

Nebraska Children's Commission

Twenty-first Meeting

March 18, 2014

9:00 AM – 12:00 PM

Christ United Methodist Church, Conference Rooms A&B
4530 A Street, Lincoln, NE 68510

Call to Order

Karen Authier called the meeting to order at 9:10 a.m. 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, Candy Kennedy-Goergen, Kim Hawekotte, Martin Klein, David Newell, Mary Jo Pankoke, Dale Shotkoski, and Susan Staab.

Commission Members absent: Nancy Forney, Janteice Holston, Gene Klein, Norman Langemach, Andrea Miller, Jennifer Nelson, John Northrop, and Becky Sorensen.

Ex Officio Members present: Ellen Brokofsky, Hon. Linda Porter, Julie Rogers, and Vicky Weisz.

Ex Officio Members absent: Senator Kathy Campbell, Senator Colby Coash, Senator Jeremy Nordquist, Thomas Pristow, and Kerry Winterer.

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

Approval of Agenda

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

Approval of February 19, 2014, Minutes

A motion was made by Beth Baxter to approve the minutes of the February 19, 2014, meeting as written. The motion to approve the minutes was seconded by Pam Allen. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Candy Kennedy-Goergen, Kim Hawekotte, David Newell, Mary Jo Pankoke, Dale Shotkoski, and Susan Staab. Voting no: none. Martin Klein abstained.

Nancy Forney, Janteice Holston, Gene Klein, Norman Langemach, Andrea Miller, Jennifer Nelson, John Northrop, and Becky Sorensen were absent. Motion carried.

Chairperson's Report

Karen Authier provided a brief chair's report. Karen thanked Commission members for making the additional effort to drive to the new location for the meeting. Karen also informed Commission members that the remaining meetings for the year are scheduled for the Country Inn and Suites on North 27th Street. Karen then asked Leesa Sorensen to give an update on the Nebraska Children's Commission website. Leesa indicated that the website was currently under design and that Commission members would be notified once the website was available. Karen then noted that the May and June Commission meeting agendas are currently under discussion and that a conference call is scheduled with Deb Burnight for the afternoon to discuss the facilitation that Deb has been asked to do related to the Phase II. Karen told Commission members that Leesa would be sending out a poll regarding the meeting time in May or June once the facilitation plan was more finalized. Karen also noted that the May and June meetings will be planned in coordination with the whole population discussions for measurable outcomes as that information would be helpful to have in place before the Phase II planning meeting.

Nebraska Children's Commission Appointment Application

Karen Authier reminded Commission members who were appointed by the Governor that their original appointment to the Nebraska Children's Commission is scheduled to end on June 30, 2014. Commission members were provided a copy of the *Board and Commission Vacancies January – June 2014* list from the Governor's website which provides the link to the on-line application to reapply to continue as a Commission member. Members who are interested in re-applying were encouraged to do so by the end of April. Karen noted that she was hopeful that the appointment process would be completed by the Children's Commission meeting in June.

Crime Commission Grant Process Update

Cindy Gans, Community Based Aid Administrator for the Crime Commission provided information on the 2014 community based aid program. Cindy provided the timeline for the review of grant applications and noted that award letters are expected to be out in early May. Cindy noted the types of programs that had applied for funding. It was also noted that there is approximately \$76,000.00 that may be made available for an additional round of grant applications. Cindy noted that she will continue to provide updates to the Juvenile Services (OJS) Committee.

Legislative Update

Bethany Connor provided Commission members with a list of Legislative Bills that she is tracking on behalf of the Children's Commission. Bethany noted that the list updates progress of the bills related to Alternative Response (LB503), Guardianship (LB908), Lead Agency (LB660), and Facilitated Conferencing (LB1093). Bethany gave additional information on

LB464 which covers necessary amendments to LB561 and provides other changes to the juvenile justice process.

DHHS Report

Thomas Pristow was unable to attend the meeting due to other commitments. Therefore, there was no DHHS report.

Foster Care Reimbursement Rate Committee Report

Peg Harriott provided a verbal progress report on the work of the Foster Care Reimbursement Rate Committee. Peg noted that the Foster Care Reimbursement Rate committee did not meet during the month of March due to the weather related postponement of the meeting and to a meeting DHHS scheduled with an external consultant. Representatives from the Foster Care Reimbursement Rate committee were invited to participate in the meetings with the consultant. Peg also explained the three components included in determination of rates and provided additional information on why establishing proper rates in a timely manner was critical to the process.

Peg reported that Rich Pope was no longer able to serve on the committee due to a change in employment and that Ellen Brokofsky had recommended Jeanne Brandner to represent Probation. David Newell then made a motion to add Jeanne Brandner to the Foster Care Reimbursement Rate Committee as the Probation representative. The motion was seconded by Marty Klein. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Candy Kennedy-Goergen, Kim Hawekotte, Martin Klein, David Newell, Mary Jo Pankoke, Dale Shotkoski, and Susan Staab. Voting no: none. Nancy Forney, Janteice Holston, Gene Klein, Norman Langemach, Andrea Miller, Jennifer Nelson, John Northrop, and Becky Sorensen were absent. Motion carried.

Foster Care Review Office – March Quarterly Report

Kim Hawekotte provided Commission members with a copy of the March Quarterly Report from the Foster Care Review Office and explained key data elements from the report. Kim highlighted data on out of home care, length in placement, and important improvements that have been made.

Psychotropic Medication Committee

Candy Kennedy-Goergen reported that the Psychotropic Medication Committee would like to add Dr. Janine Fromm from Magellan Behavioral Health of Nebraska to the committee membership. Candy then made a motion to add Dr. Fromm to the committee membership. The motion was seconded by Beth Baxter. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Candy Kennedy-Goergen, Kim Hawekotte, Martin Klein, David Newell, Mary Jo Pankoke, and Dale Shotkoski. Voting no: none. Nancy Forney, Janteice Holston, Gene Klein, Norman Langemach, Andrea Miller, Jennifer Nelson, John Northrop, Becky Sorensen, and Susan Staab were absent. Motion carried.

Juvenile Services (OJS) Committee Report

Martin Klein and Ellen Brokofsky provided a written report and a sample of the strategic planning chart that the committee will be using beginning at the April meeting. Ellen and Marty noted that they had surveyed committee members regarding their desire to continue on the Juvenile Services (OJS) Committee. It was noted that all committee members at the March 11 meeting had indicated that they planned to continue on the committee. Marty and Ellen also indicated that the committee will be working through a strategic analysis of the Phase I Strategic Juvenile Services (OJS) Committee recommendations. Marty and Ellen informed the Commission members that the committee would be starting their analysis with the Community-based Program Recommendations.

Workforce Work group recommendations update

Susan Staab provided an update on a report that the workgroup had been completing with assistance from Bethany Connor. The workgroup is looking at career trajectories, cross-training, and the 14 components of a workforce that were included in the Juvenile Services (OJS) Committee Phase I Strategic Recommendations. The workgroup will meet to finalize the report.

Community Ownership of Child Well-being Panel Presentation

Mary Jo Pankoke, Dale Shotkoski, Jennifer Skala, Shawn Shanahan, Deb Fischer, Steph Knust, and Donna Meisner provided information on the process that was used in the Fremont community to establish their community collaborative. The panel reviewed the steps that were taken to make sure the collaborative process was successful. Jennifer Skala reviewed the community data that was looked at to determine the community services that were needed. Mary Jo also talked Commission members through the *Model for Community Ownership of Child Well-being*. At the end of the panel presentation, Mary Jo asked Commission members to approve the model.

A motion was made by Susan Staab to use the *Model for Community Ownership of Child Well-being* model as presented. The motion was seconded by Beth Baxter. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Candy Kennedy-Goergen, Kim Hawekotte, David Newell, Mary Jo Pankoke, Dale Shotkoski and Susan Staab. Voting no: none. Nancy Forney, Janteice Holston, Gene Klein, Martin Klein, Norman Langemach, Andrea Miller, Jennifer Nelson, John Northrop, Becky Sorensen, and Susan Staab were absent. There was not a majority of voting members present, so the matter was continued to the next meeting.

New Business

Julie Rogers expressed concern that the committee did not have enough members present until the end of the meeting to hear the community presentation and approve the model document. She also suggested that at times information for the meeting is distributed too close to the meeting time to allow Commission members to have a thoughtful review of materials. It was suggested that the Commission consider restructuring meetings and looking at the use of a consent agenda. Karen Authier and Beth Baxter indicated that they would take the suggestions

under consideration and would bring their recommendations back to the Commission members at a future meeting.

Next Meeting Date

The next meeting is Tuesday, April 15, 2014, 9:00am-12:00pm. Information on the meeting location will be sent at a later date.

