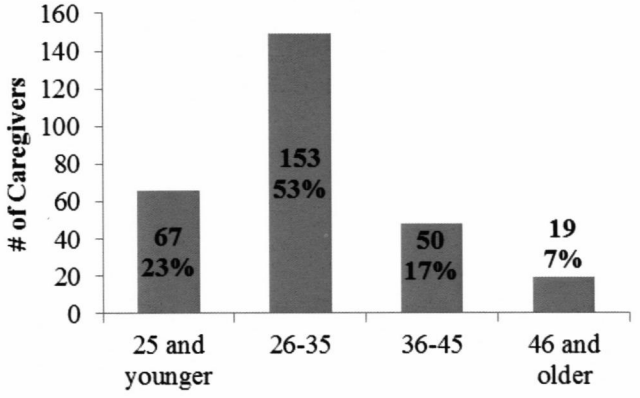


FIGURE 9. Age of Primary Caretaker



The racial/ethnic makeup of the primary caretakers was 68% white. The next most common group was Hispanic, followed by African American. The "other" race/ethnic category in Figure 10 includes American Indian/Alaska Native (n= 11), Multiracial (n= 5), Asian (n= 1), and Unknown (n= 10).

More than half of the sample cases had active Supplemental Nutritional Assistance Program (SNAP) benefits (food stamps). See Figure 11.

FIGURE 10. Race/Ethnicity of Primary Caretaker

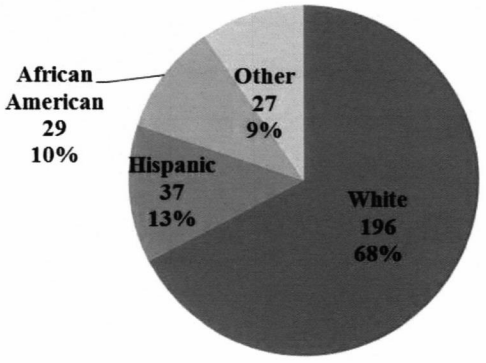
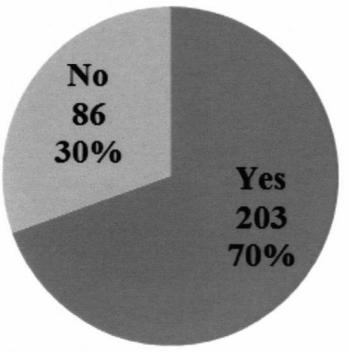


FIGURE 11. Active SNAP Benefits?

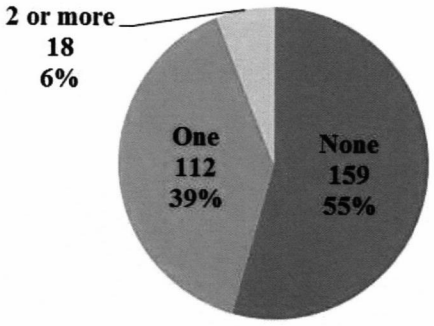


A Closer Look...History

Past CFS History

Almost half of families in the sample had a CFS substantiation prior to their current non-court case (45%). Figure 12 provides a summary of prior substantiations.

Figure 12. Number of Prior CFS Substantiations



Furthermore, Table 5 shows that 232 families (80%) had a CFS intake accepted by the hotline prior to their current non-court case. Families had a range of 0 to 22 prior accepted CFS intakes with an average of 3.

Table 5. Number of Prior Accepted CFS Intakes

# of Prior Accepted CFS Intakes	# of Cases	%
0	57	20%
1	44	15%
2-4	108	37%
5 or more	80	28%

A Closer Look...Caretakers

Mental Health Issues

As Figure 13 illustrates, 157 families had a caretaker who was diagnosed with a mental health issue. Table 6 shows that depression was the most common diagnosis, followed by anxiety-related disorders. **Please note:** Some caretakers had more than one diagnosis, so the total of Table 6 will exceed 157.

Figure 13. Caretakers with a Mental Health Issue?

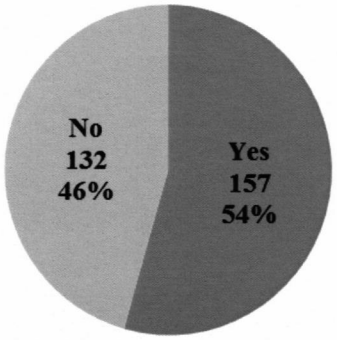


Table 6. Mental Health Diagnosis

Mental Health Diagnosis	# of Cases
Depression	91
Anxiety	71
Bipolar	51
Schizophrenia	11
Personality Disorder	5
Other	20

A Closer Look...Caretakers

Substance Abuse Issues

A total of 108 families had a caretaker who had a substance abuse issue (Figure 14). Table 7 shows that the most common drug of choice was methamphetamine, followed by marijuana and alcohol. **Please note:** Some caretakers had more than one drug of choice, so the total of Table 7 will exceed 108.

FIGURE 14. Caretakers with a Substance Abuse Issue?

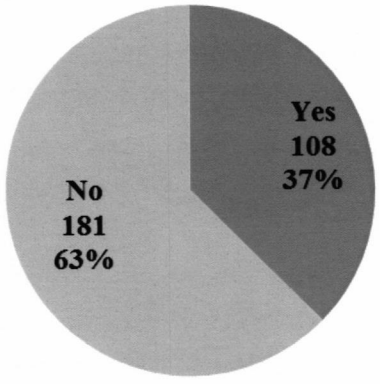


TABLE 7. Drug of Choice

Drug of Choice	# of Cases
Methamphetamine	43
Marijuana	40
Alcohol	35
Prescription Drugs	11
Other	4

53 out of 289 (or 18%) of the Primary Caretakers had been wards of the State at some time during their youth.

A Closer Look...Children

Mental Health Issues

Case records were also examined for possible mental health issues among the children living in each household. Figure 15 shows that 103 (36%) of the sample cases had at least one child with a mental or behavioral health issue. Many of these children do not have an official diagnosis, but worker observations and collateral contacts may confirm that they may need some type of mental/ behavioral health assistance. **Please note:** Some children had more than one issue, so the total of Table 8 will exceed 103.

FIGURE 15. Does a child in the family have a mental/behavioral health issue?

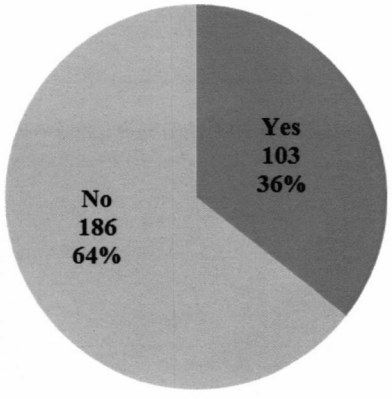


TABLE 8. Child's Mental/ Behavioral Health Issue(s)

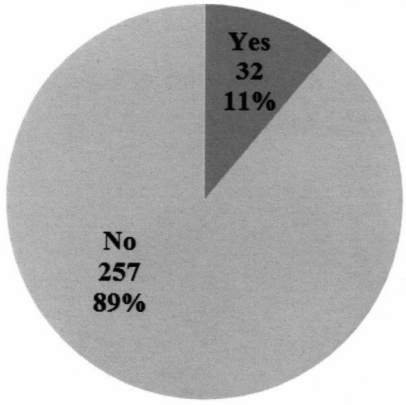
Child's Mental/ Behavioral Health Issue(s)	# of Cases
ADHD	60
Aggressive Behaviors	15
Anxiety	13
Oppositional Defiant Disorder	11
Bipolar	10
Depression	9
Other	27

A Closer Look...Case Outcomes

Court Filings

Figure 16 shows that a very small number of non-court involved cases received a court filing (*n*= 32, 11%). The overwhelming majority of cases closed without a court filing.

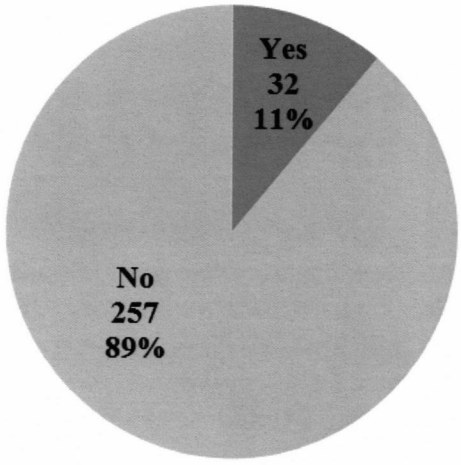
FIGURE 16. Number of Court Filings



New Intakes on Closed Cases

Similarly, only 11% of closed cases had a new accepted CFS intake after the case closed (Figure 17). **However,** it is important to note that many of these non-court cases closed only recently. Another evaluation of these closed cases will need to be done in order to see if this percentage increases over time.

FIGURE 17. Number of Cases that Received Accepted Intakes After Case Closed



What to Watch for in the Future

- ***Tracking and Monitoring of Families Returning to the System***
- ***Impact of Alternative Response***
- ***Impact of Behavioral Health Expansion***

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Family Advocacy Network

Barriers to Permanency Project
Testimony to the Health and Human Services Committee on LR 261
November 14, 2013
Kim Hawekotte, J.D. – FCRO Executive Director

Senator Campbell and members of the Health and Human Services Committee, my name is Kim Hawekotte. I am the Executive Director of the Foster Care Review Office. I am here today testifying on behalf of the Barriers to Permanency Project's initial and preliminary work. Fellow members of this project are also present today. We want to thank each agency for their assistance, dedication and belief in this Project.

History of Barriers to Permanency Project

In the June 2013 Quarterly Report of the Foster Care Review Office, we focused on children that had been continuously in out-of-home care for more than two years. This Report does not include the months spent in foster care during prior removals. It just considered their current removal from home. This Report found the following State-wide data:

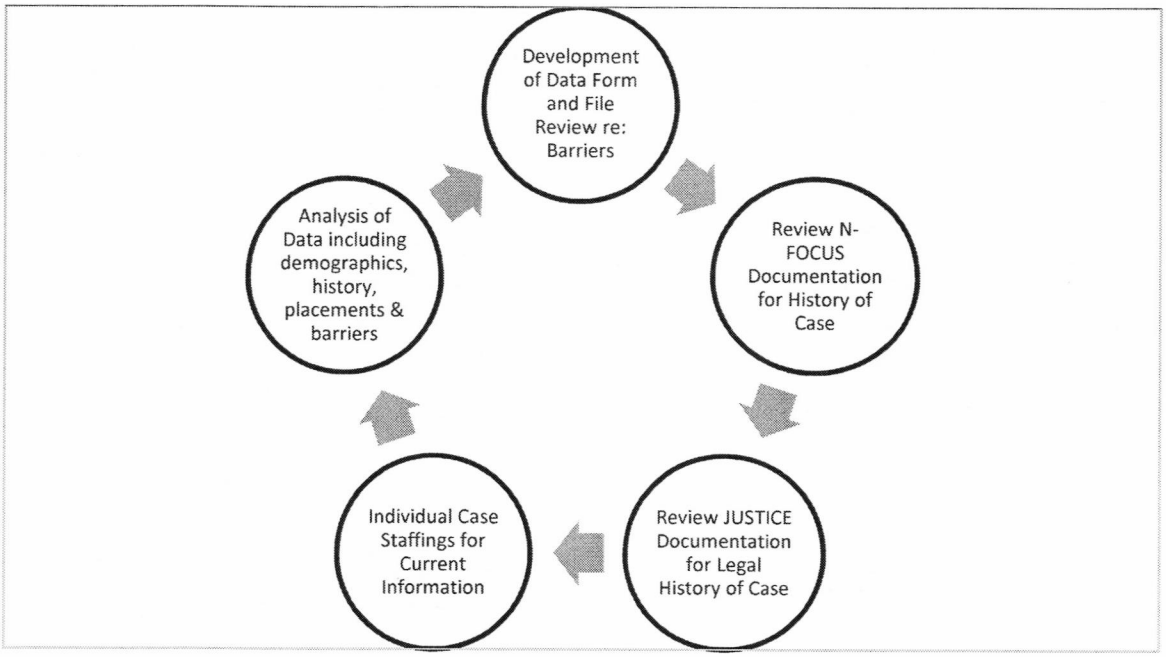
- 870 (23%) of the 3,854 children in out-of-home care had been in out-of-home care for 2 years or longer;
    - 432 of these 870 children had been in out-of-home care for 3 years of longer;
- Eastern Service Area and Southeast Service Area had a significantly higher percentage of children in out-of-home care for two years or longer;
- 458 (53%) of these children were age 12 and younger and 412 (47%) were age 13 and older;
- 166 (19%) of these children were ages 0 to 5;
- Native American and African American children were overrepresented in the population of children in out-of-home care for more than 2 years compared to the population as a whole;
- 44% of these children are from families that meet the rigid poverty thresholds for IV-E funding.

One of the recommendations in this Report was the creation of a collaborative process to review each of these children circumstances to determine their individual barriers to permanency. In August, the Barriers to Permanency Project was created and a collaborative was formed including the Nebraska Inspector General, Department of Health and Human Services, Nebraska Families Collaborative and the Foster Care Review Office. Due to the size of this undertaking, it was decided that the Barriers to Permanency Project would begin in the Eastern Service Area. The Eastern Service Area comprises approximately 40% of all children in out-of-home care.

It is the belief of the Barriers to Permanency Project that every system is set up to get the outcomes they are currently getting. It is not acceptable to have this many children not reaching permanency in our system after being continuously in out-of-home care for over three years. We need to honestly look at this data and barriers to changes the system. The lessons learned from reviewing and assisting these

children to achieve permanency can then be applied to the cases of other children in the child welfare and juvenile justice system. It will further enable the creation of policy recommendations to improve permanency outcomes for children in out-of-home care.

Process Utilized by the Barriers to Permanency Project



Data Collected by Barriers to Permanency Project

A common data form was jointly created and used in the review of each of these individual cases. The information was collected from N-FOCUS, JUSTICE, paper file reviews and case staffings with the assigned Family Permanency Specialist and/or their Supervisor. The data collected included:

1. Basic Case Identifiers
2. Demographics of Child and Family
3. Legal Status History
4. Reasons entered Out-of-Home Care
5. Current Permanency Goals
6. Status of Parental Rights including Fathers
7. Current Placement Type
8. Placement History
9. Number of Removals from Parental Home
10. Child Characteristics/Services

The process also included the creation of a common set of barriers. Seven broad categories were initially identified. We do acknowledge that many of these barriers are intertwined and that is why these cases are so complex. Further studies will be done in each of these broad categories. Barriers fall into these categories:

1. Legal Barriers (ex: ICWA, custody, immigration, paternity or no termination of parental rights filed)
2. Court/Legal Parties Barriers (ex: appeal of termination, delays/continuances, fragmented court system)
3. Parent/Guardian Barriers (ex: mental health, substance abuse, incarceration, refusal to take child back)
4. Subsidy/Funding Barriers (ex: adoption, guardianship, DD funding)
5. Child Barriers (ex: severe mental health, DD, child behaviors)
6. Placement Barriers (ex: current placement unwilling to provide permanency; lack of support in placement, relatives unwilling to provide permanency)
7. Case Management Barriers (ex: number of case managers, need family finding, lack of effective case management throughout life of case, lack of effective current case management, lack of independent living services)

Relevant Preliminary Data Findings

This process and analysis was completed on 299 children in the Eastern Service Area over the past two months. Each of these children had continuously been in out-of-home care for over three years. It is relevant to state that for some of these youth state wardship has continued for longer than this three year time period. For 75% of these children it was their first removal from home; for 20% of these children it was their second removal from home; and for 5% it was their 3rd or more removal from home. No value judgments were made by individuals or agencies involved but rather the intent of this process is a systemic view of each of the factors involved with these children.

