

## Nebraska Children's Commission

Twenty-sixth Meeting  
August 19, 2014  
9:00 AM – 12:00 PM  
Country Inn & Suites, Lincoln Room  
5353 North 27<sup>th</sup> Street, Lincoln, NE

### Call to Order

Karen Authier called the meeting to order at 9:01 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, Teresa Anderson, Karen Authier, Beth Baxter, Jennifer Clark, Kim Hawekotte, Gene Klein, Andrea Miller, David Newell, Deb O'Brien, Mary Jo Pankoke, Dale Shotkoski, Susan Staab, and Diane Tedrow.

Commission Members absent: Holly Brandt, Candy Kennedy Goergen, and Norman Langemach.

Ex Officio Members present: Ellen Brokofsky, Senator Colby Coash, Hon. Linda Porter, Thomas Pristow.

Ex Officio Members absent: Senator Kathy Campbell, Senator Jeremy Nordquist, Julie Rogers, Vicky Weisz, and Kerry Winterer.

Also in attendance: Bethany Connor and Leesa Sorensen from the Nebraska Children's Commission; and Cris Copeland, Southeast Community College practicum student.

### Approval of Agenda

A motion was made by Beth Baxter to approve the agenda, as written. The motion was seconded by Gene Klein. Voting yes: Pam Allen, Teresa Anderson, Karen Authier, Beth Baxter, Jennifer Clark, Kim Hawekotte, Gene Klein, Andrea Miller, David Newell, Deb O'Brien, Mary Jo Pankoke, Dale Shotkoski, Susan Staab, and Diane Tedrow. Voting no: none. Holly Brandt, Candy Kennedy Goergen, and Norman Langemach were absent. Motion carried.

### Approval of July 15, 2014, Minutes

A motion was made by Mary Jo Pankoke to approve the minutes of the July 15, 2014, meeting as written. The motion to approve the minutes was seconded by Beth Baxter. Voting yes: Karen Authier, Beth Baxter, Kim Hawekotte, Gene Klein, David Newell, Deb O'Brien, Mary Jo Pankoke, Dale Shotkoski, Susan Staab, and Diane Tedrow. Voting no: none. Pam Allen, Teresa Anderson, Holly Brandt, Jennifer Clark, and Andrea Miller abstained. Candy Kennedy Goergen, and Norman Langemach were absent. Motion carried.

### **Chairperson's Report**

Karen Authier provided a brief chair's report. Karen asked commission members to introduce themselves and give a brief description of job titles when their name was called during roll call. Karen encouraged new members to ask questions. Three new members were present for this meeting: Teresa Anderson, Jennifer Clark, and Diana Tedrow. Leesa Sorensen then provided all members with an updated Nebraska Children's Commission Contact/ Phone list.

Karen reviewed the agenda and noted that there would be a public comment time near the end of the meeting.

### **DHHS Update**

Thomas Pristow provided an overview of the status of Alternative Response, Bridge to Independence, and Results Based Accountability initiatives:

- Alternative Response - DHHS is training staff and working on finalization of updates to the regulations. Thomas will present information on the regulations to the Commission in September with the plan for the formal approval and implementation process in October.
- Bridges to Independence - DHHS received approval of the Bridges to Independence plan from the Kansas City Regional office and is now awaiting approval at the federal level. Once DHHS received federal approval, DHHS can have the program up and running in 30 days. Thomas noted that the Sherwood Foundation would continue funding the Bridge to Independence program until the State program and funding begins.
- Results Based Accountability - August will be the first full month of data collection. Thomas there are 72 providers and DHHS is receiving about 80 percent of the total data.
- IV-E Waiver - Thomas will provide information at the September Commission meeting.