Adjourn

A motion was made by Mary Jo Pankoke to adjourn the meeting, seconded by Beth Baxter. The meeting adjourned at 12:14 pm.

DRAFT

The Nebraska Children's Commission is seeking nominations for the Young Adult Voluntary Services and Support Advisory Committee. This committee will be working to make recommendations to the Nebraska Department of Health and Human Services (DHHS) 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 (LB216). Young Adult Voluntary Services and Support Advisory Committee members will be appointed for two year terms.

The Nebraska Children's Commission is seeking the following representatives:
young adults currently or previously in foster care, which may be filled on a rotating basis by members of Project Everlast or a similar youth support or advocacy group;

Members of the committee will be tasked with:

1. providing recommendations and written reports regarding the initial implementation of the voluntary services and support program, ongoing implementation, and extended services program participation including early discharge rates and reasons;
2. addressing recommendations for maximizing and making efficient use of funding for a state-extended guardianship assistance program, including review of the DHHS state plan to seek federal Title IV-E funding for the extended services program;
3. advising DHHS and the Nebraska Children's Commission on issues regarding ongoing implementation of the extended services program;
4. developing specific recommendations for expanding to or improving outcomes for similar groups of at-risk young adults and for the adaptation or continuation of assistance under the state-extended guardianship assistance program.

If you would like to be considered for this committee, please complete the attached form. The form must be returned to Leesa Sorensen at the Nebraska Children's Commission by noon on April 21, 2014. The completed form may be e-mailed to Leesa.Sorensen@Nebraska.gov or mailed to:

Leesa Sorensen, Administrative Coordinator
Nebraska Children's Commission
521 S. 14th, Suite 401
Lincoln, NE 68508

**Nebraska Children's Commission
Young Adult Voluntary Services and Support Committee**

Name:		
Address:		
City:	State:	Zip:
Home Phone: ()		Business Phone: ()
Cell Phone: ()		Business Fax: ()
E-mail Address:		
Occupation:		
Gender:		Race:
Employment:		
Education:		
Other Committees or Boards:		
References (Name/Address/Phone):		1.
		2.
Representative of: young adults currently/previously in foster care		
<u>Reason for Seeking this Appointment:</u>		

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Passed Bills

<u>Document</u>	<u>Primary Introducer</u>	<u>Status</u>	<u>Description</u>
<u>LB464</u>	<u>Ashford</u>	Delivered to Governor	Change court jurisdiction over juveniles and indictment procedures.
<u>LB728</u>	<u>Harms</u>	Passed	Change provisions relating to criminal history record information checks for certain employees of the Division of Developmental Disabilities of the Department of Health and Human Services
<u>LB853</u>	<u>McGill</u>	Passed	Change and rename the Young Adult Voluntary Services and Support Act
<u>LB901</u>	<u>McGill</u>	Passed	Provide for psychology internships through the Behavioral Health Education Center
<u>LB907</u>	<u>Ashford</u>	Delivered to Governor	Provide for supervised release, reentry probation officers, create the Nebraska Center for Justice Research, and change presentence investigations and good time provisions
<u>LB908</u>	<u>Coash</u>	Passed	Change child guardianship, ward, and adoption for child out of wedlock provisions
<u>LB920</u>	<u>Coash</u>	Passed	Adopt the Public Guardianship Act
<u>LB967</u>	<u>Education Committee</u>	Passed	Change provisions relating to state aid to schools and funding for early childhood education programs
<u>LB974</u>	<u>Mello</u>	Passed	Change state government provisions relating to special education funding, preaudits, planning duties, reporting requirements, contracts, warrants, and vehicles
<u>LB999</u>	<u>Ashford</u>	Delivered to Governor	Provide duties relating to the establishment of a Hastings Correctional Behavioral Health Treatment Center
<u>LB1103</u>	<u>Education Committee</u>	Passed	Provide for a strategic planning process for education

Priority Bills

<u>Document</u>	<u>Primary Introducer</u>	<u>Status</u>	<u>Description</u>
<u>LB834</u>	<u>Avery</u>	Referral	Change provisions relating to funding for school breakfast programs
<u>LB887</u>	<u>Campbell</u>	General File	Adopt the Wellness in Nebraska Act

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<u>LB923</u>	<u>McGill</u>	Final Reading	Require training on suicide awareness and prevention for school personnel
<u>LB943</u>	<u>Nordquist</u>	General File	Change the minimum wage rate
<u>LB972</u>	<u>Lautenbaugh</u>	Referral	Adopt the Independent Public Schools Act
<u>LB1028</u>	<u>Coash</u>	General File	Change the number of judges of the separate juvenile court as prescribed
<u>LB1103</u>	<u>Education Committee</u>	E & R Initial	Provide for a strategic planning process for education

Non-Priority Bills

<u>Document</u>	<u>Primary Introducer</u>	<u>Status</u>	<u>Description</u>
<u>LB143</u>	<u>Bloomfield</u>	Indefinitely Postponed	Authorize schools to adopt a child sexual abuse policy as prescribed
<u>LB689</u>	<u>Bolz</u>	Referral	Appropriate funds to the Department of Health and Human Services
<u>LB691</u>	<u>Bolz</u>	Referral	Increase a child and dependent care tax credit
<u>LB694</u>	<u>Seiler</u>	General File	Change provisions relating to unlawful possession of a firearm at a school
<u>LB705</u>	<u>Coash</u>	General File	Change personal needs allowance under medicaid
<u>LB706</u>	<u>Harr</u>	Referral	Change provisions relating to sexual assault, child abuse, sexually explicit conduct, and child pornography and to provide for forfeiture of property as prescribed
<u>LB707</u>	<u>Conrad</u>	Referral	Change provisions and procedures relating to sexual assault, stalking, domestic assault, and use of an electronic communication device and to create the offense of harassment
<u>LB708</u>	<u>Kintner</u>	Referral	Exempt social security benefits from state income taxation
<u>LB724</u>	<u>Lautenbaugh</u>	Referral	Change provisions relating to unlawful possession of a firearm at a school
<u>LB729</u>	<u>Kolowski</u>	Referral	Create the Task Force on Expanded Learning Opportunities for School-Age Youth
<u>LB730</u>	<u>Kolowski</u>	Referral	Change reporting provisions under the Child Protection Act
<u>LB732</u>	<u>Kolowski</u>	General File	Change asset limitation for certain programs of public assistance
<u>LB748</u>	<u>Avery</u>	Referral	Change paternity provisions for a child conceived as a result of sexual assault

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<u>LB754</u>	<u>Smith</u>	Referral	Provide funds for career education programs
<u>LB763</u>	<u>Janssen</u>	Indefinitely Postponed	Require reports from state agencies on inefficient programs
<u>LB782</u>	<u>Lathrop</u>	General File	Establish a return-to-learn protocol for students who have sustained a concussion
<u>LB790</u>	<u>Howard</u>	General File	Require training for case managers as prescribed
<u>LB822</u>	<u>Lautenbaugh</u>	Referral	Change provisions relating to sexual assault of a child in the second and third degree
<u>LB826</u>	<u>McCoy</u>	Referral	Provide for a study relating to education incentives for high-need occupations
<u>LB860</u>	<u>Nordquist</u>	Referral	Adopt health insurance requirements relating to dollar limits, rescissions, preexisting conditions, and dependents
<u>LB861</u>	<u>Karpisek</u>	General File	Prohibit use and distribution of vapor products and other products derived from tobacco as prescribed and provide an exception and provide penalties
<u>LB864</u>	<u>Mello</u>	Referral	Allocate funds to the Early Childhood Education Grant Program
<u>LB872</u>	<u>Kolowski</u>	General File	Create the position of state school security director and provide duties
<u>LB877</u>	<u>Harr</u>	Referral	Change provisions relating to use of a deadly weapon to commit a felony
<u>LB879</u>	<u>Christensen</u>	Referral	Provide for a permit to carry a concealed handgun in a school
<u>LB898</u>	<u>Legislative Performance Audit Committee</u>	General File	Require reports for public benefit programs delivery system
<u>LB919</u>	<u>Mello</u>	Referral	Create the Open Data Advisory Board
<u>LB928</u>	<u>State-Tribal Relations Committee</u>	Referral	Change provisions of the Nebraska Indian Child Welfare Act
<u>LB931</u>	<u>Bolz</u>	General File	Adopt the Nebraska Mental Health First Aid Training Act
<u>LB933</u>	<u>McGill</u>	General File	Change provisions and define and redefine terms relating to labor trafficking and sex trafficking
<u>LB934</u>	<u>McGill</u>	Referral	Establish the position of Coordinator of Human Trafficking Prevention and provide duties
<u>LB936</u>	<u>Bolz</u>	Referral	Create and provide duties for the State Ward Permanency Pilot Project
<u>LB944</u>	<u>Bolz</u>	Referral	State intent relating to funding for early childhood services