A. Demographic Information

Time in Out-of-Home Care

Total for All Children Median of 3.9 Years

* 48% Were Under 4 Years in Care with a Median of 3.5 Years
* 52% Were Over 4 Years in Care with a Median of 5.1 Years

Age When Began Out-of-Home Care

Age 0-5	107 children (36%)
Age 6-10	91 children (30%)
Age 11-15	101 children (34%)

Current Age

Age 0-5	34 children (11%)
Age 6-10	85 children (28%)
Age 11-15	75 children (25%)
Age 16-19	105 children (35%)

* Median Age for Children under 4 Years in Care was 11 Years of Age
* Median Age for Children over 4 Years in Care was 14 Years of Age

Gender

Female	141 children (47%)
Male	158 children (53%)

* No statistical differences for children under and over 4 Years in Care

Legal Status

HHS Ward	260 children (87%)
HHS/OJS Ward	30 children (10%)
Dual	9 children (3%)

* No statistical differences for children under and over 4 Years in Care

County of Filing

Sarpy County	16 children (5%)
Douglas County	283 children (95%)

* 29% of the Douglas County cases were with one judge with the remaining equally divided between the other four judges

Race

White	106 children (35%)	66% of all children in Eastern Service Area
Hispanic	29 children (10%)	14% of all children in Eastern Service Area
African Amer.	134 children (45%)	11% of all children in Eastern Service Area
Native Amer.	14 children (5%)	1% of all children in Eastern Service Area
Bi-racial	14 children (5%)	6% of all children in Eastern Service Area

* No statistical differences for children under and over 4 Years in Care

B. Parental Rights

Mother's Parental Rights

Deceased	3.5%
Intact	33%
Relinquished	31%
TPR	30%

Father's Parental Rights

Deceased	8%
Intact	37%
Relinquished	15%
TPR	33%

* Termination of parental rights for both parents is more likely to have occurred after a child has been in care for longer than 4 years.

C. Permanency Goals

Primary Permanency Goals (Top Two)

Adoption	37%
Reunification	25%

* No statistical differences for children under and over 4 Years in Care

D. Placement

Total Placements Under 4 Years of Care		Total Placements More than 4 Years in Care	
1 Placement	5%	1 Placement	0%
2-4 Placements	**29%**	**2-4 Placements**	**14%**
5-8 Placements	30%	5-8 Placements	33%
9-12 Placements	12%	9-12 Placements	14%
13-20 Placements	12%	13-20 Placements	13%
21 or More Placements	**12%**	**21 or More Placements**	**28%**

Types of Current Placement

Adoptive Home	6%
Congregate Care	11%
Foster Care	55%
Relative Foster Care	14%
Treatment	2%
Detention/Jail	5%
Independent Living	3%
Runaway	4%

* Youth with more than 13 placements and have been in care **less** than 4 years tend to have more detention placements, more runaways and more placements with parents.
* Youth with more than 13 placements and have been in care more than 4 years tend to have more foster care placements and slightly more treatment placements.
* African Americans comprise 45% of the youth that have been in care for three years or more but are **less** likely to be in an adoptive home and relative foster care and **more** likely to be in congregate care and foster care with families not known to them.

E. Child's Needs

Children in care for longer than 4 years were more likely to have an N-FOCUS identified need.

	< 4 years	> 4 years
Learning	17.5%	25.2%
Developmental	7.1%	16.3%
Emotional	16.7%	22.8%
Behavioral	42.9%	56.1%
Mental health	49.2%	63.4%

Barriers to Permanency

The barriers to permanency were collected on each of the 299 reviewed cases. Not all reviewed cases had equal number of barriers. Barriers were mainly identified through individual case staffings due to reviewers' inability to find relevant documentation in N-FOCUS. The goal of this process was to identify the significant categories with regard to barriers. Based upon this preliminary work, we are now able to know where further research is needed. In order to develop strategies to improve timeliness of permanency further analysis will be completed.

- **Legal Barriers**

  * Most prevalent was the lack of filing of a termination of parental rights action.
  * Second was the failure to deal with paternity or father's legal rights.
  * Third were immigration issues impacting permanency.

As a side note, we know that one of the legal barriers within juvenile court revolves under custody issues. When a child is placed with a non-custodial parent, the financial and legal ability to obtain a change in a domestic custody order greatly impacts the ability to achieve permanency and close a juvenile case. This situation arises due to a conflict between the district court and juvenile courts. The children involved in these types of situations were not included in our file review due to the fact that these children are considered placed at home. Further research must be completed on this issue and a process has been started to review these cases.

- **Court/Legal Parties Barriers**

  * Most prevalent was a fragmented legal system. Examples of these include failure of a guardian ad litem to meet their statutory responsibilities or failure to file needed supplemental petitions or lack of focus on permanency by the legal system.
  * Second was the time period involved in the appeal process. This can add more than a year to a case and includes both appeals of adjudications and appeals of termination of parental rights.
  * Third was the number of delays and continuances within the court process.

Further analysis is being completed in this area to be better able to identify specific court processes and legal parties issues that are delaying permanency for children.

- **Subsidy/Funding Barriers**

  * Most prevalent was the amount of adoption subsidy and funding especially issues surrounding medical and mental/behavioral health care.
  * Second was evenly split between guardianship subsidies and DD funding for these children. All of the children that had a barrier regarding DD funding have been in out-of-home care for longer than 4 years.

- **Child Barriers**

  * Most prevalent two concerns revolved around the child's behaviors and the severe mental health needs of the child.

Further analysis is being completed in this area to compare the number and types of placements for these children. We truly question whether it is the child behavior's that is the barrier or an inappropriate placement. It was of concern that in the cases where this was listed as a barrier there were a substantial number of placements (in two cases over 50 placements) and also numerous treatment placements over many years.

- **Placement Barriers**

  * Most prevalent was the current placement unwilling to provide permanency.
  * Second was the child was not in any type of potential permanent placement.

- **Case Management Barriers**

  When discussing other barriers, it was identified that intertwined were a number of case management issues. For example:

  * Cases with a high number of case managers.
  * Cases that had been passed between a number of agencies.
  * Issues with past case management that makes current case management more difficult.
  * Family finding that occurring in a timely manner.
  * Fathers not being included in case planning from the very beginning of a case.
  * Workers not always recognizing trauma effects as a root cause for problematic child behaviors.
  * Difficulty in finding key facts on the N-FOCUS system.

Of the 299 cases reviewed, 67% of these cases began **prior** to January 1, 2011, when case management was contracted by DHHS with lead agencies. 32% of these cases began **after** January 1, 2011. Of these 299 cases, 5% of the cases originated with Nebraska Families Collaborative in late 2009 and early 2010. 26% of the cases were transitioned during the initial reform effort; 28% transferred to NFC from DHHS in October 2011; and 41% of the cases transferred from KVC in March 2012.

Considerations and Next Steps

Next Steps

As is true with any good data project, it raises as many questions as it answers. Since we are only in the preliminary phase of analyzing the data, some of the questions that we are researching further include:

1. Comparison of the reason the child entered out-of-home care and his/her length of stay and type of placements.
2. The re-entry rate by demographics such as by age, race, type of case and by judge.
3. Further detail on the specific barriers surrounding the court/legal parties.
4. Further research into the custody issue delaying permanency.
5. Further research into the correlation between a barrier of the child's behavior and the number and type of placements.
6. Further research into the number of sibling groups and the other specific barriers to this population. This also needs to include whether sibling contacts are in place.

Considerations

Based upon what we have seen at this time, considerations should be given to the following:

1. Review of the length of the court appeal process. We do acknowledge that there is a legal right to appeal a decision but are concerned about the median time for the appeal process over 10 months. We further acknowledge that this issue is being closely monitored by the Through the Eyes of the Child Initiative and recommend that this process continue.

2. Requirement that court orders must be issued within 30 days of the finalization of the court hearing. Since any and all court decisions do affect the life of a child, it is important that these orders are issued promptly so that cases can continue to move forward to permanency.

3. Lack of a trauma-informed system of care by every stakeholder in the system. We acknowledge that every placement change for a child impacts a child. Too many placement decisions are being made without full consideration of the impact this will have on a child. We also need to ensure that appropriate mental/behavioral health treatment is focused on the trauma suffered by a child.

4. Challenges regarding technology. This collaborative group spent over 400 hours just to find some of this basic data. We further found a lack of consistency in the data and no ability to use this data in any type of accessible analytics. This data needed to be collected manually through case staffings and had to be supplemented with information from JUSTICE. Information found in N-FOCUS was inconsistent based on the data field under review, for example looking for permanency and concurrent plan was different based on where one looked in N-FOCUS. This

same was true for finding information on relatives. There also needs to be developed a computer system that provides alerts and exception reports in a way that makes it easier for workers and supervisors to do their job. If data were easier to enter for the workers, there would be increased completeness and accuracy which we found lacking on many of the reviewed cases. These technological improvements would greatly impact the effectiveness of case management.

5. Further evaluation of the Nebraska Foster Care System in necessary to adequately address barriers to permanency. The current system does not provide incentives to foster care providers for serving Nebraska's children most in need of a foster home, nor does it provide incentives for moving children to permanency. We commend the Foster Care Rate Committee of the Children's Commission for tackling this difficult issue.

I would like to personally thank each of the agencies involved in this extensive undertaking. It would not have been possible without all of their hard work and dedication. Special thanks the NFC, DHHS and the Inspector General.

November 19, 2013

Karen Authier, Chairperson
Nebraska Children's Commission

Dear Karen Authier,

Legislative Bill 530 from the2013 Legislative Session requires the Nebraska Children's Commission to provide to the department and Health and Human Services Committee of the Legislature by December 1st "a report including recommendations and any legislation necessary, including appropriations, to adopt the recommendations, regarding the adaptation or continuation of the implementation of a statewide standardized level of care assessment".

The attached report is a summation of the progress made in the first two meetings of the Foster Care Reimbursement Rate Committee. The pilot project and planning is not at a point to make any formal recommendations for legislation, appropriations or implementation of the statewide standardized level of care assessment tool or standardized base rate.

The committee is at the beginning stages of:

- analyzing the pilot results,
- identifying what additional work needs to be done with the Level of Care Assessment tool to fully operationalize the instrument, and
- identifying what the implementation implications are financially to the current foster homes and supporting agencies as well as the State of Nebraska.

Please note that it is anticipated there will need to be some legislative and appropriation action to: 1) delay the implementation (continue with the $3.10 daily rate increase to keep foster parents at the rate they are currently being paid and not experience a reduction in rate), 2) initiate an incremental implementation, or 3) initiate full implementation of the new standardized base rate and level of care rate.

Respectfully,

Peg Harriott

Peg Harriott
Chairperson
Foster Care Reimbursement Rate Committee

Foster Care Reimbursement Rate Committee
Report to the Nebraska Children's Commission
November 19, 2013

The Foster Care Reimbursement Rate Committee had its first meeting October 18th and a second meeting November 15th.

The first meeting was spent with general committee orientation to:

- LB 530 requirements,
- the results of the previous rate committee: Base Rate recommendation and Level of Care tool
- current status of the pilot of the Level of Care Assessment tool
- Federal IV-E claiming for foster care and the administrative rate.

The second meeting:

- Verbal report from DHHS on the pilot project status
  - Number of assessments completed
  - Results of the assessments
  - Beginning analysis of the results including documentation reviews
- The committee recommended additional analysis points for the pilot including assuring the inclusion of foster parents and agencies in the completion of the tool.
- Formulation of a workgroup to advance the Level of Care Assessment tool to include recommendations regarding weighting, scoring, and assigning dollar amounts to the levels.
- Review of FFTA study on the costs of agency supported foster care in regards to support functions/service and indirect administrative rate.
- Identification of broad intentions to guide the committee going forward.

Next full committee meeting is scheduled for December 9th.

Report completed by:

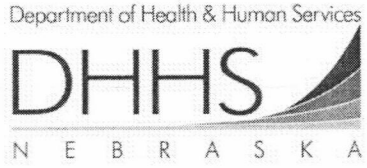
Peg Harriott

Peg Harriott
Foster Care Reimbursement Rate Committee

Alternative Response
Model Development

LB561 Report to the Children's Commission

Division of Children and Family Services



November 2013

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Background

Bill 561 and Requirements for a Report

During the 2012-2013 103rd Legislative Session, LB 561 was passed which requires the Department of Health and Human Services (DHHS) to convene interested stakeholders to develop a model for an Alternative Response (AR) to reports of child abuse or neglect. This legislation requires DHHS to provide the Alternative Response model to the Nebraska Children's Commission by November 1, 2013 for review. The Nebraska Children's Commission will submit the model and its review to the Legislature by December 15, 2013.

Statewide Team, Internal Team, and Director's Steering Committee

The following sections outline key elements of an Alternative Response model as required by LB 561. External stakeholders and internal Division of Children and Family Services (DCFS) staff provided input on the model design via workgroups established in summer and fall 2012. Although DCFS has attempted to reach consensus on all aspects of the Alternative Response model, there are still concerns with some elements of the proposed model. DCFS has engaged stakeholders from the beginning of the planning process and will continue to do so. This report contains input from the external committees. DCFS is committed to maintaining child safety at all levels of system intervention.

DHHS will continue to utilize the three established Alternative Response committees/workgroups to further develop and implement the model. The Statewide Alternative Response Advisory Committee provides input and feedback in the development and implementation planning. The group membership includes a variety of system stakeholders and DHHS agency leadership. The Statewide Advisory Committee has provided valuable input and will continue to inform the process to develop Nebraska's Alternative Response model. In addition to the Statewide Alternative Response Advisory Committee, the Director's Steering Committee serves as an intermediary group to provide feedback to the DCFS Director and the DCFS Internal Workgroup/Design Team. These committees assist with the refinement of development, planning and implementation considerations to be presented to the Statewide Alternative Response Advisory Committee. See the Appendix for a list of workgroups and their membership.

Alternative Response Conference

Nebraska began the research and planning efforts for Alternative Response in spring 2012. DCFS staff, along with stakeholders, researched and examined several Alternative Response models across the country, specifically Illinois, Ohio, Colorado, and Minnesota. Nebraska representatives, including the Director's Steering Committee, attended the 2012 Conference on Differential Response in Child Welfare held in Henderson, Nevada. Members of the Director's Steering Committee, along with members of the DCFS Internal Workgroup/Design Team, also attended the 2013 national conference at the end of October with support from Casey Family Programs. A debriefing meeting is scheduled November 4, 2013, and it is likely the conference attendees will bring back information that will continue to shape Nebraska's Alternative Response model. Nebraska will continue to engage stakeholders, families, case managers, and members of the three branches of government (legislative, executive, and judicial) in planning efforts to develop the Nebraska Alternative Response model.

Connection to IV-E Waiver

Alternative Response is one of the strategies identified in Nebraska's Title IV-E Waiver Demonstration Project which was awarded to DHHS on September 30, 2013. The purpose of Nebraska's project is to safely reduce the number of children experiencing foster care or placed in the custody of DCFS. According to 2011 AFCARS data, Nebraska removes children from their homes at a rate twice that of the national average and ranks only behind the District of Columbia in that category. The Alternative Response project seeks to safely reduce that number and, in conjunction, reduce the trauma experienced by Nebraska's children when removed from their home of origin to receive needed services. Alternative Response will

allow families to access needed services and supports without the formal involvement of the courts and without fault finding via the Nebraska Child Abuse and Neglect Central Register. The Title IV-E Waiver Demonstration Project allows Nebraska more flexible use of federal funds in order to test new approaches to service delivery and financing structures.

Nebraska Children's Commission Strategic Plan

The Nebraska Children's Commission strategic plan includes the development of an Alternative Response system in meeting the goal to support a family-driven, child-focused and flexible system of care through transparent system collaboration with shared partnerships and ownership.

Description of Alternative Response

As acknowledged by the Nebraska Children's Commission strategic plan, current research indicates that a single approach system is not effective with all reports of abuse and neglect. DCFS has a responsibility to continuously promote and strengthen the safety, permanency and well-being of Nebraska's children. By engaging families in new and innovative practices, the goal is to increase parents'/caretakers' ability to keep their children safe through making and sustaining needed changes. At this time, Alternative Response does not change the role of law enforcement.

Alternative Response is a means for DCFS to respond in more than one way to accepted reports of child abuse and neglect. Alternative Response provides an assessment which partners with parents to identify needs and build on their own capacities to keep children safe. Families will be connected to corresponding interventions without a finding of abuse or neglect on the Nebraska Child Abuse and Neglect Central Register. At any time during the process, if DCFS identifies a threat to child safety, the model allows for the case to immediately switch to the Traditional Investigation track.