### **Structure Taskforce Report, Discussion, and Action Item**

David Newell and Thomas Pristow presented on the Governance and Organizational Structure Recommendations for Consideration memo on behalf of the Structure Taskforce. Julie Rogers and Vicky Weisz are also members of the taskforce. The memo provides preliminary information on the topics discussed by the taskforce including a review of the taskforce assignment, vision of the Commission, expectations for Commission members, delivery of meeting materials, timing of Commission meetings, the need for bylaws, and governance procedures. The taskforce also created a chart that provides an overview of the Commission structure and assigned tasks. Commission members discussed the timing of meetings. The taskforce recommended moving to quarterly meetings. After a general discussion, Commission members reached consensus that Commission meetings should be held bi-monthly (every other month).

The Commission also discussed the need for a vision statement. It was noted that a vision statement was a necessary part of the state budgeting process that was being worked on by the FCRO and Commission staff. Kim Hawekotte made a motion that the vision statement for the Commission should be "To improve the safety and well-being of all Nebraska's children and families." The motion was second by Susan Staab. Voting yes: Pam Allen, Teresa Anderson,

Karen Authier, Beth Baxter, Jennifer Clark, Kim Hawekotte, Gene Klein, Andrea Miller, David Newell, Deb O'Brien, Mary Jo Pankoke, Dale Shotkoski, Susan Staab, and Diane Tedrow. Voting no: none. Holly Brandt, Candy Kennedy Goergen, and Norman Langemach were absent. Motion carried.

Tomas and David then reviewed the remaining taskforce recommendations and asked for comment on the forms. The recommendations included: 1) Members will be expected to attend a certain number of meetings and an attendance rule will be in place; 2) Members will be expected to serve on a Workgroup or a Committee; 3) Workgroups and Committees will meet during the months when the Commission is not meeting; 4) the commission will create an on-boarding process for new members, possibly a retreat or dinner and will set up a mentoring system.

Commission members then discussed when the next Commission meeting would be held. It was determined that the Commission will meet on September 16<sup>th</sup>, 2014, due to the fact that there were DHHS topics that Thomas was requesting Commission input on in September to meet deadlines in October.

#### **IT and Data Sharing Workshop Report**

David Newell presented on the Whole Population Discussions that took place on December 17, 2013, and May 2, 2014. Meeting notes for each meeting were provided to Commission members as reference points. Dave started with the question that provides the framework for Whole Population data: "How are all the kids in NE doing?" Whole Population data tracks outcomes related to child well-being. Meeting notes suggest several indicators and outcomes for the Commission to consider.

At the conclusion of the presentation and Commission discussion, Gene Klein made a motion for the Commission to endorse the whole population work that has been done to date and to commit to moving forward in collaboration with the Prevention Partnership. The motion was seconded by Mary Jo Pankoke. Voting yes: Pam Allen, Teresa Anderson, Karen Authier, Beth Baxter, Jennifer Clark, Kim Hawekotte, Gene Klein, Andrea Miller, David Newell, Deb O'Brien, Mary Jo Pankoke, Dale Shotkoski, Susan Staab, and Diane Tedrow. Voting no: none. Holly Brandt, Candy Kennedy Goergen, and Norman Langemach were absent. Motion carried.

#### **Strategic Plan Document Review and Discussion**

Karen Authier noted that Commission members were provided with a copy of the Phase II Strategic Planning notes from the June 2014 Commission meeting. Karen provided an overview for the new Commission members. Karen and Beth asked Commission members to provide input on the issues that should be addressed in the next phase of planning and work by the Commission. During the discussion, Commission members recommended the following:

- Tribal Workgroup
  - Discuss Tribal Community topics
- Include Education

- Education workgroup
- County Representation is needed
  - When building community infrastructure, communities need a voice
  - County representation is important when deciding what communities need
- Address Funding
  - Understand where it is going, how it is being used
  - Fresh look at priorities and how funding is distributed
- Informal supports
- Foster parents work with birth families
  - Shared responsibility for child
- Prioritize Statutory Charge
- Foster Parent Recruitment
- Braided Funding
  - Identify priorities
  - Maximize impact of funds
  - Review funding stagnation vs funding innovation
  - Assess current funding situation
- Community Level Data
- Funding evaluation based on Evidence-based Practices

Karen indicated that these recommendations will be incorporated with notes from the facilitated discussion with a plan for review at a future meeting.