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<u>LB947</u>	<u>Lathrop</u>	Referral	Change the minimum wage for persons compensated by way of gratuities
<u>LB952</u>	<u>Lautenbaugh</u>	Referral	Adopt the Working to Improve Nebraska Schools Act
<u>LB955</u>	<u>Dubas</u>	Referral	Adopt the Paid Family Medical Leave Act
<u>LB958</u>	<u>Cook</u>	Referral	Provide for appointment of a student achievement coordinator
<u>LB966</u>	<u>Davis</u>	Referral	Change provisions relating to the averaging adjustment in the state aid to schools formula
<u>LB969</u>	<u>Sullivan</u>	Referral	Change a limitation on appropriations for special education programs and support services
<u>LB984</u>	<u>Sullivan</u>	Referral	Change allocations from the Education Innovation Fund
<u>LB992</u>	<u>Howard</u>	Referral	Create the Early Childhood Data Governing Body
<u>LB1000</u>	<u>Karpisek</u>	Referral	Change provisions relating to parenting plans
<u>LB1009</u>	<u>Haar</u>	Referral	Establish a pilot program relating to problem-based learning
<u>LB1021</u>	<u>Seiler</u>	Referral	Change provisions relating to the sealing of records of a juvenile
<u>LB1026</u>	<u>Bolz</u>	Referral	Create and provide for a Nebraska Educational Trust Fund
<u>LB1034</u>	<u>McGill</u>	Referral	Change provisions and penalties relating to unlawful intrusion
<u>LB1051</u>	<u>Howard</u>	Referral	Adopt the Public Health Leadership and Development Act and appropriate funds to the Board of Regents of the University of Nebraska
<u>LB1059</u>	<u>Lautenbaugh</u>	Indefinitely Postponed	Change membership of learning community coordinating councils
<u>LB1063</u>	<u>Lautenbaugh</u>	Referral	Require juvenile court approval to obtain a juvenile court proceeding transcript
<u>LB1064</u>	<u>Lautenbaugh</u>	Referral	Adopt the Teach for Nebraska Program Act
<u>LB1068</u>	<u>Sullivan</u>	Referral	Change provisions relating to learning communities
<u>LB1069</u>	<u>Sullivan</u>	Referral	Change provisions relating to education
<u>LB1070</u>	<u>Sullivan</u>	Referral	Change provisions relating to state aid to schools
<u>LB1077</u>	<u>Sullivan</u>	Referral	Adopt the Shared Responsibility for Access and Success Act
<u>LB1083</u>	<u>Garrett</u>	Referral	Change job training grant provisions relating to veterans
<u>LB1088</u>	<u>Conrad</u>	General File	Change income eligibility provisions relating to

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			federal child care assistance
<u>LB1090</u>	<u>Conrad</u>	Referral	Adopt the Healthy Families and Workplaces Act
<u>LB1093</u>	<u>Brasch</u>	General File	Change provisions relating to juvenile facilitated conferencing and funding
<u>LB1099</u>	<u>Haar</u>	Referral	Provide for a study relating to state aid to schools
<u>LB1106</u>	<u>McGill</u>	Referral	Change provisions relating to career academies

REPORT TO
NEBRASKA CHILDREN'S COMMISSION

MODEL FOR COMMUNITY OWNERSHIP OF CHILD WELL-BEING

Submitted by the Community Ownership of Child Well-Being Workgroup

INTRODUCTION

This model was developed based on input gathered through five community listening sessions held in May and June 2013, research presented to the Nebraska Children’s Commission by Dr. Deborah Daro on June 18, 2013, and research on collective impact conducted by FSG. The model is adaptable to any size community and can also be used successfully on a regional basis as evidenced by the Panhandle Partnership which includes 11 counties in the Panhandle. It is based on the premise that no single organization can create large-scale, lasting social change alone. There is no “silver bullet” solution to systemic social problems such as juvenile crime, child abuse and neglect, school dropout, teen substance abuse, teen pregnancy, etc.; and these problems cannot be solved by simply scaling or replicating one organization or program. Strong organizations are necessary but not sufficient for large-scale social change. It requires organizations—including those in government, the private sector, and nonprofit sector—working collaboratively toward a shared vision for child well-being and shared outcomes for all children. The model outlined in this document is designed to help communities build strong collaborations that are necessary to support community ownership of child well-being and the achievement of better outcomes for children.

PRINCIPLES

- Improving the well-being of children is the opportunity and responsibility of the entire community. It requires cross-sector collaboration involving nonprofits, government, businesses and the public sharing responsibility and working together for a shared vision for change.
- Prevention efforts build on what already exists, honoring strengths and current evidenced-based and evidence-influenced efforts and engaging established organizations.
- Community priorities and outcomes are developed through ongoing assessment, data sharing and collaborative processes.
- Broad-based community collaborations function in an environment of reciprocity and cross-system understanding.
- Change is community wide. Outcomes and evaluation strategies are identified for direct service clients, the larger population, collaborative functioning and system change.
- Creates common expectations for “all” children and empowers residents to accept responsibility for change.
- Creates an open sharing environment in which residents are engaged in supporting each other and in creating a community of wellness and safety for all children.

OUTCOMES

- Improvements in child well-being for the general population. Measured by priority indicators aligned with children are safe, healthy, ready and successful in school and supported in quality environments.
- Children do not enter the child welfare system
- Family protective factors are enhanced
- Increased Informal supports
- Parent engagement and leadership is enhanced
- A broad-based community collaborative that holds members accountable and is focused on collective impact. Measured by collective impact indicators
- Public and private systems function to maximize opportunities for children and families, support prevention, support informal support systems and works to prevent the need for more intense levels of intervention

NECESSARY COMPONENTS OF COLLABORATIVE INFRASTRUCTURE:

- Community collaboration focused on child well-being that is developed by a broad base of community stakeholders and residents.
- The community collaboration is a public/private partnership that blends funding streams to work across partnering organizations and address the gaps in services.
- Establishment of a 501(c)3 or utilization of another neutral “backbone” organization that is not in competition for funding and supports the decisions made by the collaboration.
- Agreed upon policies and procedures for the collaboration that facilitates decision making, communication, sharing of data and mutual support and accountability.
- The backbone organization must exemplify the characteristics and functions of a backbone. It acts as a portal for state/federal public/private grants and does all of the backroom work to blend and leverage funding streams, support continuous communication, and facilitate assessment, planning, evaluation, and implementation.
- Training for leadership development, community inclusion, systems change strategies, and the tools used in assessment, planning and evaluation.
- An outside coach skilled in collaboration to support the development and work of the community collaboration.
- The collaboration integrates and serves as a collaborative for Substance Use Prevention Coalitions, Juvenile Justice Coalitions, Child Abuse Prevention teams, Systems of Care for Mental Health, Early Childhood Collaborations, Early Learning Connection Partnerships, Home Visiting Coalitions, and other collaborative efforts required by funding and related to the outcomes for child well-being.
- Braiding of public and private funding plus flexible funding is needed for prevention.

PHASES OF DEVELOPMENT: COMMUNITY COLLABORATION FOCUSED ON CHILD WELL-BEING

PHASE ONE: INITIATE ACTION

- **Identify Champions, Funders and Partners to focus on Child Well-Being.** Participants include DHHS, Public Health, Early Childhood, Schools, City, Faith-based Organizations, Behavioral Health, Nonprofits, Courts, Police, Parents, Volunteers, etc.
- **Assess and Analyze Community Landscape.** The broad-based collaboration conducts a community-wide needs assessment and service array process to establish strengths, gaps and needs.
- **Facilitate Community Outreach.** The community establishes mechanisms for inclusive participation (above) including those who are least likely to participate or to have an ongoing voice

PHASE TWO: ORGANIZE FOR IMPACT

- **Create Backbone and Collaborative Infrastructure.** Establish a 501©3 or align with another neutral backbone organization that serves as coordinating body and fiscal agent and supports an infrastructure that includes collaborative bylaws, procedures, policies, workgroups, org chart, membership-owned decision making that promotes participation from all entities. The backbone organization retains neutral facilitation/coordination, is transparent and exists to focus on the needs and outcomes of the collaborative. The backbone acts as a portal for state/federal public and private grants and does all of the backroom work to blend and leverage funding streams to support evidence-based practices, continuous communication, and the facilitated planning, evaluation and reporting.
- **Create Common Agenda.** The collaboration creates a vision for the well-being of all children. Using the service array and data assessment, protective factors are mapped to develop and support a community-owned priority plan that everyone can work on for prevention. The model depends on community ownership of the plan/outcomes. The priority plan cannot be directed or predetermined on where to focus efforts; it needs to be based on the community's gaps and strengths and established priorities. The collaboration develops and through braided funding implements a plan for prevention that addresses multiple risk factors for all children and families.
- **Engage Community and Build Public Will.** These data and other assessment information are utilized to make the case for how everyone in the community is needed to reach the child well-being outcomes.
- **Establish Shared Metrics/Shared Accountability to Outcomes.** The collaboration establishes performance measures for strategies and population measures for child well-being. (Mark Friedman RBA).