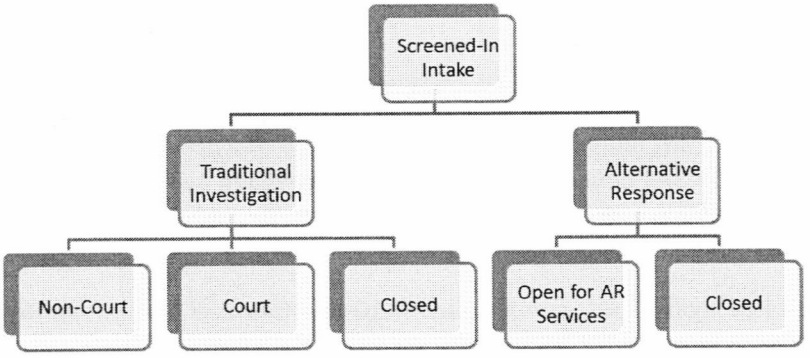
Families experiencing serious abuse and neglect will continue to need an investigation to address the vulnerability of the children. However, families reported for neglect due to a lack of resources may be better served with a family-centered assessment. An Alternative Response System provides the ability to work with families differently because their needs are different.

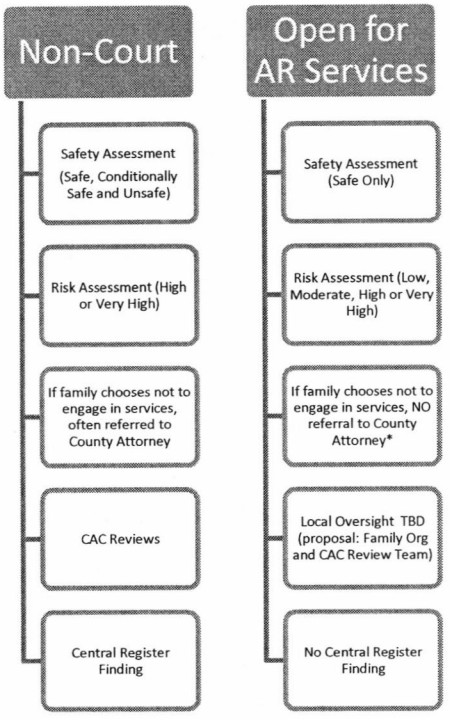
The difference between a non-court case and Alternative Response is the initial response after a call is made to the Child Abuse and Neglect Hotline. Non-court involved families begin with a Traditional Investigation and fault is determined with the perpetrators' name being placed on the Nebraska Child Abuse and Neglect Central Register. The safety and risk assessments are completed, and families with a risk level of high or very high are opened for ongoing case management. DCFS offers families the opportunity to engage in services on a voluntary basis. If a non-court family chooses not to engage in services, DCFS can and, in many cases, does refer the family to the county attorney to obtain a court filing.

In an Alternative Response, safety and risk assessments would also be completed. Once the child is determined to be safe, regardless of risk level, the family is offered supportive services based on their strengths and needs. These services would be voluntary in nature, and if the family chooses not to engage in services, a referral would not be made to the county attorney.

If in an Alternative Response the risk level is assessed as "very high," and the family refuses to engage with the DCFS worker or in services, the case would be staffed immediately with a review team to determine whether a new intake should be initiated through a traditional response track. The make-up of the review team members will be determined during the continued planning process. Based on stakeholder feedback, it is important that the review team members not be involved in the original case. For example, a different DCFS supervisor and worker should staff the case. In addition, to reduce variability across pilot sites, external stakeholders suggested forming a statewide review team. At this time, DCFS is considering a DCFS

supervisor, a DCFS worker, a CAC representative and a family organization representative as the review team membership.





*If risk level is assessed "very high," and the family refuses to engage in services, the case would be staffed immediately with a review team to determine whether a new intake should be initiated through a traditional response track.

Pilot Sites for Beginning Phases – Methodology – Anticipated Implementation Date[1]

DCFS plans to use a staged implementation of Alternative Response that will be piloted in specific counties across the state and move toward statewide implementation over the course of the Title IV-E Waiver Demonstration Project through 2018.

Five counties will be selected for the initial implementation. The five counties will represent various geographic, economic and demographic characteristics. Specifically, DCFS is considering county size; child abuse and neglect rates; child abuse and neglect case types; poverty; child poverty; race; re-referrals; number of children in care; and community-level service provision availability by county. The Title IV-E Waiver Demonstration Project requires that pilot sites be selected by January 15, 2014, and implementation begin no later than October 1, 2014.

DCFS has considered key legal issues related to the implementation of Alternative Response, including the selection of pilot sites. DCFS will work with the IV-E Waiver evaluator to ensure that the selected pilot sites will not only provide the requisite number of families to be served, but will also protect the rights of the families in Nebraska.

Estimated Number of Reports Eligible for Alternative Response[2]

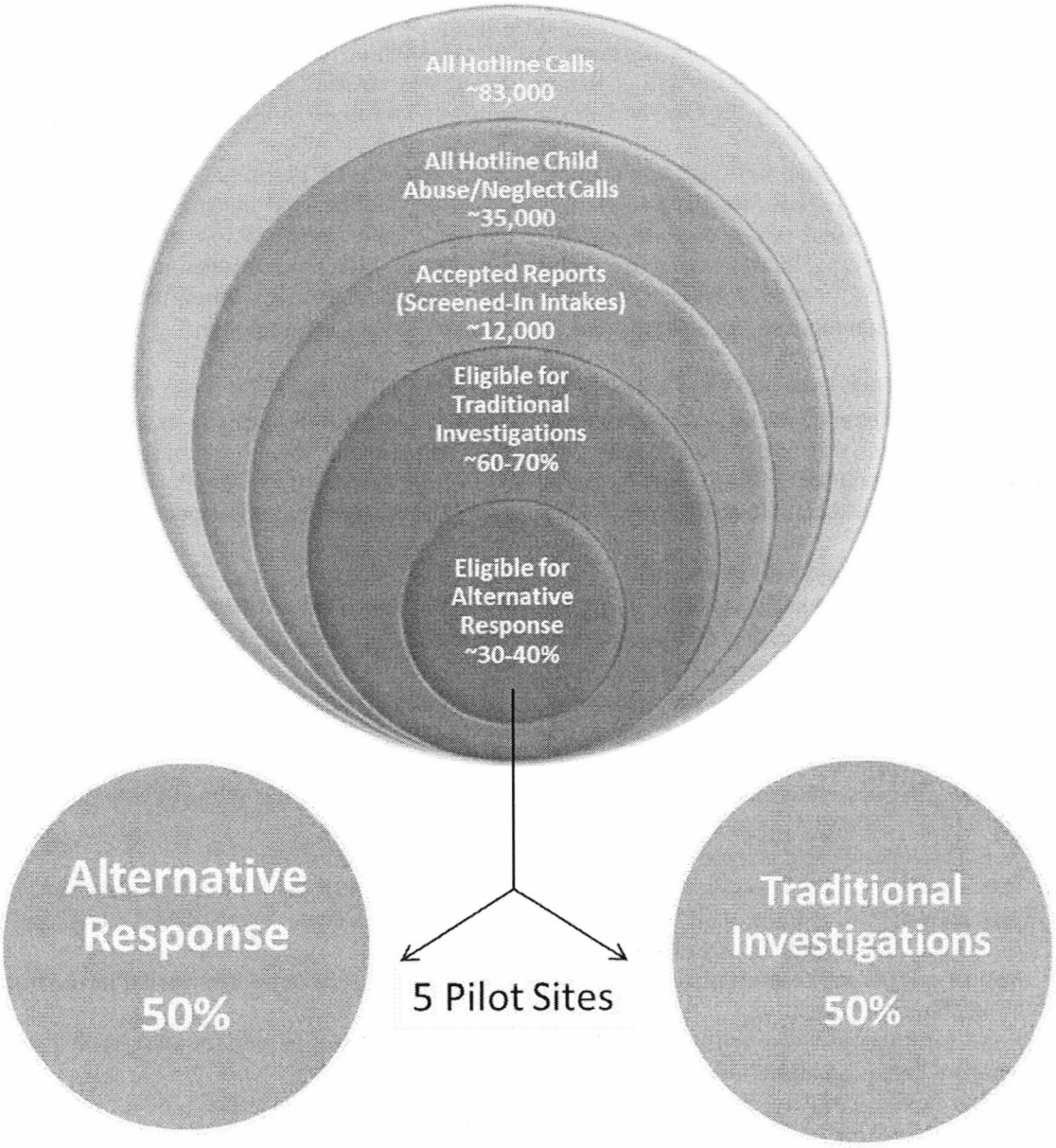
Using the specific criteria outlined in the following section, DCFS estimates between 30-40 percent of the cases accepted for assessment (i.e., screened in at the Hotline) will be eligible for Alternative Response. This percentage is based on statewide data, not the five pilot sites. As outlined in the terms and conditions of the Title IV-E Waiver Demonstration Project, DCFS will randomly assign 50 percent of the Alternative Response eligible cases in the five counties to a control group and 50 percent to the Alternative Response program group. The control group will receive the traditional investigative response process and the Alternative Response program group will participate in the Alternative Response model. The screening decision will be made by the DCFS Centralized Hotline using the specific criteria outlined in the following section. All cases assigned, whether Traditional Investigation or Alternative Response, will be assessed for safety.

Traditional Investigations will continue for families where an accepted report received by the DCFS Centralized Hotline alleges possible imminent harm. Investigations will continue to be conducted on accepted reports alleging domestic violence, physical abuse, sexual abuse, sex trafficking, severe drug use and high risk neglect. Cases assigned for a Traditional Investigation will include a determination if maltreatment occurred to determine any needed court action and to make a Central Register finding. Interviews of children are completed without the permission or knowledge of the alleged perpetrator.

An Alternative Response will be applied to reports that do not allege serious and imminent harm. Examples of reports that may be referred for Alternative Response include: inadequate supervision, inadequate food, inadequate shelter, inadequate clothing, functioning impairment and environmental neglect. Accepted reports assigned for Alternative Response do not require a finding of maltreatment. Child safety will always be assessed through Alternative Response. Alternative Response is a proactive approach focused on family engagement and connecting families to resources in order to prevent child abuse and neglect rather than waiting until serious harm occurs.

The following diagram outlines the proposed Alternative Response target population.

[1] (a) Methodology for determining the location of sites for initial implementation of Alternative Response.
[2] (b) An estimate of the percentage of reports of child abuse or neglect eligible for Alternative Response.


All Hotline Calls
~83,000
All Hotline Child Abuse/Neglect Calls
~35,000
Accepted Reports (Screened-In Intakes)
~12,000
Eligible for Traditional Investigations
~60-70%
Eligible for Alternative Response
~30-40%
Alternative Response
50%
5 Pilot Sites
Traditional Investigations
50%

Eligibility Criteria for Alternative Response[3]

Considerable, thoughtful conversation has occurred in the Statewide Advisory Group, the Director's Steering Committee and the internal workgroups about what kind of cases are appropriate for an Alternative Response. There is general agreement that cases which are low or moderate risk would be the most appropriate cases for an Alternative Response. At the current time, however, a preliminary risk assessment is not conducted by the Centralized Hotline when an intake call is received.

At the Alternative Response national conference in November 2012, members of the Director's Steering Committee were provided an Alternative Response screening tool utilized by Ohio. Ohio had developed a tool that included incident types, considerations of history, family constellation, etc., in order to assist in determining whether a particular intake was appropriate for the Alternative Response track. As a result of that example, the Statewide Advisory Group, the Director's Steering Committee, and the internal workgroups have been focusing its attention on creating such a list for Nebraska.

As a result of that process, DCFS is currently proposing the following criteria on accepted reports (i.e., screened-in intakes) received by the Centralized Hotline to determine pathway assignment (Traditional Investigation versus Alternative Response). Pathway assignment would be based on the allegation received by the Centralized Hotline. Any case that involves one or more of the following allegations would be assigned to the Traditional Investigation track (hence, "Alternative Response ineligibility criteria").

1. Report alleges physical abuse that:
   - has resulted in serious bodily injury to a child (Neb. Rev. Stat. 28.109 (20))
   - involves a child under the age of 6 years AND has an injury to the head or torso
   - involves a child that is limited by disability
   - is likely to cause death or severe injury to a child (e.g., shaken baby, rough handling of an infant)
2. Reported domestic violence.
3. Report alleges sexual assault and/or sex trafficking of a child/minor. (Neb. Rev. Stat. 28-319.01 and 28-320.01; 28-830 (13) and 28-831)
4. Report alleges a child is in imminent danger due to sexual exploitation.
5. Report alleges neglect that has resulted in serious bodily injury to a child. (Neb. Rev. Stat. 28-109)
6. Any report that requires child advocacy centers, law enforcement and DHHS coordination. (Neb. Rev. Stat. 28-728, Section 3, Sub-section D, Sub-section iii)
7. Report alleges maltreatment resulting in a child death and other children reside in the home of the alleged perpetrator.
8. Report alleges newborn with a positive urine or meconium drug screen for alcohol or drugs AND
   - parent has as an addiction
   - prior delivery of drug exposed infant without successful drug treatment
   - no preparation for infant's arrival
   - current use and expressed intent to breastfeed or is breastfeeding
   - no in home support system or alternative primary care arrangements
9. Report alleges the manufacturing and/or use of methamphetamine. (Neb. Rev. Stat. 28-401 (14)) or other controlled substance (Neb. Rev. Stat. 28-401 (4))
10. Report of a positive methamphetamine or other controlled substance screen or test during the term of a pregnancy.
11. Report alleges a child had contact with methamphetamine or other controlled substance including a positive meconium or hair follicle screen or test.

[3] (c) Eligibility criteria for Alternative Response.

12. A report of an adult or caretaker residing in the home with a child where such adult or caretaker has previously had their parental rights terminated or relinquished their parental rights during a court involved case. Caretaker definition: Neb. Rev. Stat. 71-6721(3) which means a parent, foster parent, family member, friend, or legal guardian who provides care for an individual.
13. A report alleging abuse or neglect in a household where an active DCFS Traditional Investigation is occurring on one or more individuals residing in the home.
14. A report alleges abuse or neglect in a household where an individual or family is currently receiving services through the Protection and Safety section of the Division of Children and Family Services.
15. Report alleges abuse or neglect that is occurring in an out-of-home setting (i.e. foster care, kinship care).
16. Report by a physician, mental health or other health care provider alleging significant parental mental health diagnosis.
17. Report alleges symptoms related to a parental significant mental illness including but not limited to: psychotic behaviors, delusional behaviors and/or danger to self or others.
18. Biological parent(s) of alleged victim is a current or former state ward.
19. Family has had a prior accepted report within the past six months and there are two or more children under the age of five or one child under the age of two.
20. Previous court substantiated reports of abuse/neglect.
21. Previous agency substantiated and currently on Central Register.
22. Past maltreatment concerns not resolved at case closure and there are two or more children under the age of five or one child under the age of two.
23. Parent name, whereabouts or address unknown at the time of the report.
24. Current open Alternative Response case.
25. Citation issued prior to intake or at time of intake.
26. Pending law enforcement investigation.

Also considering:

27. Report of alcohol and other mood-altering chemical consumption AND allegation of abuse/neglect to a child two or younger.

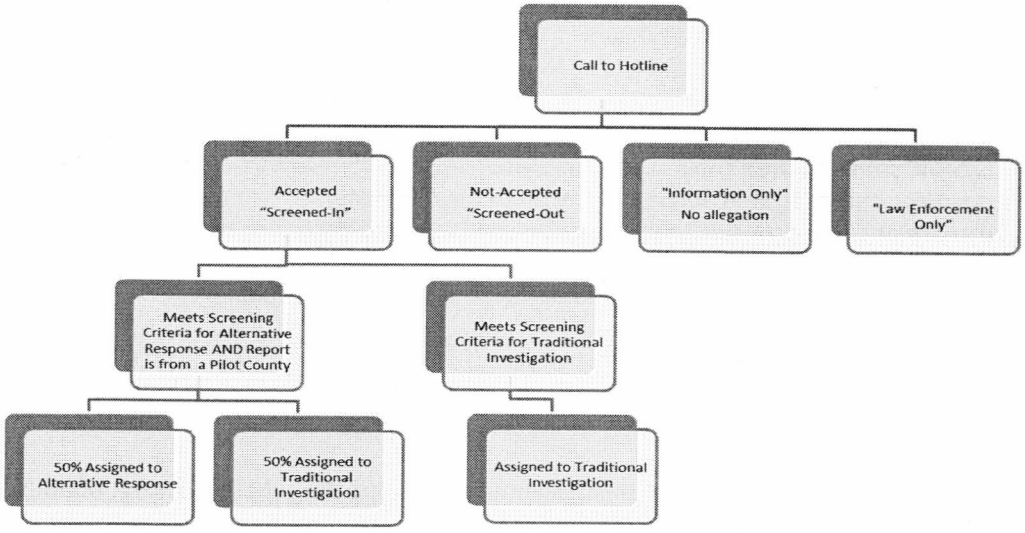
Process to Determine Eligibility[4]

The process of arriving at a track assignment decision would be the responsibility of a DCFS Intake Worker at the DCFS Centralized Hotline. There are 35 DCFS Specialists staffing the Omaha-based Centralized Hotline. The staff has an average of 14 years experience and a wealth of working knowledge and background experience including Child Protective Services (ongoing, initial assessment, and adoption), Office of Juvenile Services, Adult Protective Services, State Corrections and Social Services. The staff are available to receive reports of abuse and neglect around the clock every day of the year. Hotline staff use a Structured Decision Making® (SDM) screening tool to provide consistency to the information gathered and the decision-making process. Situations that meet the definitions of possible abuse or neglect are accepted for initial assessment. DCFS has been conducting Continuous Quality Improvement (CQI) activities with Hotline functions since the fall 2010. The most recent review indicates that in 97 percent of the cases, intake specialists are gathering adequate information to determine the screening criteria; in 98 percent of intakes, the intake specialist selected the correct screening or closing reason; and in 97 percent of the intakes, the Quality Improvement reviewers agreed that the intake specialists had selected the correct response priority.