**Public Comment**

None.

**New Business**

None.

**Next Meeting Date**

The next meeting is Tuesday, September 16, 2014, 9:00am-12:00pm. Country Inns & Suites, Lighthouse Room, 5353 N. 27<sup>th</sup> Street, Lincoln, NE

**Adjourn**

A motion was made by Susan Staab to adjourn the meeting, seconded by Mary Jo Pankoke. The meeting adjourned at 11:50 am.

NEBRASKA UNICAMERAL LEGISLATURE  
ONE HUNDRED THIRD LEGISLATURE - SECOND SESSION  
WEEKLY SCHEDULE OF INTERIM COMMITTEE HEARINGS  
September 5, 2014

Monday, September 8, 2014

Judiciary Committee

1:00 p.m. - Quality Inn, Ogallala, NE

LR520 (Davis) Interim study to examine the problems that law enforcement is encountering since the State of Colorado legalized the sale and recreational use of marijuana

Thursday, September 11, 2014

Transportation and Telecommunications Committee

10:00 a.m. - Room 1113, State Capitol, Lincoln, NE

LR523 (Dubas) Interim study to examine alternative transportation options and recommend potential changes to Nebraska's statutes

Transportation and Telecommunications Committee

1:30 p.m. - Room 1113, State Capitol, Lincoln, NE

LR523 (Dubas) Interim study to examine alternative transportation options and recommend potential changes to Nebraska's statutes

Open to the public, invited testimony only.

Monday, September 15, 2014

Department of Correctional Services Special Investigative Committee

9:00 a.m. - Room 1524, State Capitol, Lincoln, NE

Mental health treatment - Testifiers to be determined

Open to the public, invited testimony only.

\* Friday Sept. 19 @ 1:30 (Jud/HHS) -> GAL

Thursday, September 18, 2014

ACCESSNebraska Special Investigative Committee

1:30 p.m. - Room 1113, State Capitol, Lincoln, NE

Public hearing regarding ACCESSNebraska

Thursday, September 25, 2014

Agriculture Committee

1:30 p.m. - NorthStar Foundation, 4242 North 49th St., Omaha, NE

LR545 (Kolowski) Interim study to examine state-wide efforts that can be taken to improve Nebraska's access to local food supply and distribution networks

LR558 (Harr) Interim study to examine ways the state and municipalities can encourage the development of community gardens, including providing spaces for gardening on public lands

Friday, September 26, 2014

General Affairs Committee

1:30 p.m. - Room 1510, State Capitol, Lincoln, NE

LR578 (Karpisek) Interim study to examine the various Nebraska agricultural products used in the production of craft beer and distilled spirits

Monday, October 6, 2014

Education Committee

1:30 p.m. - Gallup, 1001 Gallup Dr., Omaha, NE

Public hearing regarding a statewide vision for education in Nebraska as required by LB1103 (2014)

Tuesday, October 7, 2014

Transportation and Telecommunications Committee

1:30 p.m. - Room 1113, State Capitol, Lincoln, NE

LR528 (Dubas) Interim study to examine issues surrounding financing the maintenance and replacement of county bridges

Wednesday, October 15, 2014

Education Committee

1:30 p.m. - Suite E, Lifelong Learning Center, Northeast Community College, 801 East Benjamin Ave., Norfolk, NE

Public hearing regarding a statewide vision for education in Nebraska as required by LB1103 (2014)

Thursday, October 16, 2014

Education Committee

1:30 p.m. - High School Auditorium, Broken Bow Public Schools, 323 North 7th Ave., Broken Bow, NE

Public hearing regarding a statewide vision for education in Nebraska as required by LB1103 (2014)