PHASE THREE: SUSTAIN ACTION AND IMPACT

- **Support Implementation/Alignment to Goals and Reinforcing Activities.**
 - Training to establish a process for selection of evidence-based practices and evidence-informed practices that fit the needs and outcomes of the target population.
 - Training for professional workforce provided to all community providers/members.
 - Actions focus on changing the community context (e.g. power and influence, real family engagement, family-centered practices, cultural inclusion, family-friendly policies, etc.) in order to create the “we” in communities.
 - Disproportionality rates in systems used to develop practices for inclusion and a safe environment to address concerns.
 - The coordinated service delivery system focuses on the gaps where families fall through the cracks, builds positive parent-child interaction, enhances the Protective Factors, provides community informal supports and inclusion so higher systems of care are not utilized.
- **Collect, Track & Report Progress**
 - Members of the collaboration establish a continuous quality improvement cycle including assessment, planning and implementation, evaluation and sustainability process.
- **Focus on Sustainability**
 - Collaboratives do not focus on the sustainability of programs. Instead focus on sustaining outcomes. Resources are enhanced for community organizations rather than creating competition for scarce resources. A shared community fund development plan based on the priority plan is created.
 - The collaboration is a public/private partnership that blends funding streams to support the work across partnering organizations and to address the gaps that public funding streams create due to eligibility criteria.

BARRIERS TO COMMUNITY OWNERSHIP FOR CHILD WELL BEING:

- Need flexible funds to afford communities the opportunity to fill gaps and to braid funds as needed.
- Establish, encourage and honor one comprehensive community planning process which services multiple system needs.
- Establish and honor one collaborative evaluation process. Many times federal grants require this and it is possible to have more than one occurring in a community at the same time. If the state/community partners could agree on and implement one process, then future state grants could help fund the one process rather than many.
- Especially in greater Nebraska, consult communities before establishing policies and practices.
- Rural vs. urban issues—gather input from small communities as well as big communities.
- Work through legal barriers to serving families that are subjects of screened out child abuse and neglect intake reports. Reaching these families is an essential component of communities' prevention strategies.
- Provide networking and peer mentoring opportunities for communities.
- Funding for prevention efforts is key. Funding should encourage collaboration in communities rather than competition. Having funding flow through the community collaborations promotes collaboration and community buy-in which helps with sustainability. Allow for local decision making as much as possible.
- Let local areas define themselves. Do not force partnerships.
- Need organization such as NCFE to continue to provide technical assistance to communities and to support development of collaborations. Funding has helped but boots-on-the-ground technical assistance and support has been valuable.
- The State should think about funding indirect costs to support backbone organizations.
- There is a Summit for every issue—have one summit to work across systems for prevention.

Nebraska Children's Commission

SAMPLE Monthly Glance at Nebraska's Child Welfare and Juvenile Justice Systems

April 2014

Number of children who are DHHS State wards:

	CSA	NSA	NFC/ESA	SESA	WSA	Statewide
3-3-14	516	578	1,874	1,327	386	4,681
4-7-14	517	594	1,866	1,283	365	4,625
%Change	0.19%	2.77%	-0.042%	-3.31%	-0.25%	-1.20%

Number of children in DHHS Out-of-Home placements:

	CSA	NSA	NFC/ESA	SESA	WSA	Statewide
3-3-14	386	404	1,477	876	310	3,453
4-7-14	381	416	1,475	865	298	3,435
%Change	-0.52%	2.97%	-0.13%	-1.25%	-4.03%	-0.52%

Number of DHHS wards placed in home:

	CSA	NSA	NFC/ESA	SESA	WSA	Statewide
3-3-14	133	174	405	452	78	1242
4-7-14	136	178	391	418	67	1190
%Change	2.25%	2.30%	-3.46%	-7.52%	-14.10%	-4.19%

Numbers of non-court families with children remaining inside the home:

	CSA	NSA	NFC/ESA	SESA	WSA	Statewide
3-3-14	27	72	225	110	65	499
4-7-14	33	69	235	94	61	492
%Change	22.22%	-4.17%	4.44%	-14.54%	-6.15%	-1.40%

Number of non-court children in out of home placements:

	CSA	NSA	NFC/ESA	SESA	WSA	Statewide
3-3-14	3	0	8	1	2	14
4-7-14	1	0	4	0	4	9
%Change	-66.67%	0.00%	-50.00%	-100%	50.00%	-35.71%

Number of Office of Probation active juvenile cases:

	Statewide
3-26-14	3,337

Number of juveniles in out of home placements served by the Office of Probation:

	Statewide
3-26-14	430

SAMPLE

Sample of Readily Available Information

DHHS Division of Children and Family Services

Point in Time Report

Weekly Point in Time Data

Update the First Monday of Each Month and accessible at:

http://dhhs.ne.gov/children_family_services/Pages/jus_reports.aspx

- Wards in Home
- Wards out of Home
- Total Wards
- In Home Wards Families
- Court Supervised Youths
- Court Supervised Families
- Non-Court in Home Families
- Non-Court out of Home Children
- Total in Home Families
- Youth and Families under Court Supervision
- Entries and Exits

DHHS Statewide Continuous Quality Improvement

Monthly Data Released by DHHS

Accessible at:

http://dhhs.ne.gov/children_family_services/Pages/CQIMonthlyReports.aspx

State Ward Information

- Count of Wards 2012-2014 (Statewide and by Service Area)
- State Ward Entries and Exits Compared Monthly (Statewide and by Service Area)
- Proportion of Out of Home to In-Home Wards by Service Area
- In Home Placements Compared to Out of Home

Placements (Statewide and by Service Area)

Hotline

- Hotline Calls Received and Percentage Answered by Month
- Intake/Hotline Quality Measures
- Number of Initial Assessments not finalized
- Initial Assessments – Contacts made according to priority Timeframes Statewide
- Finalized Assessment of Placement Safety and Suitability

COMPASS Measures

- Absence of Maltreatment Recurrence
- Absence of Maltreatment in Foster Care
- Permanency for Children in Foster Care
- Timeliness of Adoption
- Exits to Adoption in < 24 Months
- Timeliness & Permanency of Reunification
- Exits to Reunification
- Exits to Reunification in < 12 Months of First Entry
- Median Months in Care
- Reentries into Care in < 12 Months of Discharge
- Placement Stability
- Children in Care for < 12 Months (2 or fewer placements)
- Children in Care for 12-24 months (2 or fewer placements)

Sample of Readily Available Information

- Children in Care for < 24 months (2 or fewer placements)
- Children in Kinship homes compared to Children in non-kinship homes (Statewide and by Service Area)
- Documentation of Placement Changes within 72 Hours
- Family Team Meetings held every 90 days
- Child and Family Involvement in Case Planning
- Case Manager Contact with Child in Out of Home Care (Statewide, Tribal, and by Service Area)
- Case Manager Contact with State Wards (Statewide, Tribal, and by Service Area)
- Case Manager Contact with Child in Non-Court Case
- CFSR Item 17 – Needs and Services for the Child, Parent, and Foster Parents
- CFSR Item 19 – Caseworker Visits with Child (Statewide and by Service Area)
- CFSR Item 20 – Caseworker Visits with Parent (Statewide and by Service Area)
- Distribution of Non-Court Children in Care > 120 Days with a Finalized FSNA (Statewide and by Service Area)
- Count of SDM Admin Reviews Statewide
- SDM QA Results (Assessment was finalized in a timely manner)
- SDM – Ongoing Quality Results – Narratives support item scoring on the SDM Assessment

Workforce Stability

Structured Decision Making (SDM)

- Distribution of Youth in Care >120 Days with a Finalized Risk Reassessment or Reunification Assessment (Statewide and by Service Area)
- Distribution of Non-Court Children in Care > 120 Days with a Finalized Risk Reassessment or Reunification Assessment
- Caseloads Assigned to Initial Assessment Only (Statewide and by Service Area)
- Caseloads with Initial Assessment and Ongoing Cases (Statewide and by Service Area)
- Caseloads with In-Home, Out-of-Home, and Mixed Ongoing (Statewide and by Service Area)
- Statewide Caseloads Results for Initial Assessment, Ongoing, and Combination IA and Ongoing Caseloads
- Children and Family Services Staff Turnover (By position)
- Nebraska Families Collaborative Turnover Percent (By position)
- Youth Rehabilitation and Treatment Center Turnover Percent (By position)
- Children and Family Services Staff Vacancy Rate (By Service Area)
- Youth Rehabilitation and Treatment Center Staff