[4] (d) The process to determine eligibility for Alternative Response.

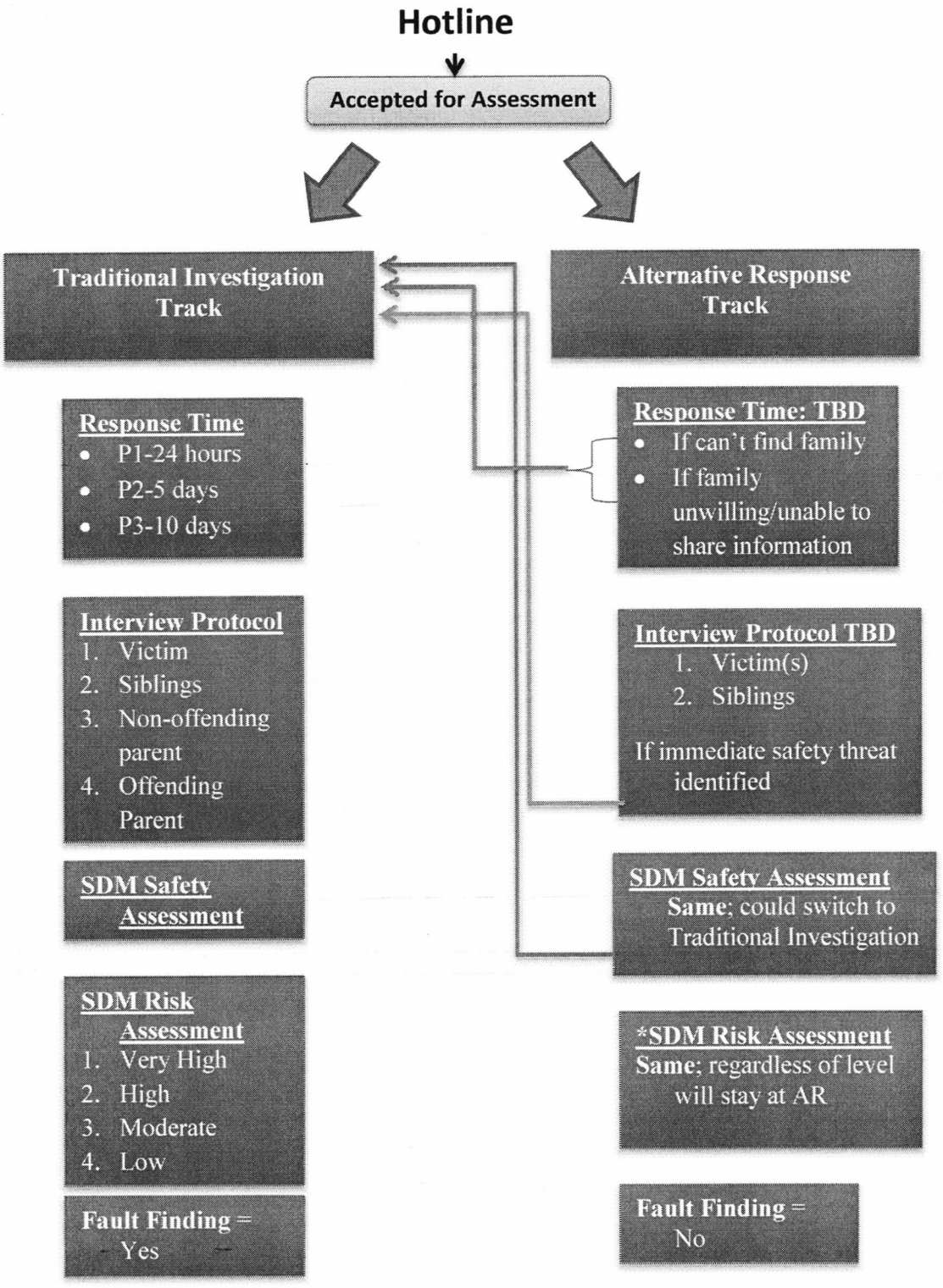
Originally, a team decision-making approach was considered for certain types of cases (called the "gray team"). Some states use a team decision-making approach for those cases that do not clearly meet criteria (a.ka., gray cases). However, after conversations with internal and external stakeholders, DCFS chose to strengthen the Alternative Response ineligibility criteria thus eliminating the need for a gray team. While the decision is made by the Centralized Hotline, the decision can be immediately overridden by the worker conducting the safety assessment if they determine a child is unsafe. In addition, the evaluators will be assessing for fidelity and, on a daily basis, reports will be reviewed by a Hotline supervisor and/or administrator.

The following flow chart outlines the decision tree for arriving at a track assignment decision.



DCFS believes the initial decision made by the Centralized Hotline to assign a family to the Alternative Response track should be considered "preliminary" until the safety assessment is completed. Typically, in an Alternative Response model, workers interview the child in the presence of their parents. DCFS is considering the traditional investigative protocols through safety assessment for Alternative Response cases based on stakeholder concerns regarding the willingness of a child to share information with a parent present. DCFS will continue to work with the Director's Steering Committee as well as the Statewide Advisory Committee about how best to operationalize this. One idea is to inform the parent(s) of the need for DCFS to meet with the child alone and ask their preference on where the meeting should take place (e.g., at home or at school). Future points of conversation with the committees include:

- At what point does a case move from preliminary AR status to formal AR status?
- What pieces of the traditional investigative interview protocols apply to cases in preliminary AR status?
- Do child and sibling interview protocols remain the same?
- Should parent/caretaker interview protocols be changed for cases that are AR preliminary?
- What components of the SDM assessment need to be completed and documented prior to moving a case from AR preliminary to AR formal status?



**If an Alternative Response family is assessed as "very high risk," and they refuse to engage with a DCFS worker or follow through with service provision, a review team would immediately staff the case to determine whether a new report to the Hotline needs to be made.*

Through continued discussions at the end of October 2013 at the Alternative Response national conference in Colorado, the internal workgroup and the Director's Steering Committee are looking very intently at a different eligibility process that has been employed by Colorado's Alternative Response pilot project, which is now being phased-in statewide. The statutes which permit Alternative Response in Colorado provided a list of types of cases which were automatically not eligible for Alternative Response due to their seriousness. In Colorado, only cases which initially screen as low or moderate risk are eligible for an Alternative Response. This determination of risk level at intake involves the combination of the use of an enhanced screening tool at the Hotline, and the use of a RED (Review, Evaluate, Decide) team to determine the risk level of each call to the Hotline. Additionally, the RED team actually makes the screen-in, screen-out decision, with the exception of calls which require an immediate response. Immediate response cases are accepted by the Hotline and assigned to a worker immediately. Colorado's system is being given serious consideration by Nebraska because it provides both a tool for assessment of risk at the point of intake, and a small-group process to solidify (or modify) that risk assessment and to determine whether the case is eligible for Alternative Response track assignment. This process may enable Nebraska to more comfortably reduce the need for the long list of exclusion criteria (see above) that has been proposed up until the end of October.

Specifically, the process includes:

- Using an enhanced screening tool for all intakes;
- Acting immediately on all cases that require an immediate response, as is the practice now; and
- Reviewing all other intakes using a RED team model.
    - The RED team would be made up of an uneven number but no less than three people: a Hotline supervisor, an initial assessment supervisor, and a rotating member of a DCFS worker team (Initial Assessment, Ongoing, Alternative Response or Permanency).
    - The RED team would meet within at least 24 working hours of intake.
    - The RED team makes three decisions: (1) Screen-in or screen-out; (2) establish risk level; (3) assign to Alternative Response or Traditional Investigation based on risk level.
    - If risk level, after RED team consultation, is low or moderate risk, the case would be eligible for Alternative Response. If eligible for Alternative Response, case would be put into randomizer (Alternative Response or Traditional Investigation) for the evaluation.

Assessment Protocol[5]

DCFS will use a combination of safety, risk and well-being tools when assessing families assigned to Alternative Response. Most states use one or more assessment tools for determining path assignment, some of which have been tested for validity and reliability (such as, SDM). Some states have modified existing sets of assessment instruments, developed assessments in collaboration with research institutions or developed assessments in-house.

Nebraska implemented SDM statewide in July 2012. SDM is a set of evidence-based assessment tools used to provide a structure for gathering information at critical case management decision points and to increase the consistency and validity of decisions. DCFS monitors fidelity to the SDM tools on a monthly basis as part of the Continuous Quality Improvement initiative.

After completing a crosswalk, DCFS is strongly considering that the Structured Decision Making tools currently utilized by the Department be used for Alternative Response. These include:

- SDM Intake
- SDM Safety Assessment and Safety Plan
- SDM Risk Assessment

[5] (e)The assessment protocol and tools to be used for Alternative Response.

- SDM Risk Reassessment
- SDM Family Strengths and Needs Assessment
- CFS Case Plan

Although these are the same tools DCFS uses for Traditional Investigation, new protocols will be specifically written to address process changes DCFS specialists will need to follow in working an Alternative Response case, specifically, the timeline in which these tools are completed. Alternative Response protocols will have more flexibility and provide additional avenues for families to identify their service needs.

Role of the Investigative Teams and Treatment Teams in Implementation Sites[6]

Current Nebraska statute 28-728(3)(h)(ii) states the investigative teams must outline what cases will be reviewed by the investigation team including, but not limited to: "Cases determined by DHHS to be high or very high risk for further maltreatment." DCFS conducted a focused review that demonstrated variances with how and when the 1184 investigative and treatment teams convene and operate. Teams are comprised of a variety of stakeholders, including law enforcement. The county attorney often facilitates the meetings. At this time, DCFS does not see the 1184 investigative and treatment teams having a role in Alternative Response. Teams do a good job monitoring Traditional Investigations and DCFS believes that should not overlap with the review of Alternative Response cases.

DCFS believes a team should be established to review Alternative Response cases that does not include the county attorney or law enforcement. DCFS wants to develop formal partnerships at the local level (pilot sites) with the family organizations and the Child Advocacy Centers (CAC) in order to develop and sustain local oversight and accountability. There are other mechanisms of oversight to consider as outlined in the Oversight, Accountability, and Fiscal Section of this report.

Criteria to Transition Families from Alternative Response to Traditional Investigation[7]

Once a report is assigned to a Traditional Investigation, the case will not be eligible for a track change to Alternative Response. However, if a report is assigned to Alternative Response, a worker, supervisor or administrator can override the decision and switch the case to the Traditional Investigation when any of the following criteria exist:

- SDM safety assessment results indicate children are unsafe; OR
- Circumstances exist that were not known at the time of the intake that would disqualify the family from participation in the Alternative Response track and those circumstances are identified in the ineligibility criteria; OR
- Citation is issued by law enforcement after intake; OR
- Parent(s) request a track change.

Process/Criteria Used if Families Refuse Recommended Services[8]

This section is divided into two types of refusal: (1) the family is unable/unwilling to provide information to complete the SDM Safety and Risk Assessment; and (2) the family is unable/unwilling to participate in services.

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[6] (f) The role of child abuse and neglect investigative teams and child abuse and neglect treatment teams in implementation sites.

[7] (h) The criteria and process for transition of families from an Alternative Response to a Traditional Investigation.

[8] (i) The criteria and process for families who refuse an Alternative Response.

The SDM Safety and Risk Assessment(s) will be completed for Alternative Response families. If the family declines or refuses to participate or engage in the assessment process, the following protocol will be initiated:

- Consult with supervisor on additional ways to engage the family.
    - Evaluate the issues in the intake report, considering the ages and vulnerability of the children involved, the likelihood of safety or risk concerns, available family supports, visibility of the children in the community and prior history of the family with DHHS;
    - Contact reporter or other collaterals for additional information about the family's situation;
    - Based on the additional information, determine if there are safety concerns.
- Consider "What aren't we doing?" *versus* "What isn't the family doing?"
- Consult with peers.
- Consider a team approach.
- If there are safety concerns, or no additional information about the family situation is available, transfer the case to the Traditional Investigation.

The completion of the recommended service provision is voluntary for Alternative Response families. If the family chooses not to participate in the recommended service provision, no action, court or otherwise, should take place. The majority of states implemented voluntary service provisions if no safety threat is identified. If the family declines recommended services, the following protocol will be initiated:

- Review safety and risk assessments and family's prior history with DHHS;
- Discuss with supervisor additional ways to engage the family;
- Close the case if children are safe.
- Contact the Hotline if any safety issues arise. Any new intake that caused the child to be determined unsafe would be assigned to a Traditional Investigation.

Continuum of Services Within Pilot Sites[9]

Based on DCFS analysis of data on families eligible for Alternative Response, these families are experiencing situational stressors that are often driven by a lack of available resources. DCFS anticipates that without intervention, the family dynamics would deteriorate and leave the child vulnerable for maltreatment. The continuum of services needs to have a heavy focus on supports and services that address early intervention and promote protective factors.

As stated above, the collective thinking is that services must be voluntary. When families do not engage in services, it will be important for DCFS to evaluate the availability of services—the accessibility, convenience, and cultural relevance. Other states have learned critical lessons about the availability of the right types of services that can be owned by communities. As soon as the pilot sites are identified, DCFS will work to ensure that pilot communities have the capacity for informal and formal support services by completing community scans to assess the current services available and accessible and identify service gaps. DCFS will complete community scans prior to Alternative Response implementation. The Title IV-E Waiver Demonstration Project financing provides DCFS flexibility that will help, in part, to fund these services. There has been strong local assessment work completed in some communities by the Nebraska Children and Families Foundation. While it is unknown at this time where Alternative Response will be piloted, DCFS supports the continued use of the Nebraska Children and Families Foundation Service Array

[9] (j) The plan to address the continuum of services needed for families receiving an Alternative Response.

Assessment process to complete the community scans. This process has been utilized in several communities and each community has found it to be helpful and continue to use components of the program as they build and develop community resources.

DCFS is in the process of researching Evidence-Based (and Promising) Practices (EBP) that have been shown to enhance safety and well-being of the aforementioned case types. These include a combination of case management practices, parenting classes and specialized in-home services. In addition, DCFS is assessing its ability to build capacity to develop a shared case management strategy over time with other units, such as Economic Assistance.

How Service Providers will be Selected[10]

DCFS plans to work with community partners located within the five pilot sites to identify and secure supports/services from public and private agencies. Results from the Service Array Assessment process will help guide decision making as communities will play a large role in helping to decide what services are available, what level of capacity is needed, and what services and supports are missing. Many states that implemented Alternative Response with a similar population have found that the availability of concrete, tangible supports are critical to include in the service array.

Communication and Training Plan

Critical Training Elements[11]

Training is critical to the overall success of Alternative Response. Training must be a multi-level approach that includes staff, community members/families in pilot sites, legal and judicial stakeholders and law enforcement. DCFS will strive for transparency about what Alternative Response is and how it will impact each piece of the broader child welfare system. DCFS Training will work closely with the DCFS Communication Team to ensure a consistent messaging is shared. Alternative Response training for DCFS staff will mirror the current training model for DCFS staff, which includes a comprehensive multidisciplinary approach that engages and assesses families but will focus on engaging families, determining services, enhancing child well-being, and building protective factors and knowledge of the communities' service array. Alternative Response training for staff will include knowledge, skills, and abilities specific to addressing the uniqueness to Alternative Response (engagement, EBP, well-being, trauma informed) while using the current implemented SDM tools and practices for families who meet these criteria. Staff will be skilled at family engagement and community connectedness in moving families to self-sufficiency and sustainability. Training will begin with the selected pilot sites up to four months prior to implementation. All other sites would receive training prior to statewide implementation.