Sample of Readily Available Information

Vacancy Rate (Geneva and Kearney)

- Nebraska Collaborative Staff Vacancy Rate Families

Foster Care Review Office Information Available (for children reviewed by the FCRO)

- Children in Out of Home Care (Data can be broken down by gender, age group, race & ethnicity, adjudication)
- Reasons for Entering Out of Home Care
- Children Entering out of Home care for the first time (by age group)
- Children Reviewed with parents with substance abuse issues
- Case manager contact
- Children in out of home placements with continued need for out of home care
- Placement availability
- Number of licensed and approved foster homes by service area

Case Planning and Permanency Objectives

- Appropriateness of objective
- Permanency Plan Completeness
- Whether there is a current target date for permanency for children
- Whether safety measures have been included in the plan
- Whether progress has been made towards permanency objective

- Whether Reasonable Efforts to reunify have been made

Length of Time in Foster Care

- Average days in out of home care at time of exit by age group
- Percent of life in Out of Home Care Levels by age group
- Lifetime months out of care

Visitation (Parenting Time)

- Mother's Visitation
- Father's Visitation

Placement Changes

- Number of Placements Experienced by Children in Out of Home Care
- Where Children Go When They Leave Out of Home Care
- DHHS Wards Re-Entering Out-of-Home Care

Information Available from Probation Administration

- Juvenile active cases
- Juveniles in out-of-home placement
- Average caseloads for Probation Officers

Foster Care Reimbursement Rate Committee

Report to the Nebraska Children's Commission
April 15, 2014

COMMITTEE MEMBERSHIP

Chair:

Peg Harriott – President/CEO, Child Saving Institute (ESA)

Committee Members (by representation category):

A child welfare agency that contracts directly with foster parents, from each of the service areas. (Service area designation)

Susan Henrie* – CEO of South Central Behavioral Services (WSA)

Jackie Meyer* – Executive Director, Building Blocks Agency Supported Foster Care (NSA)

Open Position (previously held by **Katie McLeese Stephenson** – COO, Cedars (SESA))

Ryan Suhr – Statewide Administrator of Children Services, Lutheran Family Services of Nebraska (ESA)

Corrie Edwards – CEO, Mid-Plains Center for Behavioral Health Services (CSA)

An advocacy organization which deals with legal and policy issues that include child

Lana Temple-Plotz* – President, FFTA; Chief Program Officer, Nebraska Children's Home Society

An advocacy organization, the singular focus of which is issues impacting children

Open position (previously filled by Shannon-Jo Hamilton)

A foster and adoptive parent association

Barb Nissen* – Program Coordinator, NE Foster & Adoptive Parent Association

A lead agency

David Newell* – President/CEO Nebraska Families Collaborative

A child advocacy organization that supports young adults who were in foster care as children

Alana Pearson – Project Everlast Youth Advisor

A foster parent who contracts directly with the Department of Health and Human Services

Bev Stutzman*

*Indicates member of 2012 LB820 Foster Care Reimbursement Rate committee

A foster parent who contracts with a child welfare agency

Sherry Moore – Lutheran Family Services Foster Parent

Bobby Loud – Boystown Foster Parent

Open Position (previously held by **Jena Davenport** – KVC Foster Parent)

At Large

Leigh Esau* – Executive Director, Foster CARE Closet

Probation

Jeanne Brandner – Assistant Deputy Probation Administrator

DHHS Resources to the Committee:

Thomas Pristow* – Director, Division of Children and Family Services

Nanette Simmons* – Administrator I, Division of Children and Family Services

Lindy Bryceson – Children and Family Services Administrator, Division of Children and Family Services (SESA)

Debbie Silverman* – Service Area Administrator, Division of Children and Family Services (WSA)

Michele Anderson – Children and Family Services Specialist, Division of Children and Family Services (CSA)

Karen Knapp* – Children and Family Services Specialist, Division of Children and Family Services (NSA)

*Indicates member of 2012 LB820 Foster Care Reimbursement Rate committee

COMMITTEE ACTIVITIES

Meeting Dates:

January 7, 2014
February 18, 2014

April 1, 2014

Committee Membership:

The committee is currently taking applications for a representative of:

- 1) "An advocacy organization, the singular focus of which is issues impacting children". This position was previously held by Shannon-Jo Hamilton from Voices for Children in Nebraska.
- 2) "A foster parent who contracts with a child welfare agency". This position was previously held by Jena Davenport.
- 3) "A child welfare agency that contracts directly with foster parents, from each of the service areas. (SESA representative needed.). This position was previously held by Katie McLeese Stephenson.

The committee hopes to have nominees for the Children's Commission's consideration by no later than the June, 2014 meeting.

Level of Care Assessment Workgroup:

The Level of Care workgroup has continued to meet to fine tune the Nebraska Caregiver Responsibilities tool. The group has worked to improve definitions to aid in implementation of the form. They have also added fields to the beginning of the form to collect additional data on the use of the instrument. These data fields will allow DHHS, NFC, and Probation to collect additional information and report out to the workgroup on the Level of Care Assessment pilot. The fields mainly collect data on the event that created the need another assessment.

The workgroup also continued to discuss the use of respite and the need to review compensation policies related to travel expenses. The workgroup will be continuing to research these issues.

Finally, the workgroup is continuing to monitor the development of the establishment of agency rates by DHHS. The workgroup has recommended amounts that should be considered for pre-assessment rates and level of parenting rates, however the group is reluctant to move these items forward as final recommendations for foster care reimbursement rates due to the absence of a final decision on rate amounts by DHHS.

Committee Review of July 1 Rate Implementation:

The Foster Care Reimbursement Rate Committee used the majority of the meeting time on April 1, 2014, to review the plans by DHHS, NFC, and Probation for implementation of the July 1 foster care rates outlined in LB530. Presentations were given at the meeting by Thomas Pristow, David Newell, and Jeanne Brandner on behalf of DHHS, NFC, and Probation, respectively.

DHHS Update

Thomas Pristow and Nanette Simmons provided an update on the DHHS implementation plan. Thomas indicated that he will be talking with Senator Campbell and Senator Dubas on April 2, 2014, and will be informing them of the plan to delay implementation of the foster care reimbursement rates until August 1 instead of the July 1 date. Thomas noted that LB530 requires that the base rates be implemented by July 1, but did not require that the other rates be in place by that time. Thomas indicated that DHHS does not want to implement the rates piecemeal, so a suggestion was going to be made to delay implementation for a month. Thomas indicated that he would prefer to have the rates delayed by 30 days to implement both the base rate and level of care rate together in a more healthy way. A committee member questioned Thomas and Nanette on this plan since some parents have already received notice of the rate change effective July 1. In addition, several committee members expressed great concern to Thomas that delay of the rates, even for a 30 day timeframe, would cause confusion and concerns for foster families. Thomas indicated that he believed that delaying the rate by 30 days would allow for a much better implementation by DHHS. Thomas indicated that he felt it was a fluid situation and that they would work with foster parents to communicate the changes.

Thomas also noted that DHHS would need to address the transportation issue for rural areas. He also noted that there was additional work to do on the blending of rates. It was noted that the true cost of administration needed to be determined so that the base rate, parenting rate and agency support rate work with the IV-E waiver requirements. He felt that the 9 levels of payments were in range and that there were pros and cons of the committee recommending rates. Thomas noted that the executive branch is in charge of operationalizing the change.

Thomas Pristow reported on the meeting that was held with a consultant to review the proposed rates. Thomas reported that the consultant indicated that the components of the foster care reimbursement rates the workgroup was suggesting appeared to be in-line with what other states are using as foster care

rates. Thomas informed the group that he would be continuing to work on the rates with the consultant and would use the information from the consultant to set the agency support rate. Thomas committed to the committee that he would have all three components of the foster care reimbursement rate established and provided in a report to Peg Harriott by no later than April 28, 2014.

NFC Update

David Newell provided an update on NFC's plan for implementation of the new rates that are effective July 1, 2014. David provided a handout with information on residential child-care rates from Texas. The Texas rates provide four levels of care – Basic, Moderate, Specialized, and Intense.

Dave then provided a second handout that included NFC's guiding principles for rate implementation of LB530; selected provisions of Nebraska law relative to foster care reimbursement rates; NFCs agency foster care rates by supplemental level rates; NFC foster care rate analysis – kinship foster care; the February 28, 2014, DHHS letter to providers and foster parents; and NFCs March 4, 2014, letter to NFC Network Providers on the foster care reimbursement rates. Dave directed the committee's intention back to the intent of the legislation and noted that the rate changes will have a significant impact on kinship foster care.

NFC also noted that DHHS will be doing the training on the NCR tool. The training will also be made available by webinar. The training will be scheduled in the next couple of months after rate decisions have been finalized.

Probation Update

Jeanne Brandner provided an update on Probation's plan for implementation of the new rates. Jeanne indicated that Probation is planning to stay in line with what NFC and DHHS are doing. She indicated that the discussion of transportation will be extremely important. Jeanne noted that there is no indication that probation rates will be changing and they intend to continue with utilizing that standard and intensive probation rates that are currently being used. It was noted that Probation is not planning to implement the NCR tool at this time but will continue to monitor the issue.

Committee Review of Final Recommendations:

After review of the July 1 rate implementation plans, the Foster Care Reimbursement Rate Committee began reviewing draft final recommendations to determine if consensus could be reached on recommendations.

The first draft final recommendation that the committee approved was the recommendation that changes and decisions for all aspects of foster care rate changes support the express intent of LB530 (2013):

- a. "to ensure that fair rates continue into the future to stem attrition of foster parents and to recruit, support, and maintain high-quality foster parents"
- b. "foster care reimbursement rates accurately reflect the cost of raising the child in the care of the state"
- c. "to ensure that contracted foster care provider agencies do not pay increased rates out of budgets determined in contracts with the Department of Health and Human Services prior to any changes in rates."

- d. "to maintain comparable foster care reimbursement rates to ensure retention and recruitment of high-quality foster parents and to ensure that foster children's best interests are served".
- e. "to appropriate funds to permanently replace the bridge funding . . . and provide the necessary additional funds to bring foster care reimbursement rates in compliance with the recommendations of the research and study completed by the Foster Care Reimbursement Rate Committee. . ."

The committee also preliminarily approved final recommendations related to: a) the Nebraska Children's Commission's continued monitoring of the progress being made to ensure that base rates, level of parenting rates, and child placement agency rates are established and implemented in accordance with LB530 and in a timely manner; b) implementation of the Nebraska Caregiver Responsibilities (NCR) tool effective July 1, 2014, for new foster care placements; and c) implementation of the base rates effective July 1, 2014, as set forth in LB530 from the 2013 Legislative Session.

Those rates are:

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

Preliminary draft final recommendations have been drafted for all other aspects of the implementation of the foster care reimbursement rates, but have not been finalized by the committee at this time. Several members of the Committee expressed concern that they are unable to support moving forward with further development of final recommendations related to rates until the final rate report has been received from DHHS. The committee members expressed concern that without a commitment on child placement agency rates by DHHS, stakeholders may be placed in a position to cover shortfalls that may be created if the agency rates are established too low. Foster parent representatives on the committee also expressed concern that actions not be taken that would negatively impact the recruiting, supporting, or maintaining of high-quality foster parents. Committee members expressed concern that DHHS must not delay implementation beyond the July 1 date established in legislation, and must provide information, on final child placing agency rates as committed to by Thomas Pristow.

The committee's next meeting is scheduled for May 6, 2014. The committee anticipates reviewing the rate report that is due from Thomas Pristow on April 28, 2014; continuing to monitor the July 1 implementation plans of DHHS, NFC, and Probation (as applicable); and completing the work on final recommendations.

Foster Care Reimbursement Rate Committee Nomination Form

The Nebraska Children's Commission is seeking nominations for the Foster Care Reimbursement Rate Committee. This committee will be working to review and make recommendations to the Nebraska Children's Commission in the following areas: foster care reimbursement rates, the statewide standardized level of care assessment, and adoption assistance payments. The committee will analyze consumer expenditure data reflecting the costs of caring for a child in Nebraska; identify and account for additional costs specific to children in foster care; and apply a geographic cost-of-living adjustment for Nebraska.

The Nebraska Children's Commission is seeking the following representatives:

- ①. Representatives from a child welfare agency that contracts directly with foster parents, from each of the service areas;
2. A representative from an advocacy organization which deals with legal and policy issues that include child welfare;
- ③. A representative from an advocacy organization, the singular focus of which is issues impacting children;
4. A representative from a foster and adoptive parent association;
5. A representative from a lead agency
6. A representative from a child advocacy organization that supports young adults who were in foster care as children;
7. A foster parent who contracts directly with the Department of Health and Human Services; and
- ⑧. A foster parent who contracts with a child welfare agency.

Members of the committee will be asked to serve for terms of four years and until their successors are appointed and qualified.

If you would like to be considered for this committee, please complete the attached 2-page form. The completed form must be returned to Leesa Sorensen at the Nebraska Children's Commission by 10:00am on May 5, 2014. The completed form may be e-mailed to Leesa.Sorensen@Nebraska.gov or mailed to:

Leesa Sorensen
FCRO/Nebraska Children's Commission
521 S. 14th Street, Suite 401
Lincoln, NE 68508

**Nebraska Children's Commission
Foster Care Reimbursement Rate Committee**

Name:			
Address:			
City:		State:	Zip:
Home Phone: ()		Business Phone: ()	
Cell Phone: ()		Business Fax: ()	
E-mail Address:			
Occupation:			
Gender:		Race:	
Employment:			
Education:			
Other Committees or Boards:			
References (Name/Address/Phone):		1.	
		2.	

Representative of: (check all that apply)

- ◇ A child welfare agency that contracts directly with foster parents, from each of the service areas. My service area: **SESA only**
- ◇ An advocacy organization, the singular focus of which is issues impacting children
- ◇ A foster parent who contracts with a child welfare agency

Reason for Seeking this Appointment:

Juvenile Services (OJS) Committee

Report to the Nebraska Children's Commission April 15, 2014

Co-Chairperson: Ellen Brokofsky, Nebraska Children's Commission, State Probation Administrator
– Administrative Office of the Courts and Probation

Co-Chairperson: Martin Klein, Nebraska Children's Commission, Deputy Hall County Attorney

Committee members:

- Kim Culp, Director -Douglas County Juvenile Assessment Center
- Barbara Fitzgerald, Coordinator - Yankee Hill Programs – Lincoln Public Schools
- Sarah Forrest, Policy Coordinator – Child Welfare and Juvenile Justice – Voices for Children
- Cindy Gans, Director of Community-Based Juvenile Services Aid – Nebraska Commission on Law Enforcement and Criminal Justice
- Judge Larry Gendler, Separate Juvenile Court Judge for Sarpy County, NE
- Kim Hawekotte, Director – Foster Care Review Office (former CEO – KVC Nebraska)
- Dr. Anne Hobbs, Director – Juvenile Justice Institute, University of Nebraska, Omaha
- Ron Johns, Administrator – Scotts Bluff County Detention Center
- Nick Juliano, Senior Director of Business Development – Boys Town
- Tina Marroquin, Lancaster County Attorney
- Mark Mason, Program Director - Nebraska Vocational Rehabilitation
- Jana Peterson, Facility Administrator – YRTC, Kearney
- Corey Steel, Assistant Deputy Administrator for Juvenile Services, Administrative Office of the Courts and Probation
- Monica Miles-Steffens, Executive Director – Nebraska Juvenile Justice association & Nebraska JDAI Statewide Coordinator
- Pastor Tony Sanders, CEO – Family First: A Call to Action
- Dalene Walker, Parent
- Dr. Ken Zoucha, Program Medical Director - Hastings Juvenile Chemical Dependency

Resources to the Committee:

- Sen. Kathy Campbell
- Sen. Colby Coash
- Doug Koebernick, Legislative Assistant for Senator Steve Lathrop
- Jerall Moreland, Assistant Ombudsman - Nebraska Ombudsman's Office
- Dr. Hank Robinson, Director of Research, Nebraska Department of Corrections
- Dan Scarborough, Facility Administrator – YRTC, Geneva

Meeting Dates:

January 14, 2014
March 11, 2014

April 8, 2014
May 13, 2014

Activities:

The Juvenile Services (OJS) Committee met on May 13, 2014, to further develop recommendations related to Community-based programs. The committee worked from the Proposed Nebraska Juvenile Justice System Continuum of Service matrix that was created during

Phase I planning. The committee discussed what types of services are needed during diversion and "pre-diversion". To inform the work and enhance discussion, Dr. Anne Hobbs, Director of the Juvenile Justice Institute, University of Nebraska, Omaha provided a presentation on State Wide Juvenile Diversion Survey Data. The presentation provided data from surveys that were completed by 17 directors, 28 county attorneys, (involving a total of 30 juvenile diversion programs). The survey looked at case filing before diversion; screening assessments and screening tools; and the use of assessment tools to determine the diversion plan. The survey also looked at diversion program funding and the amount being paid for individual diversion programming. The survey includes information on data needs and workforce development issues.