Research shows that effective training programs include coaching. DHHS has used this approach in other training modules with success and additional training will be offered to a select group of workers/supervisors who will be identified to support and coach the staff implementing Alternative Response in their Service Areas.

Current supervisory training will need to be enhanced to include the unique features involved in supervising an Alternative Response family.

In addition to providing training for DCFS staff, training will be offered to community members, stakeholders, and other system partners. These training sessions will be offered via community forums,

[10] (r)A determination of how Alternative Response service providers will be selected.

[11] (k) An overview of critical training elements for both staff who implement and stakeholders involved with Alternative Response implementation.

presentations at various meeting, etc. The DCFS Training and Communication teams will help inform the content of the sessions. The delivery will depend on the audience but will always include local Service Area staff.

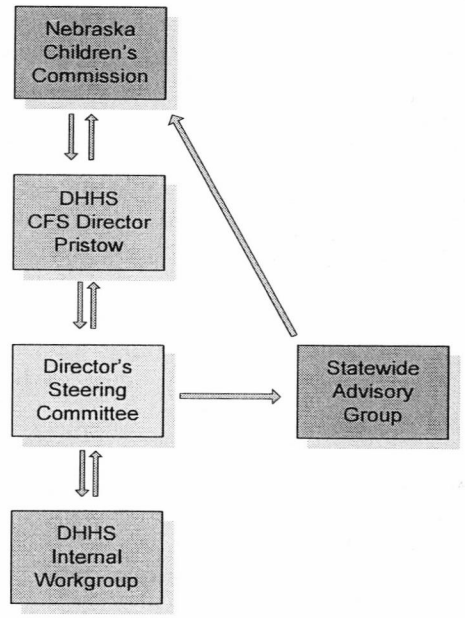
DCFS is in the process of developing a strategic Alternative Response Training Plan that would identify specific training components and corresponding timelines. DCFS will also review Alternative Response training curriculums that have been utilized by other states. In addition, members from the internal workgroup are traveling to Ohio in December 2013 to learn about Ohio's Alternative Response training curriculum.

Communication and Training for External Stakeholders[12] [13]

Data sharing and transparency with families and partners are a vital part to the success of Alternative Response. DCFS is in the process of creating a comprehensive communication plan that includes sharing data both internally and externally. The plan will include creating a Webpage on the DHHS website, quarterly newsletters, FAQ sheets, brochures, community forums, etc. These communications will provide updates and descriptions on Alternative Response and the implementation process as well as data reports. In addition, the Alternative Response data will be shared via evaluation reports and will be included in the Continuous Quality Improvement data presentation, which is available to the public.

At this time, the DHHS Internal Workgroup meets on a monthly basis and provides status updates to the Statewide Advisory Group as well as the, Director and Director's Steering Committee. Information is also shared with the Nebraska Children's Commission on request. Information sharing is in the form of verbal reports, PowerPoint presentations, and handouts. The following communication flow chart is being utilized.

Alternative Response
Planning/Communication Flowchart



[12] (n) A plan to communicate and update interested stakeholders and families with regard to the alternative response planning process.

[13] (g) How, with whom, and what alternative response data will be shared.

To inform and provide guidance to families in Alternative Response, DCFS will develop pamphlets, fliers, and family-focused content both in hard copy and for placement on the DCFS website. This will be initiated during the planning phase and will continue throughout full implementation.

Oversight, Accountability, and Fiscal

Description of Evaluation Component[14]

Developing a comprehensive evaluation is crucial to determine if Alternative Response had an impact on the stated goals. DCFS is in the process of securing an evaluator and have proposed the following design. The evaluation contractor will review DCFS' proposed design and will make revisions to the evaluation plan as needed. According to the terms and conditions of the Title IV-E Waiver, the evaluation will consist of three components: a process evaluation, an outcome evaluation, and a cost analysis.

DCFS will implement a random assignment design over a 60-month period. The State's hypothesis is that by utilizing an Alternative Response model, outcomes for children and families assigned to the Alternative Response program group will be significantly better than those outcomes for a control group using the current investigation model.

The purpose of the outcome evaluation is to determine if outcomes observed in the Alternative Response program group exceed those in the control group. This will help determine if Alternative Response should be expanded to counties not participating in the evaluation. The independent variable is the type of service/intervention provided by DCFS and will include either: 1) Alternative Response with related services; or 2) traditional response of an investigation with related services. The dependent variables that will be measured and analyzed are expected to be centered on intake activity, and may include:

1. Repeat calls to the DCFS Centralized Hotline concerning the child's safety;
2. Existence of substantiated Child Abuse and Neglect (CAN) intakes after the initial contact;
3. In fewer cases the frequency of the youth becoming a ward of the state for services including foster care.

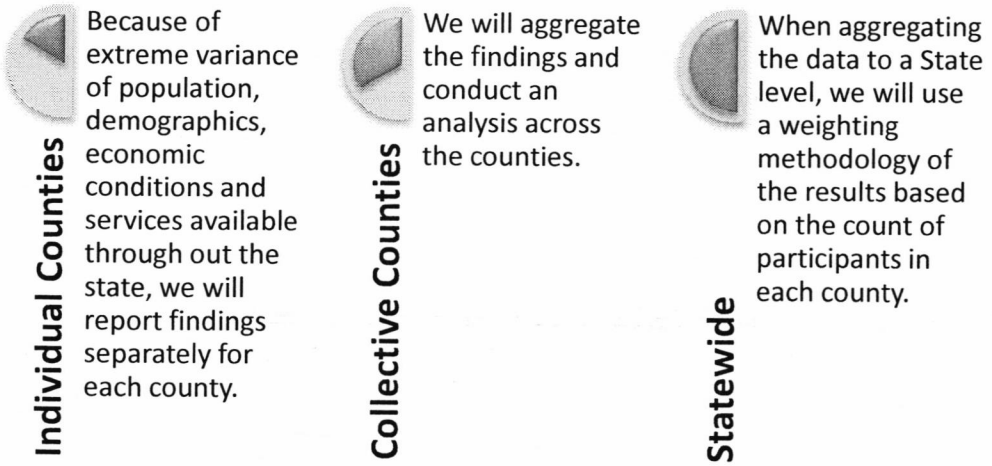
DCFS will attempt to maximize the generalizability of results in several ways. First, five geographic locations throughout the state will participate and differences among (geographic, economic, demographic, psychographic characteristics or available services of the population) will be examined. Next, the study will be performed in a highly controlled manner over 60 months to ensure worker competencies are consistent and at equal levels to minimize distortion that can occur due to this significant factor. Lastly, by extending the study over 60 months, we limit distortions due to short-term economic or environmental conditions that may have a tendency to affect the results.
The outcome evaluation will:

1. Begin in five counties yet to be determined.
2. Contain a short-term analysis of near-term outcomes on a county-by-county basis.
3. Aggregate the data to develop statewide results.
4. Contain a long-term analysis of data to include traditional child welfare outcome measures.
5. Provide a summary of findings and recommendations.

Nebraska is a geographically large state with 53 percent of the youth's population in just three of the eastern 93 counties. Because of the extreme variance of population, demographics, economic conditions

[14] (I) A description of the evaluation component.

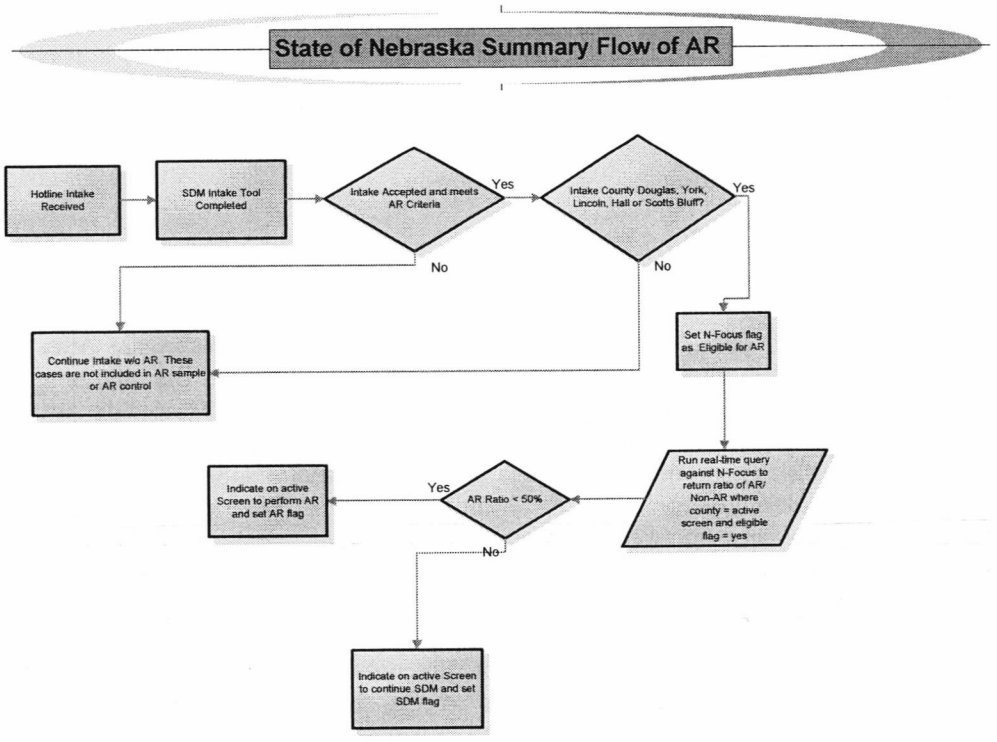
and services available throughout the state and counties, we are proposing to report findings separately for each county and aggregate the findings and conduct analysis across counties. This will ensure the control groups at the county level are of statistically significant size relative to the count of children in the Alternative Response program group. When aggregating the data to a state level, DCFS will use a weighting methodology of the results based on the count of participants in each county.



At the onset of the project, for those selected to be a part of the Alternative Response program by virtue of the intake parameters and limited to the five selected counties, we propose to maintain an equal distribution of children in the Alternative Response program group and in the control group within the county. As data become available to assess the effectiveness of Alternative Response, we will have the ability to increase or decrease the proportion of children in the Alternative Response program and control groups. A couple techniques we will use to eliminate external bias are:

1. DCFS caseworkers within the counties will be trained to perform both Alternative Response and traditional services to ensure constant application of policy and procedure to minimize any bias that may occur due to the caseworker's performance.
2. The child selected for the primary control group will be a child from the same county as the intake. As such, to the extent controllable, all children will have similar characteristics as measured by geographic, demographic, economic, services and psychographic characteristics.
3. To ensure the control group is of like characteristics of the Alternative Response program group and void of bias, assignment to the Alternative Response program group will be random based on the ratio of children in the pilot within each county. Initially, our plan is to keep the ratio of child split evenly between those receiving Alternative Response services and those receiving traditional intervention methods. Accordingly, we will randomly assign 50 percent of the children to a control group using the traditional investigative response process, and 50 percent to the Alternative Response model within the participating counties. In the event a family has multiple children, all children within that family will be offered the same intervention(s).

In order to optimize measurability and analysis of the results, the child's case record will be modified to indicate if they were in either the control group or the Alternative Response program group, or if they were not involved at all. This will enable the evaluator to measure the child's conditions and outcome over time and thus not only compare the Alternative Response program group with the control group, but with the greater population in order to gain additional insight of the results of the pilot.



Relationship Between Alternative Response and the Title IV-E Waiver[15]

Alternative Response is one of the proposed interventions for the demonstration project for the Title IV-E waiver.[16] Early this summer, DCFS expanded collaborative efforts with Casey Family Programs, and requested their assistance with learning more about how an Alternative Response model could benefit Nebraska's children and families. Alternative 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. An Alternative Response will always assess safety and risk but in an approach that is different from the Traditional Investigations.

Funding for Alternative Response[17]

As indicated previously, Alternative Response is one of the interventions outlined in DCFS's Title IV-E waiver. Absent the waiver, states can only draw down federal Title IV-E funds for children served in out of home care. The waiver provides the opportunity to cap the states Title IV-E funds for a five year period, and use those funds flexibly to support the interventions being demonstrated through the waiver proposal. Nebraska was awarded the Title IV-E Waiver on September 30, 2013.

Funding for Alternative Response will largely depend on target population, pilot site selection, and selected service array. DCFS will also receive federal matching funds for developmental costs associated with

[15] (m) The relationship of alternative response to Title IV-E waiver applications of the Department of Health and Human Services under the federal Social Security Act.

[16] The Title IV-E Waiver Terms and Conditions can be found here: http://dhhs.ne.gov/children_family_services/Pages/children_family_services_hottopics.aspx

[17] (p) A budget for implementing and sustaining an Alternative Response model.

Alternative Response as part of the Title IV-E waiver. These funds will be identified as Nebraska's Alternative Response model continues to be developed. DCFS will engage in focused conversations with regard to financial planning for Alternative Response. DCFS will also continue to engage in conversation with other states implementing Alternative Response as a waiver intervention. The capped Title IV-E funds will still be needed to be utilized for children residing in IV-E eligible out-of-home placements. As the population of children in out-of-home care decreases, funds historically used for foster care can be reinvested in the waiver interventions.

Mechanism for Oversight and Accountability of Model[18]

DCFS supports developing a process that allows for oversight and accountability at both the local and statewide level. DCFS will continue to rely on input from both the Statewide Alternative Response Advisory Committee and the Director's Steering Committee throughout the planning process. Once Alternative Response implementation begins, DCFS proposes moving the Statewide Advisory Committee meetings from monthly to quarterly in order to provide implementation updates to committee members. DCFS would like to continue monthly meetings with the Director's Steering Committee throughout Alternative Response implementation in order to allow opportunities to discuss model refinements that will need to occur and to review monthly aggregate data. DCFS also sees value in having the IV-E Waiver Evaluation Team meet with the Director's Steering Committee on a regular basis, which may occur during regular monthly Director Steering Committee meetings.

DCFS believes a team should be established to review Alternative Response cases that does not include the county attorney or law enforcement. As outlined above, the 1184 teams would not be involved in Alternative Response case reviews. DCFS proposes to develop formal partnerships at the local level (pilot sites) with the family organizations and the Child Advocacy Centers (CAC) in order to develop and sustain local oversight and accountability. This group needs to have the statutory authority to both identify and review cases. In addition, DCFS supports the ability for county attorneys to access Alternative Response case records after an Alternative Response case is closed in order to assist in future cases to establish patterns necessary to prosecute later. It is important for statute to clearly define who has access to Alternative Response case records and when.

The DCFS Quality Assurance Team will develop a variety of data matrixes that will support oversight and accountability. Matrixes will report on Alternative Response fidelity and will track and monitor desired program outcomes. DCFS plans to provide Alternative Response updates and aggregate data reports to the Nebraska Children's Commission on a quarterly basis. DCFS will work with the Director's Steering Committee to determine what information would best inform the Commission.

DCFS plans to have further conversations on this topic with the Director's Steering Committee and the Statewide Advisory Committee and would welcome input from the Children's Commission on how best to structure oversight and accountability with the Alternative Response model.

[18] (q) The mechanisms of oversight and accountability in the Alternative Response model.

Statutory and Policy Changes

Identification of Statutory and Policy Changes that Must Occur[19]

DCFS proposes adding a statutory definition of "investigation" in the Nebraska Child Protection Act to clarify that Alternative Response cases are not considered an investigation.

In addition, in order to implement the proposed five county Alternative Response pilot, a statute authorizing a non-investigatory track would need to be enacted. For the pilot, DCFS recommends that the ineligibility criteria not be outlined in statute to allow for greater flexibility. As an alternative to statute, DCFS could include ineligibility criteria in regulation and issue draft guidelines in the interim as a method to inform families of the administrative process. DCFS does believe the statute must include authority for the group charged to review Alternative Response specific cases.

If the Alternative Response pilot is successful, the following statutes should be reviewed to determine whether or not a change would need to be made prior to statewide implementation. Those statutes are:

The Child Protection Act (28-710 to 28-727)

The statutes related to Child Abuse and Neglect Investigative and Treatment Teams (28-728 to 28-732)

The statute related to monthly reporting to the Child Advocacy Centers (43-4407)

When reviewing the statutes, special consideration should be given to the areas of confidentiality and the Central Register.