Dr. Hobbs also provided information on Nebraska Juvenile Diversion case closures. The data included percentages on the withdrawal of a youth's referral to a diversion program; declined admission to a diversion program; and a juvenile's failure to comply with program conditions.

The committee discussed the various aspects of diversion and pre-diversion; the survey results; and data provided. The committee also asked for clarification on a variety of issues. Dr. Hobbs collected a variety of suggestions from the committee and will be providing updates on the analysis of the data at a future meeting.

The committee will be using notes from the discussion to inform future discussions about Community-based programs and to make recommendations about state funding.

Project Reports

The Juvenile Services (OJS) committee added a new feature to the monthly meeting agenda. Committee members have been asked to share information about projects they are currently working on that relate to youth in the juvenile justice system. The committee received information this month from Nick Juliano on cross-over youth and from Kim Hawekotte on the Out-of Home Placement committee.

Membership Update:

At the conclusion of the meeting, Marty Klein resigned his position as co-chairperson of the committee. The committee discussed the need to identify another co-chairperson. The committee tabled this discussion until the June meeting.

The committee has also invited Sheri Dawson from DHHS to attend the June or July meeting. The committee has asked DHHS to identify someone who can attend the meeting as a resource person from DHHS behavioral health.

Karen - these are in everyone's packet -

SAVE THE
DATE

Enhancing Juvenile Justice In-home Interventions: Regional Introduction and Planning Meetings

Nebraska Juvenile Probation and the Juvenile Justice Court Improvement Project/Through the Eyes of the Child Initiative have been working with a private foundation to provide the funds for infrastructure development, training, and accreditation to implement Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Boys Town's Intensive Family Preservation Services across the state. MST and FFT have a significant body of evaluation research indicating that their interventions reduce re-offending and other anti-social behaviors of youth in juvenile justice systems. Boys Town has preliminary data that suggests their intervention also reduces offending.

We will be assessing community and provider interest/capacity across the state to develop a comprehensive plan for implementation of these services. Please join us for a regional meeting in your area where you will learn about the different interventions from leaders from MST Services, FFT LLC, and Boys Town. These speakers will provide an overview of their models for the first two hours of the meeting. Immediately following the two-hour overview, providers will remain for more details about the models including therapist requirements, training plans, etc. Finally, a *Request for Interest and Qualifications* process will be described. The information provided by providers (providers will have several weeks to complete this information) will help inform the comprehensive plan.

For questions, please contact Vicky Weisz (vweisz1@unl.edu) or Melissa Townsend (melissa.townsend@unl.edu).

WHERE
WHEN

June 2: Norfolk (pm session)

June 3: Lincoln (am session)

June 4: Omaha (am session)

June 16: Scottsbluff (pm session)

June 17: North Platte (am session)

June 18: Kearney (am session)

Register NOW!

(<http://ccfl.unl.edu/registration/event.php?id=5682166>)

Sponsored by Juvenile Probation, Juvenile Justice Court Improvement Project/Through the Eyes of the Child Initiative

Nebraska System of Care Planning Grant Update

April 15, 2014

April 15, 2014	Children's Commission Sneak Peek of Logic Model Draft
April 30, 2014	Project Management Team (PMT) Reviews Full Draft Plan and Logic Model
May 14, 2014	Partners Meeting to Review PMT Revised Draft Family Organizations/Region/Community Partnerships Final Review
Late May 2014	PMT Final Work on Strategic Plan and Logic Model
June 2014	DHHS Final Review
June 30, 2014	Submit Grant Deliverables (Strategic Plan and Logic Model) to SAMHSA

Feedback for PMT on today's draft logic model may be sent to: dhhs.soc@nebraska.gov by April 25, 2014.

Partners Meeting Information: May 14th
Country Inn & Suites, Lincoln NE
9:00 am – noon OR 1:00 – 4:00 PM

Draft presented to partners May 14th can be shared with Children's Commission. Feedback for final PMT consideration may be sent to dhhs.soc@nebraska.gov by May 23, 2014.

WORKING DRAFT – FOR REVIEW ONLY (4.2.2014)

Nebraska System of Care

Strategic Planning Process

October 2013 – June 2014

Logic Model

- **Vision:** Nebraska children, youth and families are able to access an integrated system of care that supports them to reach their full potential in school, and in their transition to adulthood, while living in a home and community that supports strong family connections.
- **Mission:** Nebraska’s child and family serving systems of care will eliminate fragmented approaches to meeting the needs of children and youth and their families through improved access to appropriate and timely community-based care that is family-driven and youth-guided, embodies the cultural and linguistic values of the families being served and improves their clinical, behavioral, social, and educational outcomes. Child and family-serving systems will achieve this change through transparent system collaboration with partnerships and shared ownership involving families as full partners.
- **Values:** Youth driven; family driven; strength-based; individualized; culturally & linguistically competent; evidence-based; high quality; accessible; integrated; cost-effective; data informed.

Population of Focus: Children and youth with SED and their families across all of Nebraska’s child-serving systems.

Strengths & Resources →	Context, Needs, Challenges →	Goals →	Strategies and Sub-Strategies →
<ul style="list-style-type: none"> • Systems (JJ; BH; PH; CFS; Ed.) recognize the importance of, and are beginning to work towards, partnership with family and youth. • Growing understanding that early, community-based care is an effective strategy. • Growing commitment, at the state level, to partnership among youth, family and system partners. • Juvenile justice, child welfare, behavioral health and education systems actively participating in SOC planning. 	<ul style="list-style-type: none"> • Change is difficult and requires great persistence. • Policies and practices inhibit youth and family centered work and involvement. • Gaps in service array, in some areas of the state, with limited access to evidence-informed, community-based interventions. • Skepticism and limited awareness and/or support for family leadership in some parts of the state. • Lack of consistency, common definition of Wraparound and family-driven practice. 	<ul style="list-style-type: none"> • Develop, Implement and sustain system of care infrastructure at regional and state levels. • Build a sustainable statewide infrastructure for a youth network and family network representative of the population of Nebraska to empower youth and family voice, outreach, education, advocacy and leadership opportunities. • Ensure a full service array of research-based practices is available to children and families across the state of Nebraska. 	<p>Implementing Policy, Administrative, and Regulatory Changes</p> <ul style="list-style-type: none"> • Identify and review regulations or other barriers that prevent effective collaboration and/or development of a single services plan for youth and families across systems. • Assure that youth, family members and system partners will be involved in meaningful partnership in state and regional planning, evaluation, training, social marketing, CLC/CLAS and all other SOC implementation activities. • Develop a statewide, cross-system “competency worksheet” for organizations to incorporate into training and evaluation practices. • Nebraska commits to the model of “no wrong door” model for access. Any point at which a child or family requests/requires services/supports becomes the entry point. • Ensure that recruitment, hiring and retention practices result in HFW, regional and state staff that are culturally and linguistically representative of the communities being served. • Assure that data regarding outreach, access, outcomes and disparities among culturally and linguistically diverse groups is used in making policy, administrative and regulatory changes. • Integrate SOC principles with state and local policy decisions.