In addition, DCFS is in the process of updating policy. The proposed language will allow for Alternative Response. The proposed policy changes will streamline the policy and allow the programs to develop procedures that can be easily changed when new and improved evidence based programs are implemented and/or a current process has barriers that need to be changed to support child safety, permanency and well-being.

Central Registry Discussion

As stated previously, Alternative Response is a means for DCFS to respond in more than one way to accepted reports of child abuse and neglect. Alternative Response provides an assessment which partners with parents to identify needs and build on their own capacities to keep children safe. Families will be connected to corresponding interventions without a finding of abuse or neglect on the Nebraska Child Abuse and Neglect Central Register. No perpetrator names are entered on the Nebraska Child Abuse and Neglect Central Register.

[19] (o) The identification of statutory and policy changes necessary to implement the Alternative Response mode, include a procedure that provides that reports of child abuse and neglect which receive an Alternative Response shall not receive a formal determination and the subject of the report shall not be entered into the central register of child protection cases maintained pursuant to section 28-718.

Appendix

Statewide Advisory Committee-Alternative Response

Alicia	Henderson	Chief Deputy/Juvenile Division	Lancaster County Attorney's Office
Bill	Stanton	Senior Director, Strategic Consulting	Casey Family Programs
Brad	Brown	Program Director	Christian Heritage
C.J.	Johnson	Regional Administrator	Region 5 Behavioral Health
Camas	Steuter	Service Area Administrator-Interim	Eastern Service Area
Candy	Kennedy-Goergen	Executive Director	Nebraska Federation of Families
Carolyn	Rooker	Executive Director	Voices for Children
Debbie	Silverman	Service Area Administrator	Western Service Area
Emily	Kluver	Prevention Administrator	Central Office-DHHS
Gene	Klein	Executive Director	Project Harmony
Jennifer	Skala	Vice President of Community Impact	NE Children and Families Foundation
Jerrilyn	Crankshaw	Administrator	Western Service Area
Jim	Blue	President and CEO	Cedars
Kathleen	Stolz	Service Area Administrator	Central Service Area
Kathy	Seacrest	Regional Administrator	Region 2 Behavioral Health
Kim	Hawekotte	Director	Foster Care Review Office
Kristen	Williams	Director of Community Initiatives	Sherwood Foundation
Kristin	Zagar	Project Manager, Technical Assistance	Casey Family Programs
Lindy	Bryceson	Service Area Administrator	Southeast Service Area
Lona	Smart	VACANT	NFC
Lynn	Ayers	Executive Director	Child Advocacy Center
Michael	Neise	President	Paradigm
Mike	Puls	Service Area Administrator	Northern Service Area
Morgan	Kelly	General Counsel	Omni Behavioral Health
Nathan	Busch	Policy Administrator	Central Office-DHHS
Neleigh	Boyer	Attorney	Central Office-DHHS
Pam	Allen	Executive Director	NE Foster & Adoptive Parent Association
Patti	Jurjevich	Regional Administrator	Region 6 Behavioral Health
Rebecca	Jones Gaston	Project Manager, Technical Assistance	Casey Family Programs
Russ	Reno	Communications	Central Office
Sara	Goscha	Special Projects	Central Office
Sarah	Forrest	Policy Coordinator	Voices for Children
Sarah	Helvey	Director, Child Welfare System Program	Appleseed
Senator	Campbell	Senator	Legislative
Senator	Coash	Senator	Legislative
Sheri	Dawson	Deputy Director	Division of Behavioral Health
Tony	Green	Deputy Director	DCFS-Office of Juvenile Services
Vicki	Maca	Deputy Director	DCFS-Protection and Safety
Vicky	Weisz	Director	Court Improvement Project

Appendix

Director's Steering Committee-Alternative Response

Alicia	Henderson	Chief Deputy/Juvenile Division	Lancaster County Attorney's Office
Bill	Stanton	Senior Director, Strategic Consulting	Casey Family Programs
Camas	Steuter	Service Area Administrator-Interim	Eastern Service Area
Emily	Kluver	Prevention Administrator	Division of Children & Family Services
Gene	Klein	Executive Director	Project Harmony
Jerrilyn	Crankshaw	Administrator	Western Service Area
Kristin	Zagar	Project Manager, Technical Assistance	Casey Family Programs
Sara	Goscha	Special Projects Administrator	Division of Children & Family Services
Sarah	Forrest	Policy Coordinator	Voices for Children
Thomas	Pristow	Director	Division of Children & Family Services
Vicki	Maca	Deputy Director-Protection and Safety	Division of Children & Family Services
Vicky	Weisz	Director	Court Improvement Project

Appendix

Internal Workgroup-Alternative Response

Amanda	Nawrocki	Hotline Administrator	Division of Children & Family Services
Beri	Edwards	Supervisor	Southeast Service Area
Camas	Steuter	Service Area Administrator-Interim	Eastern Service Area
Emily	Kluver	Prevention Administrator	Division of Children & Family Services
Jerrilyn	Crankshaw	Administrator	Western Service Area
Kathleen	Stoltz	Service Area Administrator	Central Service Area
Kristin	Dewispelare	Supervisor	Northern Service Area
Kristin	Zager	Project Manager, Technical Assistance	Casey Family Programs
Nathan	Busch	Policy Administrator	Division of Children & Family Services
Neleigh	Boyer	Attorney	Legal Division
Rebecca	Jones Gaston	Project Manager, Technical Assistance	Casey Family Programs
Sara	Goscha	Special Projects Administrator	Division of Children & Family Services
Shelly	Johnson	Training Administrator	Division of Children & Family Services
Sherri	Haber	APS/CPS Administrator	Division of Children & Family Services
Sherrie	Spilde	Administrator	Southeast Service Area
Suzanne	Schied	Program Specialist	Division of Children & Family Services

Bridge to Independence and Support Advisory Committee

Report on Initial Implementation of the Voluntary Services and Support Act

November 19, 2013

The Young Adult Voluntary Services and Support Advisory Committee (YAVSSAC) was appointed by the Nebraska Children's Commission to make recommendations to the Department of Health and Human Services and the Nebraska Children's Commission for a statewide implementation plan meeting the extended services program requirements of the Young Adult Voluntary Services and Support Act. Six workgroups comprised of Advisory Committee members and other stakeholders were established to cover the following key areas of implementation:

- Policy, Eligibility, and Transition into the Program
- Outreach, Marketing and Communications
- Case Management, Supportive Services and Housing
- Case Oversite
- Evaluation and Data Collection
- Fiscal Monitoring Issues and State-Funded Guardianship

The workgroups generated recommendations with input from a variety of stakeholders from throughout Nebraska and in close partnership with the Department of Health and Human Services. The YAVSSAC voted to approve a first round of recommendations from each of the workgroups at their meeting on September 3, 2013. This document presents a second round of recommendation, which include some modifications and expansions of the recommendations approved on September 3, 2013. Because many of the Round 2 Recommendations build on or revise the Round 1 recommendations, we have included both the Round 1 and Round 2 Recommendations in this document. The modifications are highlighted in yellow. These recommendations will form the basis for the YAVVSAC'S report due on December 15, 2013.

POLICY, ELIGIBILITY, AND TRANSITION into the PROGRAM

Note: Additional details on outreach materials and ongoing communication with young adults about the program are included in Section II, Outreach, Marketing and Communications. Section II also recommends that DHHS pursue a public-private partnership to support development of new communication materials and outreach activities to ensure young adults have a smooth transition into the program.

I Former Ward and Juvenile Probation

A. Former Ward should remain available to those young adults already enrolled in the program. This service should continue for those young adults until age 21 as long as the young adult remains eligible. This includes 3(a), OJS and dually adjudicated young adults. Currently enrolled 3(a) and dually adjudicated young adults will have the option to continue former ward services or enroll in the Bridge to Independence Program. We

believe it is best practice to offer Bridge to Independence enrollment to OJS young adults, but we realize that this was not accounted for in the fiscal appropriation.

B. Former Ward can continue indefinitely or be phased out depending on the needs of the population. If there are young adults that continue to opt for enrollment in the Former Ward Program rather than the Bridge to Independence Program, then Former Ward should continue. Funding for these programs should be flexible to accommodate this.

C. Communication between Income Maintenance workers involved with the Former Ward and the Bridge to Independence Programs will be extremely important. If a young adult becomes ineligible for the Former Ward program, active efforts should be made to offer enrollment in the Bridge to Independence Program.

D. Those who have worked on the Bridge to Independence Program and LB 216 should offer assistance to Juvenile Probation. Juvenile Probation may want to create their own Bridge to Independence Program and there are many that could offer information about the federal program and implementation in Nebraska. If Juvenile Probation is not able to create its own program, legislation may be necessary.

E. If the department does not maintain the Former Ward Program to address the gap for young adults who age out after January 1, 2014 but prior to when the Bridge to Independence Program begins, funding (either Former Ward, LB 216 or other general child welfare funding) should be used to give young adults who age out in this period access to Former Ward benefits.

II Initial Communication and Transition into the Program for Young Adults in the Former Ward Program.

A. All current and past recipients of the Former Ward Program who have not yet turned 21 (and will not turn 21 prior to implementation of the extended program) should be sent a clear written notice about the extended program prior to December 1, 2013, informing them of:

1) The rights of eligible young adults to receive extended services and support
2) Information about eligibility and program requirements
3) Types of services and support young adults may receive in the program
4) How young adults can access the program
5) Other requirements of written notice per Sec. 17 (6)
6) An outline of differences between the Bridge to Independence Program and the Former Ward Program
7) What will happen with the Former Ward Program (e.g. when services through the Former Ward Program will cease to exist).

B. By December 1, 2013, a representative of the Department (or current Former Ward staff member) will make contact – or attempt to make contact – with current and past recipients of Former Ward who have not yet turned 21 to provide information verbally and via all available and appropriate channels (e.g. text, Facebook, social media, etc.) about the program and how young adults can sign up, review differences from the Former Ward Program, and ask the young adult if he/she would like to participate in the extended program.

C. If the young adult indicates that he/she would like to participate, the department will assess eligibility and, if the young adult is eligible and consents, arrange for the Bridge to

Independence agreement to be signed and filed with the court in the timeframe necessary to prevent a lapse in services between the transition from the Former Ward Program to the Bridge to Independence Program, if applicable.

It is important to ensure that specific changes are clearly communicated to young adults and efforts are made to avoid service interruption as young adults transitions from one program to another and/or as the department implements the extended program. For instance, room and board fees are currently covered under the Former Ward Program, and these funds are distributed directly to the college once per semester. Under the extended program, the funds may be distributed on a monthly basis.

III Communication and Transition Into the Program for All Young People in Foster Care (age 16-19)

A. The foster care caseworker will provide an annual in-person overview of the extended program during one of the Family Team Meetings including a brochure overviewing service benefits and responsibilities. (*Please see Outreach, Marketing and Communications recommendations for details on development of this brochure.*)

B. As required in LB 216 (Sec. 17 (6)) 90 days prior to the final court hearing, young adults should be sent a clear, written notice about the extended program informing them of:

1) The rights of eligible young adults to receive extended services and support
2) Information about eligibility and program requirements
3) The types of services and support young adults may receive In the program
4) How young adults can access the program
5) Other requirements of written notice per Sec. 17 (6).

In addition to this required written notice, 90 days prior to the final court hearing, LB 216 requires a representative from the department (ideally the foster care caseworker) to meet with the young adults, and determine if they would like to participate in the program. Those who opt into the program will participate in an orientation meeting with their foster care caseworker and their new Independence Coordinator. This meeting will act as the official transition from foster care to Bridge to Independence, and is discussed in more detail in the Outreach, Marketing and Communications section.

IV Communication to Young Adults Ineligible for the Program

A. Young adults determined ineligible for the program at the meeting conducted 90 days prior to the final court hearing will be provided with a clear, written notice similar to that discussed in Sec. 7 (2) of LB 216 informing them of:

1) The explanation for why they were determined to be ineligible (in a clear and developmentally appropriate way)
2) The process for appealing the decision
3) Information about the option to sign up for the program once the young adult establishes eligibility
4) Information about and contact information for community resources that may benefit the young adult, specifically including information regarding state programs established pursuant to 42 U.S.C.677.

B. This written notice should also include information about eligibility and program requirements. In addition to the written notice, this communication should be delivered through every available communication channel (e.g. email, call, text, Facebook private message). The verbal communication should include an explanation of items 1-4 under III B.

C. We recommend a face to face meeting between the young adult and his/her foster care caseworker to review eligibility requirements and complete tasks that may make the young adult eligible for the program – such as enrolling in college or a job training program, or making progress on an employment search.

V **Communication to Young Adults Who Opt Out of the Program**

A. Young adults are provided an information packet of all materials described in NE LB 216 Sec. 7 (1) (process for re-enrollment, etc.) and the list of resources described in NE LB 216 Sec. 7 (2), which will be paid for from the Program administration budget, and an exit survey, per the recommendation of the Evaluation Workgroup.

VI **Communication to Young Adults Who Become Ineligible for the Program After Participating.**

A. The extended program caseworker provides young adults with the required ineligibility notification (per NE LB 216 Sec. 7(2) 30 days before services cease. In addition to the required written notice, this communication should be delivered through every available communication channel (e.g. email, call, text, Facebook).

B. In addition to a court hearing, see Case Oversite Section. There should be an in-person exit meeting with an extended program caseworker 30 days before services cease. At this time, the young adult will be provided an information packet of all materials described in NE LB 216 Sec. 7(1) (process for re-enrollment, etc.) and the list of resources described in NE LB 216 Sec. 7(2), which will be paid for from the Program administration budget, and an exit survey, per the recommendation of the Evaluation section.

C. At this meeting, the caseworker and young adult should work together to meet any eligibility requirement to get the young adult re-enrolled in the Program. For example, the two may enroll the young adult in college classes or a job training program at that meeting, or secure/progress toward securing employment.

D. Young adults should have the opportunity to request an extension of the 30 day grace period between becoming ineligible and end of services.

OUTREACH, MARKETING AND COMMUNICATIONS

Note: see attachment A, which presents the more detailed communications plan developed by the work plan; details on these recommendations.

I **Program Name Recommendation**

A. ***Bridge to Independence*** (preferred choice of young adults surveyed) is the recommended program name, with caseworkers to be called ***Independence Coordinators.***

II **Funding**

A. Items required by the bill (all materials in NE LB 216 Sec 7(1) and (2), i.e. list of resources, process for re-enrollment, exit survey) will be paid for out of the Program administration budget. The outreach, marketing and communications strategy below includes several items that are not included in the bill. ("non-required tactics"), and should therefore not be funded by the Program administration budget.

B. DHHS should work with Nebraska Children and Families Foundation to assemble private contributions and administer the resulting Bridge to Independence Marketing Fund.

C. The total estimate cost of non-required tactics (see Appendix B) for 2014 is $35,550. This is the amount of private money needed to be raised to implement the strategy in its entirety.

III Collaborative Creative Development

A. Because Bridge to Independence will be implemented via DHHS, but non-required communications will be developed using other partners, we recommend that a fundamental design and messaging framework be developed collaboratively. The most efficient, effective way to achieve this is through a multi-agency Marketing Task Force made up of marketing professionals from DHHS (Russ Reno, DHHS designer, DHHS webmaster) and Nebraska Children and Families Foundation (Mary Kate Gulick and Brenda Weyers). Deliverables from this group would include:

1) Visual brand guide

- Bridge to Independence logo and applications guidelines
- Primary/secondary color palettes and guidelin2
- Primary/secondary type
- Photo/illustration style recommendation

2) Messaging strategy

- Positioning statement
- Brand tagline
- DHHS approved boilerplate "About the Program" content
- DHHS approved key and supporting messaging points

3) Site map for the Bridge to Independence websit3

B. Once the look and content of the program is established and approved, DHHS will develop all materials required by LB 216 using Program administration dollars, and Nebraska Children and Families Foundation will develop non-required materials using the Bridge to Independence Marketing Fund.

IV Audience Segments Who Should Be Targeted with Communication and Outreach

A. Young Adults

1) Minors 16-18 in foster care (Bridge to Independence prep)
2) Young adults 18-19 eligible for and opting into the extended program (Bridge to Independence Orientation)
3) Young adults 18-19 who are NOT eligible to enter the extended program (Bridge to Independence ineligibles)
4) Young adults 19-21 eligible and participating in the extended program (Bridge to Independence Retention)
5) Young adults 19-20 who become ineligible after participation and are dropped from the program (Bridge to Independence Drops)
6) Young adults 19-21 who opt out of the program, either at the time of initial eligibility or after a period of participation (Bridge to Independence Opt-outs)
7) 21 year old graduates of the extended program (Bridge to Independence Grads)

8) Young adults who are currently in Former Ward who need to transition to the extended program (Former Wards). This group is covered by Section I.
9) Young adults 19-20 who have been dropped from the Former Ward program, but may be eligible for the extended program (Former Ward Drops). This group is covered by Section I.

B. Current foster parent/placement adult

C. Case Workers and Supervisors
1) Foster care caseworkers and supervisors
2) Independence Coordinators and their supervisors

D. Service Providers

E. Media/Public/Policy Makers
1) Communications will be designed to reach the public and policy makers via the media. Policy maker specific communications will be in the form of periodic program performance reporting.

V Communication Strategies by Segment

Note: Strategies specific to informing young adults of eligibility, determining eligibility, and informing of ineligibility are included in Section I (Policy, Eligibility, and Transition into the Program section).

A. All young adults-Bridge to Independence should have its own web presence. While it will likely be created within the DHHS website, it is critical to user experience that the navigation and site structure of these pages be independent from the current DHHS structure and follow web usability best practices. The look, site map and much general content for this site will be developed within the Creative Development Task Force.

B. Communication permission and confidentiality – Upon entering the Bridge to Independence Program from foster care, the young adult will be asked by the Independence Coordinator to select which methods of communications are acceptable, and to provide the correct information for each method. The choices are:
1) Phone
2) Email
3) Mail
4) Facebook, (all Independence Coordinators will be trained by Deb Troia at DHHS to communicate via the confidential private message feature on Facebook and how to avoid revealing private information)
5) Text Message
6) Other preferred communication channels as mutually agreed upon by the Independence Coordinator and young adult.

C. Bridge to Independence Prep – youth in care ages 16-18 (see Policy, Eligibility, and Transition Into the Program for communication guidelines for these young adults)

D. Bridge to Independence Orientation (see Policy, Eligibility, and Transition Into the Program for eligibility outreach):
1) Program Orientation meeting that includes the young adult, the foster care caseworker and the Independence Coordinator. This meeting will act as an official handoff from foster care to Bridge to Independence, and will provide the young adult with the necessary information about the benefits and responsibilities in the new program. Orientation content will be developed by the Marketing Task Force

and, because this is a non-required tactic, any hard materials will be produced using the Bridge to Independence Marketing Fund.

2) *"My Life"* binder (given at orientation). This binder will provide young adults a place to house all the important documents they'll accumulate as adults, as well as any orientation or program materials they receive. The binder will include:
    - Bridge to Independence Orientation materials (outlined in Policy, Eligibility, and Transition Into the Program section)
    - Signed services agreement
    - Contact information/directory
    - Tabs for all the other areas of life (health care, housing, finances, education, etc.) so even transient young adults will have one place to keep their materials.
    - General guidance pages regarding each life area, including resources available to the user

E. Bridge to Independence Ineligibles (See Policy, Eligibility, and Transition into the Program for communication guidelines for ineligibles)

F. Bridge to Independence Retention

1) Quarterly eNews sharing resources and events that might be interesting and valuable to them (career nights, college fairs, budgeting classes, etc.) and that provide success stories from other young adults. This eNews will use the look and content parameters established by the Marketing Task Force, and will be written, designed and deployed each month by Nebraska Children and Families Foundation. Each quarter's communication will first be approved by DHHS before deployment. DHHS will provide email addresses for Bridge to Independence participants who have opted to receive email communications. Links to each quarter's eNews will be made available via Facebook, and the Facebook page will be promoted to community partners and participants in the program.
2) Text reminders from the Independence Coordinators of meetings, events, etc. This will fall under the responsibilities of program case management

G. Bridge to Independence Drops (See Policy, Eligibility, and Transition into the Program, section V for communication guidelines for young adults who lose eligibility after participating in Bridge to Independence.)

H. Bridge to Independence Opt – outs (See Policy, Eligibility, and Transition into the Program, section IV for communication guidelines for young adults who have opted out of Bridge to Independence)

I. Bridge to Independence Grads

1) Young adults are provided an information packet all materials described in NE LB216 Sec. 7 (2) (list of resources, process for re-enrollment). However, because the bill only requires these items for young adults who become eligible for the program, the cost of printing these packets should not come out of the administrative budget, but rather the Bridge to Independence Marketing Fund. The packet should also include an exit survey, per the recommendation of the Evaluation section.

J. Former Wards (See Policy, Eligibility, and Transition into the Program, section I for eligibility outreach and communication guidelines for young adults in the Former Ward Program.)

K. Former Wards Drops (See Policy, Eligibility, and Transition into the Program, section I for eligibility outreach and communication guidelines for young adults who have been dropped from Former Ward.)

L. Current foster parent/placement adult

1) If appropriate, inclusion of foster parent/placement adult at annual, in-person overview of Bridge to Independence provided by foster care caseworkers at one of the monthly Family Team Meetings to young people age 16-18 within the foster care system (first mentioned in Policy, Eligibility, and Transition into the Program, section II-A)
2) Email or direct mail to foster parent/placement adult 90 days before youth ages out explaining the parent's potential role in YAVSS after the young person ages out, and what choices need to be made.
3) Training through the contracted foster care agencies. General program messaging can be developed by the Marketing Task Force and may draw upon visiting speakers from Project Everlast and Jim Casey Youth.
4) Informational brochures to be distributed at trainings, foster care meetings (similar to those to be given to service providers.)

M. Foster Care Caseworkers and Supervisors

1) The program manual, cheat sheets, compliance checklists and initial training will be developed by DHHS.
2) We recommend annual training sessions that incorporate outside information at staff trainings, including young adult panels from Project Everlast and experts, videos, webinars, handouts, etc. on late adolescent brain development from Jim Casey Youth Opportunities Initiative.
3) Bridge to Independence overview brochures (as discussed in the Policy, Eligibility and Transition into the Program, section II) to be distributed to Bridge to Independence Prep audience at their annual, in-person program overview meetings between ages 16-18.
4) Bridge to Independence exit packets (as discussed in Policy, Eligibility and Transition into the Program, section IV and V-B) to provide to ineligible and opt-out young adults
5) Stories on the extended program's successes in any regular department communications (eNews, newsletter, etc.) Stories will be provided by Independence Coordinators to Russ Reno (as is currently done by foster care caseworkers) for distribution.
6) Monthly conference calls for caseworkers and supervisors to share experiences and learn from one another and inclusion in existing operations meetings.

N. Independence Coordinators and Supervisors (outside of job training to be determined.)

1) An Independence Coordinator website, housing all forms and brochures to be printed or ordered on demand, a peer-to-peer caseworker forum, success stories, training event schedule. This will be housed on the DHHS website, and created by DHHS based on the work done by the Marketing Task Force.
2) Inclusion on the current monthly eNews

3) Independence Coordinator monthly conference calls (similar to those used by foster care caseworkers).

O. Service Providers

1) Fact sheets to communicate the needs and potential negative outcomes of young adults who have aged out of care, as well as the counteracting benefits provided by the extended program
2) Brochures overviewing the benefits of the extended program. This will be the same overview brochure as is provided to foster parents.
3) 60-minute program launch trainings in all service areas providing detailed, program specific information and materials to service providers, including human services organizations, and community partners. Content for these trainings and the best people to present the material will be decided upon by the Marketing Task Force. On launch training will be held in each service area, plus training for PALS, Branching Out and CSI for a total of 8 trainings.
4) Quarterly lunch & learns (rotate service area) to train service providers on the extended program, provide materials and let them meet their extended program contact. These will be conducted on a rotating basis by presenters to be determined by the Marketing Task Force.

P. Media/Public/Policy makers (non –regulatory communications that will filter through the media to public and policy makers.

1) These public relations materials will be handles by DHHS communications, building on the work o the Marketing Task Force, unless otherwise noted.
2) Program launch press conference
3) Press kit including
    - New program vs. Former Ward comparison sheet
    - Cost expected to be avoided by making a better transition to adulthood
    - Goals of the program/purpose
4) Three months post-launch of intensive pitching on topics to be determined by the Marketing Task Force.
5) Monthly or bimonthly media pitches by Nebraska Children and Families Foundation based on success stories from Project Everlast.
6) Annual outcome stories/program review pitches.

CASE MANAGEMENT, SUPPORTIVE SERVICES, AND HOUSING

I **Culture Change.** DHHS must recognize providing services through the Young Adult Voluntary Services (this program) will be a big culture change, not only for DHHS' Children and Family Services but also the Legal System.

A. DHHS is coming from a position of an adversary in the minds of these young adults. Young adults are apprehensive about DHHS being in this role. If DHHS doesn't do well at the beginning, trust will be lost.

B. DHHS will switch from a compliance role to being a partner with the young adults. Young adults driven. Give up the power. Strength-based. Guide the young adult to help them make decisions.

C. The role of the people who work with the young adult is hands-on with connections to community services. Relationships are key.

D. The system must be able to tolerate risk. When scrutinized, the system has to continue to remain true to its principle of Young adult-driven.

1) Media and political scrutiny sometimes result in more rules and DHHS must be able to resist that to benefit the young adult.

II Recruitment, Selection, Training and Support of Staff and Supervisors.

A. Staff who work with the young adults should be titled "Independence Coordinators". The title was created and voted upon by members of Project Everlast.

B. Independence Coordinators (IC) should be specially trained. They should have specialized caseloads, when feasible. Supervisors should be specialized and trained and may need to work across service areas. Peer support should be provided to the Independence Coordinators.

1) IC will be identified 3-6 months before the transition of the young adult aging out of care so s/he can work to establish a relationship with the young adult.

2) The orientation meeting between the "foster care worker" and the Independence Coordinator will take place at least 90 days before the young adult's transition to Bridge to Independence.

3) The young adult will decide the level of involvement of the existing case manager in his/her future team. The Independent Coordinator will be the facilitator of the team. This preserves the young adult's voice and choice, at the same time meets the need for specialized workers with specialized caseloads.

C. Care needs to be taken to select the ICs because a different skill set is required than for those who manage child and family caseloads.

D. Caseload size should range from 15 in the rural areas up to 20 in urban areas. If young adults need more intensive services, such as for mental health services, they may be referred to others, such as the Regional Behavioral Health system.

E. Territory shouldn't be a factor. Current technology may be used to stay in contact with the young adult as long as confidentiality is addressed. IV-E requires face-to-face contact with the young adult one time per month. This will need to be addressed.

III Coordination and Collaboration.

A. Children and Family Services must ensure other divisions within DHHS, are involved and collaborating regarding this population to ensure their needs are met. Divisions which must be involved are: Medicaid, Adult Protective Services, Behavioral Health, Developmental Disabilities, Access Nebraska. These divisions will have valuable knowledge of resources and programs these young adults may be eligible for. They may be able to streamline processes

for the young adults. Coordination and collaboration with community services and partners is critical because many serve this population and a collaborative approach ensures the most effective use of resources.

IV Training that Addresses and Helps Professionals to Understand the Developmental Needs of Young Adults.

A. Intense, comprehensive and focused towards needs, strengths and goals of the young adult. (see list of training topics in attachment C)

B. Bring in experts from the community.

C. Use curriculums that are already developed.

D. Train judges, system partners.

V Addressing Safety Issues in Developmentally Appropriate Manner

A. Overall Safety for Young adults

1) A skills assessment should be used as part of case management model.

2) Training should be provided to assist the Independence Coordinators to guide the young adults.

B. Safety – Legal Related Issues

1) Follow mandatory reporting guidelines already established in regards to concerns about parenting (for children of young adults in the Bridge to Independence program).

- The Bridge to Independence Coordinator should not conduct an initial assessment for young adults or families on their caseload.

2) If an IC is alerted to an unsafe or unethical working condition, the role of the Independence Coordinator is to educate, support and plan, and leave the decision making to the young adult.

3) Educate young adults on how to use an attorney. Provide information in the community resource guide.

4) The Independence Coordinator should only involve law enforcement if there is imminent risk.

C. General Safety Issues

1) 24 hour on call support is available to young adults in times of crisis. Best practice is that the Independence Coordinator is available to meet the immediate needs of the young adult whenever possible.

VI DHHS Case Management Practice for the Bridge to Independence Program

A. As a regular part of case management, the Independence Coordinator will coordinate and facilitate an "Independence Plan Meeting" with people identified by the young adult. Although this is similar to a "Family Team Meeting", it is young adult driven. These meetings may need to be more than monthly and should be pro-active. The purpose of these meetings is to get everyone on the same page, bring together all existing plans, and assess where the young adult is on the goals. These meetings may be on specific topics such

as employment, education, housing, and health, including mental health, including partners and professionals in the community. This information could be used for the Independent Living Transition Plan for the court.

B. Case management should follow an evidence-based model that is developmentally appropriate and respectful of young adults' autonomy.

1) DHHS should use a model specifically geared toward serving young adults transitioning to adulthood. The Transition to Independence Model (TIP) was discussed as a viable option to explore further. The workgroup acknowledges that there are other models in existence, but the TIP model has the advantage of already being used by some Behavioral Health Regions in Nebraska. TIP is more of a philosophy than a model, and the workgroup recommended that Trauma-Informed Care as well as Harm Reduction could and should be easily incorporated.

2) DHHS form a group consisting of DHHS staff, DHHS and CCFL trainers, Behavioral Health staff, young adults and service providers in the community who serve young adults. This group would fully explore the TIP model (as well as any other models the Department identifies) as it relates to serving young adults to determine the best option.

3) Model identification, curriculum development, and implementation steps be conducted in the calendar year 2014 in anticipation that full model implementation would occur in January, 2015.

C. Because the Bridge to Independence Program begins January, 2014, the workgroup recommends HHS and CCFL consult with community service providers to create an interim training curriculum for Independence Coordinators until an evidence based model is selected and implemented.

1) DHHS should explore the possibility of using System of Care grant funds for the costs of training.

D. The workgroup supports the service list created by DHHS and circulated in the initial set of recommendations. The service list is attached at the end of these recommendations.

The workgroup learned at the beginning of our assignment that Thomas Pristow had decided that DHHS will do case management for this population. As the group answered the Guiding Questions, several key points surfaced. That information is in the longer document from the work group. The work group recognizes and appreciates the open and collaborative process of the Rules and Regulation Work Group. DHHS should continue to be collaborative and invite feedback throughout the development and implementation process. We will all be working outside of our comfort zone as we figure this out, but debate is productive and must continue. Everyone wants this to succeed for the young adults and the outcomes for the young adults are most important.

VII Housing Options

A. Housing decisions should be directed by the young adult, with case managers being as flexible as possible. Case managers or other case professionals should not immediately decline the young adult's housing plan. Rather, if case professionals have concerns

regarding safety, the case manager should first explore the option of developing a contingency plan with the young adult in an effort to allow the decision to be young adult-directed and respectful of the young adult's autonomy while still maintaining safety. It is important that young adults have the opportunity to make mistakes within the safety net offered by this program.

B. The Independence Coordinator will help guide young adults into finding safe and secure housing. LB 216 has a requirement that young adults be provided a written 30-day ineligibility notification before they are no longer in the program. If unsafe housing is chosen, the IC will inform the young adult their housing choice doesn't meet safety standards. The IC will give the young adult the option of finding safe housing that does meet safety standards in 30 days. If the young adult doesn't find new housing that meets the safety standards in those 30 days, the young adults will be given a 30-day verbal and written notice that s/he will not be eligible for the housing stipend. The written notice (in addition to verbal) of the unsafe housing should include what acceptable housing options would be, and the timeline they have to correct the problem (30 days to fix, then 30 days before termination). Case management will continue. We believe this meets the IV-E requirements but further research may be needed.

C. Supervised Independent Living Setting options should include as many options as possible, such as single or shared apartment, house, college dormitory, other post-secondary educational or vocational housing (e.g. sorority/fraternity housing), parental home, scattered site housing, supportive housing, host homes, transitional living programs, halfway housing, three quarter way housing, sober living housing, etc. Mental health facilities and treatment facilities should also be included as housing options. A wide variety of housing options is necessary to provide for the variety of needs of young adults.