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	<ul style="list-style-type: none"> • Many of the children and youth with the highest needs are involved in multiple systems. • State systems (DBH, CFS, DD, MLTC) are not coordinated in engaging providers, resulting in inefficient use of scarce resources. • Regional differences across the state require flexibility and locally tailored strategies for successful implementation. • State-funding of fidelity-based wraparound maximizes flexibility, but is limited in terms of funding streams. • Fragmented financing system for behavioral health. • Need cross-system screening and assessment for trauma. • Limited services and supports across the age range (e.g., 0-8; TAY). • Partnership with schools vary across the state. • Generational, deep-seated BH stigma. • Policies, procedures & funding streams are barriers to flexibility in pooling resources or creativity. 	<ul style="list-style-type: none"> • Integrate services for multi-system children and youth across all child and family-serving systems. • Build, or enhance, the community-based crisis continuum. • Build a cross-system, collaborative prevention and early intervention system. • Develop policies that promote flexible funding through multiple strategies. • Promote and support Cultural and Linguistic Competence (CLC/CLAS) in all aspects of the system of care. • Implement a participatory continuous quality improvement (CQI) process in which all SOC plan goals and strategies are systematically monitored and changes are made as needed to improve outcomes. 	<ul style="list-style-type: none"> • Develop policies, rules, procedures that support CLC, implement CLAS standards, and address disparities. • Coordinate across DBH, CFS, DD and MLTC-funded networks. <p>Developing Services and Supports based on the SOC Approach</p> <ul style="list-style-type: none"> • Nebraska commits to the model of “no wrong door” model for access. Any point at which a child or family requests/requires services/supports becomes the entry point. • Build a statewide crisis continuum that includes brief out-of-home options for children and youth in crisis such as crisis residential, respite, therapeutic foster care, and emergency shelter options. Also explore a dedicated on-call team serving children, youth and their families across systems (behavioral health, child welfare and juvenile justice). • Explore school-based and school-linked services. School services typically include 1) screening, assessment and referral protocols with local mental health providers; and 2) comprehensive whole school environmental interventions such as the Positive Behavioral Interventions and Supports (PBIS) model. • Create a statewide infrastructure for Youth Network and Family Network in order to build involvement and leadership opportunities. • Identify funding opportunities to support development and maintenance of YFN and develop guidelines for reimbursement across agencies. • Create state-level family and youth leader position(s) that serves as a liaison between state systems and the youth and family network(s). • Develop training and TA system to support family engagement/involvement that includes youth and families as participants and trainers alongside professionals. • Develop guidelines for best practices for youth involvement, leadership and youth-driven services. • Develop Regional plans for expanding wraparound facilitation (such as PPP) to populations not currently served. • Identify and agree upon a shared screening and assessment framework. (Consider implementing in the context of interagency coordinated funding initiatives using the CANS). <p>Creating Financing Mechanisms</p> <ul style="list-style-type: none"> • Maximize funding for evidence-based youth development programs. • Expand family and youth peer support.
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	<ul style="list-style-type: none"> • Inconsistent family involvement – "expert" mentality; not valuing youth and family input. 		<ul style="list-style-type: none"> • Explore additional policy or administrative options for using Medicaid, and other resources, to finance High Fidelity Wraparound. • Explore all possible flexible funding strategies for development. • Identify all financial resources and eligibility requirements. • Develop interactive data system to perform necessary analytics. • Complete financial scan (financial resource matrix, Children’s Commission Cross System Analysis Report). • Initiate data driven management system through pilot project of highest service users. • Prioritize financial needs through pilot project (state wide high end users payment toward BH services across service systems). <p>Providing Training, TA, and Coaching</p> <ul style="list-style-type: none"> • Coordinate efforts of all child serving systems to establish joint curricula and training that supports cross system work. • Ensure trauma-informed training across systems. • Develop a statewide, cross-system “competency worksheet” for organizations to incorporate into training and evaluation practices. • Develop guidelines that assist leadership and organizations with recruitment and retention of the workforce. • Develop and implement leadership training for interested youth and families. <p>Generating Support/Social Marketing</p> <ul style="list-style-type: none"> • Assure that all stakeholders are informed and knowledgeable about the SOC philosophy and HFW. • Inform youth, families and other key stakeholders of the value of youth and family voice and the opportunity for youth and family involvement at the state, county and individual level. • Ensure communications are appropriate across counties with diverse linguistic characteristics including their primary language, literacy skills and disability status. • Develop CLC component to social marketing and communication plan to include understanding of the cultural issues related to service and include linguistic ability to communicate. • Ensure messaging campaigns consider the cultural communities’ preferred language, medium, messenger and style.
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OUTCOMES

• Process Outcomes

- Nebraska child and family serving agencies/systems will engage in the implementation of coordinated and integrated systems of care.
- Nebraska child and family serving agencies/systems will efficiently and effectively deploy services and supports as determined by Wraparound teams.
- Nebraska child and family serving agencies/systems will act in culturally and linguistically appropriate and trauma-informed ways in all phases of interacting with children, youth and families.
- Nebraska child and family serving agencies/systems will partner to create an integrated system with “no wrong door” access.
- Nebraska child and family serving agencies/systems will engage in equal partnership with families and youth in developing improved systems of care.
- Nebraska child and family serving agencies/systems will agree to, and implement, a common set of functional outcomes and work toward them together.
- Nebraska child and family serving agencies/systems will have access to flexible funding to ensure individualized service delivery.
- Nebraska child and family serving agencies/systems will be evaluated on implementation of family-centered practice within the agency/system.
- Nebraska children, youth and families will have access to services in their home community.
- Nebraska children, youth and families will understand the systems and services they are involved in and know how to access information and get questions answered.
- Policies and funding for behavioral health in Nebraska will place a greater emphasis on prevention and early identification/intervention.

• Functional Outcomes

- Children and Youth will live at home.
 - Decrease utilization of long-term out of home placements;
 - Increased use of residential alternatives such as evidence based practices (e.g. HFW), short term crisis, respite, and related supports
 - Children and Youth will experience improved stability in living situation
- Children and Youth will have improved wellness and mental health
 - Children, Youth and Family will report improved coping skills
 - ... will report improved social connectedness
 - ... will report increased ability to manage behavioral health challenges
- Children and Youth will function successfully in the community
 - Children and Youth will attend school and graduate
 - ... will succeed in employment
 - ... will engage in appropriate leisure activities
 - ... will experience more positive relationships with family, friends and others
 - ... will have effective support networks
 - ... will experience decreased substance use

Strategic Plan

Goals

The Project Management Team (PMT) considered all of the input from the planning process described above and identified the following 8 goals that will organize our plan to enhance systems of care for children, youth and their families across Nebraska:

1. Develop, implement and sustain system of care infrastructure, inclusive of policy, regulatory and financing, at regional and state levels.
2. Build a sustainable statewide infrastructure for a youth network and family network representative of the population of Nebraska to empower youth and family voice, outreach, education, advocacy and leadership opportunities.
3. Ensure a full service array of research-based practices, featuring High Fidelity Wraparound, is available to children and families across the state of Nebraska.
4. Integrate services for multi-system youth across all child-serving systems.
5. Build, or enhance, the community-based crisis continuum.
6. Build a cross-system, collaborative prevention and early intervention system.
7. Develop policies that promote flexible funding through multiple strategies.
8. Promote and support Cultural and Linguistic Competence (CLC/CLAS) in all aspects of the system of care.
9. Implement a participatory continuous quality improvement (CQI) process in which all SOC plan goals and strategies are systematically monitored and changes are made as needed to improve outcomes.

Framework

Nebraska has adopted the overarching framework of five core areas of focus identified by Beth Stroul and Robert Friedman (2011)¹ as a way to organize the system of care strategic plan. They are:

1. Implementing Policy, Administrative, and Regulatory Changes
2. Developing Services and Supports based on the SOC Approach
3. Creating Financing Mechanisms
4. Providing Training, TA, and Coaching
5. Generating Support

¹ Stroul, B. A., & Friedman, R. M. (2011). Issue brief: Strategies for expanding the system of care approach. Washington, DC: Technical Assistance Partnership for Child and Family Mental Health.

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Strategies

The following strategies have been developed by the state-level Project Management Team (PMT). Nebraska is a diverse and complex state; these strategies reflect this diversity as many strategies and activities require state, regional and local level actions that need to be addressed. Like any strategic plan, these strategies are a work in progress and subject to continuous review and improvement.

NEBRASKA SYSTEM OF CARE STRATEGIC PLAN					
GOALS	STRATEGIES NEEDED TO ACHIEVE GOAL				
	(A) Implementing Policy, Administrative, and Regulatory Changes	(B) Developing Services and Supports Based on the SOC Approach	(C) Creating Financing Mechanisms	(D) Providing Training, TA, and Coaching	(E) Generating Support
	Strategies	Strategies	Strategies	Strategies	Strategies
<p>GOAL # 1</p> <p>Develop, implement and sustain system of care infrastructure, inclusive of policy, regulatory and financing, at regional and state levels.</p>	<p>1. The PMT will identify and review regulations or other barriers that prevent effective collaboration and/or development of a single services plan for youth and families across systems.</p> <p>2. The PMT will support regional implementation of leadership teams including youth and family leaders, along with system leaders, as the locus of accountability for SOC efforts.</p>	<p>1. The PMT will work with regional leadership teams to explore ways to integrate the multiple SOC strategies across systems.</p>	<p>1. The PMT will identify opportunities in each system (federal, state, and philanthropic) for increasing flexibility within funding streams in order to fund and sustain SOC, wraparound, youth and family development, initiatives.</p> <p>2. The PMT will explore and develop guidelines for expense reimbursement and/or other supports needed to assure youth and family participation in SOC.</p>	<p>1. The PMT will support the development of cross-system training for the workforce of all providers and systems (including behavioral health, child welfare, juvenile justice, courts and education) and will identify resources to support the training throughout the state.</p>	<p>1. The PMT will work with DHHS and NCCF to ensure that all key stakeholders are informed and knowledgeable about the NE SOC Partnership.</p> <p>2. The PMT will develop guidelines that support organizations with recruitment and retention of the workforce.</p>

SAMPLE