D. Whenever possible, housing subsidies should be provided directly to young adults. If that is unable to happen, an informal contract should be developed between the young adult and the third party recipient to clarify how the subsidy will be used. IV-E requirements must be met in specific settings. The case manager should help facilitate this process in a way that is empowering to the young adult.

CASE OVERSITE

I **Case Reviews**

A. Recommend that the Mediation Centers conduct 6-month reviews in a structure similar to pre-hearing conferences based on recommendations and needs of the young adult. The justification is that the Mediation Centers have an existing process that feeds into court reviews, have statewide infrastructure and trained facilitators that are uniquely qualified to give people voice and could be very young adult-directed. Young adults would be invited and encouraged but not required to attend 6-month reviews. Young adults that do not attend the review would have the opportunity to provide input in writing.

1) The workgroup also considered the Foster Care Review Office as an alternative. Benefits of the FCRO include that there is an existing process in place that could be

modified to fit this need, the ability to track and disseminate data and that the FCRO is an independent state agency that does not receive DHHS funding.

B. The caseworker should discuss the 6-month review with the young adult at the monthly meeting prior to the review. The written case/transition plan should contain information and questions focused on the 6-month case review. The caseworker and the young adult should complete those questions at their meeting prior to the 6-month case review. This should advise the young adult of the date and location of the review and what will happen at and the benefits of attending the review.

1) The written case/transition plan should have a space for the young adult to indicate if they plan to attend the review or not.

2) 2. The written case/transition plan should have a space for the young adult to indicate if they would like to have their attorney attend the review on their behalf (if they have requested that one be appointed). These arrangements would need to be made separately between the attorney and the young adult, and attorneys should inquire about this with young adults they are representing.

C. If the young adult opts not to attend the review, the default should be that the reviewer conducts a paper review.

D. Young adults should have the opportunity to submit written input for case reviews.

1) A modified version of the Youth Questionnaire should be provided to young adults with the notice of review to provide written input if they cannot attend the review.

2) The caseworker should also provide a hard copy of the questionnaire to the young adult at the monthly meeting prior to the review.

3) The questionnaire should also be available on the website and provided in the packet when the young adult enters the program.

4) The website should allow the young adult to submit the questionnaire electronically. The packet and the caseworker should inform the young adult of how they can submit the form to the reviewer.

E. Focus and documentation of case reviews

1) The Department should provide the case plan at the 6-month case review. This should be a modified form of the under 19 transition plan and should utilize best practices from the Jim Casey Issue Brief.

2) The reviewer for the 6-month case review should have a form that tracks the case/transition plan but that is shorter and meets the requirements of the state statute and federal law for the review.

3) The young adult should have an opportunity to report at the review on what contact they have had with their caseworker, what they have agreed upon and whether those services have been provided. The form used at the review should specifically address these issues. If the young adult opts not to attend the review, there should be a space for the young adult to address these issues in the questionnaire.

4) The young person should be centrally involved in the development of the case/transition plan. The case/transition plan should be completed in hard copy so the caseworker and the young adult can complete the form together at their in-person meeting.
5) Examples from other states, specifically Michigan's transition plan, should be used as a guide.
6) The case/transition plan should build off of the categories in Nebraska's under 19 transition plan and should add additional categories including: transportation, parenting resources, and substance abuse. The case/transition plan should also track the services enumerated in LB 216 (codified in Neb. Rev. Stat. § 43-4505).
7) The workgroup and members of Project Everlast should have an opportunity to review and provide input on drafts of the transition/case plan and forms used at the review.
8) Recommend that a report or other documentation be completed at the 6-month case review. If an agreement is reached on the status and progress of the case, the report would be signed by the young adult and the Department and submitted to the court. This would give the court background on the 6-month case review for the 12-month permanency hearing or other hearing. If there is a lack of agreement, it would be documented in the report and the young adult can choose not to sign the report if they wish. Regardless of whether they agree or disagree, the young adult should be provided information about how to request a hearing and/or an attorney. There should be further discussion of what this report should look like and how it can be young adult-friendly.

II **Permanency Hearings.**

A. Recommend that legislation be introduced to require that permanency hearings and other requested hearings in these cases be expedited.
B. Recommend that a hearing officer be appointed if the young adult makes a request, time necessitates it (i.e., a hearing before a judge would cause significant delay), the young adult does not want the judge to hear their case or the judge believes a hearing officer should be appointed.
C. Recommend that the Nebraska Supreme Court promulgate a rule on hearing officers in juvenile courts pursuant to Neb. Rev. Stat. § 24-230 (5). The Case Oversight workgroup of Young Adult Voluntary Support and Services Advisory Committee will also request to propose recommendations for the rule to the Nebraska Supreme Court.
D. There should be a legislative amendment if necessary to clarify that the juvenile court has authority to review when a young adult is involuntarily terminated from the program.
E. A modified version of the Youth Questionnaire should also be provided to young adults at the monthly meeting prior to the permanency hearing to provide written input if they cannot attend the hearing, and the young adult should be informed of how they can submit the form to the court or electronically.

III Notifying Young Adults of Right to Request Attorney and Hearing

A. There should be notice to the young person of their right to an attorney and a hearing at the end of the 6-month review if there is disagreement. This should be the same or similar to the written notice required to be provided at other times. The reviewer should provide this information to the young adult.

B. A form should be created for young adults to request a hearing outside of the 6-month review and should be provided in the packet when the young person enters the program.

IV Meaningful Participation of Young Adults

A. Recommend that reviews follow best practice recommendations from the Jim Casey Young Adults Opportunities Initiative Issue Brief for ensuring young adults are full partners in the process, the venue of reviews are young adult-friendly, and that young adults are prepared for meaningful participation, including:

1) Ensuring the venue is young adult-friendly should include that reviews take place in an informal setting/outside the courtroom whenever possible, that those responsible for reviews have training on how to ask questions to young adults, and that reviews are scheduled at times that allow for the participation of young adults (i.e., physical presence whenever possible and when young adults cannot be physically present or decline to attend, have an option to participate in reviews using technology or have their voice heard through an appropriate advocate).

2) Preparing the young person for meaningful participation should start with notice of time, place and purpose of the review and the right to and role of an attorney, letting the young adult know how they can initiate a hearing to address problems or concerns that arise between reviews, identification of other people the young person may want to be present at reviews and help in making arrangements for their attendance, and helping the young person prepare for how they will respond to issues of concern that may arise in the hearing.

B. There should be outreach to young adults and developmentally appropriate ways for young adults to be informed about this program and to access information about their rights and the hearing process, including a video and/or brochure, website, Facebook page, a phone number to call for assistance if there is a problem (perhaps associated with the helpline or Project Everlast) and notice and reminders sent via text message.

C. There should be a peer advocacy program through Project Everlast to accompany young people to reviews and hearings if desired and to support and provide information to them ahead of time.

D. The caseworker and attorney (if appointed) should work with the young adult to help them reach out to other supportive individuals they may wish to have attend reviews.

E. Materials should be created that include a brief set of principles about how permanency hearings in the extended program are different from a (3)(a) hearing and how legal representation is to be young adult-directed.

V **Training**

A. Recommend training for professionals involved in these cases, including attorneys, judges, CASAs and others. The training for attorneys should supplement the current guardian ad litem training, and should be offered as a webinar for ease of participation. Other training opportunities, such as a more advanced training or training required or incorporated into the GAL Guidelines, should be considered in the future.

The workgroup discussed that training should cover how a GAL should advise a potentially-eligible young adult about the program and the role of the attorney if appointed to represent a young adult in the extended program, and should offer CLE, GAL and ethics credits whenever possible. The workgroup agreed that the Court Improvement Project should provide and/or partner to provide this training. The workgroup also agreed that there should be templates, protocols and forms developed to assist young adults, judges, reviewers, attorneys and other professionals.

EVALUATION AND DATA COLLECTION RECOMMENDATIONS

I **Evaluation Tool**

A. Currently, federal requirements mandate that all states implement a 22-question National Young Adults in Transition Database (NYTD) survey with all Young Adults in foster care at 17, and then again at 19 and 21. Nebraska implemented this survey with 17-year-olds in Oct. 2010 and will do so again in Oct. of this year (selection occurs every 3 years). States have the option of implementing two more comprehensive versions of NYTD instead of the basic 22-question survey, which are known as NYTD Plus Abbreviated (57 questions) and NYTD Plus Full (88 questions).

In order to compare outcomes of young adults in the extended services and support program to those who are not in the program, we recommend that DHHS switch from the 22-question NYTD survey to a slightly altered version of NYTD Plus Abbreviated. Prior to finalization of the survey, we recommend it be piloted with members of Project Everlast and adjusted accordingly. The Jim Casey Youth Opportunities Initiative may be available to provide some technical assistance in finalizing the survey. We also recommend that all young adults in the extended program be surveyed at the time of entry and every 6 months after so progress can be tracked. Gathering data every 6 months will also allow for outcomes to be measured for young adults who participate in the program for a shorter period of time, such as 1 year. Surveys from young adults in the extended program can be collected either at two set times per year (similar to how Project Everlast/Opportunity Passport collect surveys) or at regular 6 month intervals, which the caseworker will be responsible for monitoring.

B. We recommend that a public/private partnership be explored to allow a contract with an independent external evaluator for outreach and collection of surveys, as this agency would have more time to dedicate to collecting surveys and could help young people feel more comfortable in answering honestly. Young adults could take the survey by phone, by submitting a written copy via mail, or online. We recommend that emphasis during Year 1

of implementation be on collecting surveys from young adults in the program, with efforts expanding to young people not in the program in Year 2. Surveys may should continue to be collected from young adults not in the extended program by DHHS at 19 and 21, per federal guidelines. This independent external agency (in collaboration with DHHS) would be responsible for the initial analysis of data collected and assisting the Advisory Committee in meeting the reporting requirements set forth in Sec. 13 (1) of LB 216. The independent external agency would also be responsible for providing the Advisory Committee with a more comprehensive evaluation report by December 2015.

C. If possible, we recommend that random ID numbers be assigned at the time the young person takes the survey to maintain confidentiality. We recommend that DHHS explore whether the Jim Casey Youth Opportunities Initiative would be available for technical assistance on this. We recommend that all NYTD responses (of both those in and not in the program) be stored in an excel spreadsheet, which the independent external agency contracting with DHHS has ongoing and easy access to.

D. We recommend that DHHS include mention of the NYTD survey in the voluntary services and support agreement young adults are required to sign upon entrance into the program. We recommend that this is kept broad (e.g. "I agree to participate in the NYTD survey") and that adherence to this item not be used as a basis for termination from the program. If necessary comply with any regulations to protect information for research participation.

E. We recommend that, if possible, N-FOCUS be programmed to automatically trigger the sending of a reminder to young people when it is time for them to take the survey (similar to how N-FOCUS would send the 30-day ineligibility notice). This could include a link to the survey online and a phone number to call if the young person wanted to take the survey via phone or needed a paper copy sent to him/her.

F. Private funding streams should be explored to offer incentives to both groups of young adults to encourage participation in the survey. We recommend that these incentives be offered in the form of $10 gift cards for only young adults in the program starting in Year 1, and both those in and not in the program starting in Year 2.

II Fiscal Accountability

A. We recommend that DHHS track all expenditures and provide quarterly reports detailing itemized program service costs and program administrative costs, including, but not limited to, specifics about administrative costs, salaries, training costs (including itemized costs, the cost of materials, the number of attendees at each training, travel costs, and the cost to train the trainers), and staff and supervisor turnover and changes (including the location of staff and supervisors), to the Advisory Committee. This should also include itemized adoption and guardianship costs and the state-extended guardianship assistance program costs.

B. We recommend that the Advisory Committee review these reports, provide recommendations to DHHS and the Children's Commission if necessary, and include the financial reports and any recommendations made as a part of their annual report to the

Children's Commission, HHS Committee of the Legislature, DHHS, and the Governor of the state of Nebraska.

III Tracking Supportive Services

A. To ensure young adults are receiving the supportive services they need to guide them to success, case managers should clearly document and track specific services provided in the young adult's transition plan and in reports for case reviews and permanency hearings.

B. We recommend that judges or hearing officers or both utilize a series of age-appropriate questions modeled after those in Through the Eyes' Transition Planning Guide or in NRCYD's resource during hearings to asking young adults about their transition plan, services they're receiving etc.

C. We recommend that the Foster Care Review Office (FCRO) review files for young adults in the extended program to track service provision as they are mandated to do for children and youth in foster care. The rationale for this is that the FCRO already has that capacity and the necessary information systems in place, re-training would not be necessary, and this would be consistent with their current practice.

IV Young Adult Satisfaction

A. We recommend that the independent external agency contracting with DHHS (as discussed in the Evaluation Tool section) collect short exit surveys from all young adults leaving the program to assess the reason for leaving and overall satisfaction with the experience. The Evaluation and Data Workgroup is in the process of developing an example survey, which should be piloted with Project Everlast prior to finalization. We recommend that this survey be provided as a part of the Exit Packets (per the Communication Workgroup's recommendation) along with a stamped envelope for young adults to return the survey to the independent external agency. If the survey is not returned in 3 weeks, the independent external agency could then follow up with the young person via phone, mail, or internet. We recommend that an incentive of $10 gift cards be provided to young adults for taking the exit survey. We recommend that public/private partnerships be explored to make this happen.

V Public/Private Partnership

A. Private funding and public/private partnerships should be explored to support the implementation of these recommendations. The estimated cost for the independent external evaluator is approximately $42,000 for two years of implementation: $32,000 for survey collection and $10,000 for evaluator and analysis costs.

FISCAL MONITORING ISSUES AND STATE FUNDED GUARDIANSHIP

Note: Recommendations (all committee members strongly agreed or agreed with the following (listed in prioritized order) :

A. Modify existing statutory language to comply with the requirements of LB 216 to extend guardianship assistance beyond age 19.

B. DHHS will need to remove barriers to licensure (including educating potential guardians of the benefits of licensure and providing a list of long term care options, educating case workers, non-safety waivers) to ensure that more young adults can be served by the Federal Guardianship Assistance Program.

C. Information regarding extended services should be provided to all relevant court stakeholders (judges, hearing officers, attorneys) to ensure that orders and petitions are IV-E compliant.

D. DHHS should provide an easy-to-understand document (script?) to all caseworkers, judges, appointed attorneys, applicable young adults, providers, potential guardians and foster parents detailing the eligibility requirements for the Bridge to Independence program.

E. There should be private dollars and state general funds utilized in a public private partnership to fully fund all eligible state extended guardianships.

F. DHHS will provide financial support for state extended guardianships to the extent possible with the $400,000 appropriation, after which the young adult should be transferred to NCFF (or other entity) for money distribution and education/work eligibility. DHHS should continue to maintain NFOCUS records.

  1) If the state general fund allocation of $400,000 is the only funding source permitted to support the state extended guardianship program, extended subsidies should be provided to young adults at the assessed rate until the age of 20 (one year).

G. An Income Maintenance Foster Care (IMFC) worker should review the financial needs and behavioral risks of the young adult prior to the age of 19 to determine the amount of subsidy to be provided by the state extended guardianship subsidy.

H. No formal case management services will be provided under the state extended guardianship assistance program. Instead, an IMFC worker should conduct the initial eligibility assessment, with the young adult meeting with the IMFC once every 6 months to verify continued eligibility.

I. After an IMFC worker establishes the monthly guardianship stipend, Right Turn should provide transition support to facilitate the Partnership Agreement.

J. Right Turn has the ability to work with all guardianships and adoptions prior to age 19 and should receive private dollars to support administrative functions to continue to work with young adults in guardianships and adoptions after age 19.

K. Right turn will provide the state and private funded guardianship stipends to guardians and young adults (as determined by Partnership Agreement) as they help to increase permanency and stability in these relationships. DHHS should also consider having Right

Turn facilitate the Federal Guardianship and Adoption Assistance program for young adults after age 19.

L. Right turn will provide training and information on extended permanency subsidies to young adults and families.

M. State extended guardianship assistance subsidy payments should be paid directly to the young adult, or as developmentally appropriate, direct payments to the young adult could be phased in over time. A partnership agreement between the guardian and young adult should be considered and other staggering support system should be in place to learn how to budget appropriately.

1) The Young Adult and Guardian will enter into an Extended Partnership Agreement that is developmentally appropriate and clearly outlines the financial arrangement for young people to have housing, food and other needs met.

2) For any young adult whose guardian fails or is unable to distribute the supportive payment to the young adult, DHHS should set forth a grievance procedure.