Friday, October 24, 2014

Health and Human Services Committee

9:00 a.m. - Room 1510, State Capitol, Lincoln, NE

- ✓ LR533 (Crawford) Interim study to assess the enrollment of former foster youth in the new medicaid category for youth formerly in foster care up to age 26 in Nebraska under the new federal Patient Protection and Affordable Care Act
- ✓ LR539 (Campbell) Interim study to examine whether the maximum payment rate in the Aid to Dependent Children program, is adequate to meet the goals of the Temporary Assistance for Needy Families program, including keeping children in their own home

1:30 p.m. - Room 1510, State Capitol, Lincoln, NE

- ✓ LR592 (McGill) Interim study to examine various methods of behavioral health workforce development
- LR596 (Watermeier) Interim study to evaluate the potential uses of Physician Orders for Life-Sustaining Treatment and out-of-hospital Do Not Resuscitate protocols

Government, Military and Veterans Affairs Committee

1:30 p.m. - Room 1507, State Capitol, Lincoln, NE

LR527 (Bloomfield) Interim study to examine the reasons why emergency disaster payments made by or through the Nebraska Emergency Management Agency and the Federal Emergency Management Agency are not made in a timely manner once awarded

LR582 (Crawford) Interim study to review the work of the Task Force on Unfunded Mandates created in 1996 and to study the impacts of unfunded and underfunded mandates on counties and county governments

LR581 (Avery) Interim study to examine issues under the jurisdiction of the Government, Military and Veterans Affairs Committee

Wednesday, October 29, 2014

Government, Military and Veterans Affairs Committee

1:00 p.m. - Council Chambers, South Sioux City Hall, 1615 1st Ave. South Sioux City, NE

LR527 (Bloomfield) Interim study to examine the reasons why emergency disaster payments made by or through the Nebraska Emergency Management Agency and the Federal Emergency Management Agency are not made in a timely manner once awarded

LR582 (Crawford) Interim study to review the work of the Task Force on Unfunded Mandates created in 1996 and to study the impacts of unfunded and underfunded mandates on counties and county governments

LR581 (Avery) Interim study to examine LR issues under the jurisdiction of the Government, Military and Veterans Affairs Committee

Friday, November 14, 2014

Health and Human Services Committee and Banking, Commerce and Insurance Committee

10:30 a.m. - Room 1510, State Capitol, Lincoln, NE

- Development of policy recommendations towards transformation of Nebraska Health Care system, pursuant to LR422

p.m. hearing  
LR535 - Structure of DHHHS  
- briefing - payments or disallowance of penalties  
M. L. S.

LB 76  
Data Base

Wednesday, November 19, 2014

**Education Committee**

1:30 p.m. – Room 1525, State Capitol, Lincoln, NE

Hearing on potential uses of the lottery proceeds dedicated to education as required by LB497 (2013)

**Nebraska Retirement Systems Committee**

10:00 a.m. – Room 1525, State Capitol, Lincoln, NE

LR521 (*Nordquist*) Interim study to examine the public employees retirement systems administered by the Public Employees Retirement Board

Presentation of Actuarial Reports

Tuesday, December 2, 2014

**Health and Human Services Committee**

10:30 a.m. - Room 1510, State Capitol, Lincoln, NE

LR601 (*Davis*) Interim study to examine the impact of implementing, and the impact of failing to implement, medicaid expansion in Nebraska

If auxiliary aids or reasonable accommodations are needed for attendance at a hearing, please call the office of the Clerk of the Legislature at (402) 471-2271, or for persons with hearing and/or speech impairments, please call the Nebraska Relay System at (800) 833-7352 TTY or (800) 833-0920 Voice (24 hours notice is requested). Advance notice of ten business days is needed when requesting an interpreter.

*The Interim Hearing Schedule is also available via the Internet at [www.nebraskalegislature.gov](http://www.nebraskalegislature.gov)*

# TENTATIVE\* 2015 Legislative Session

Sun	Mon	Tues	Wed	Thur	Fri	Sat
<b>January</b>						
				1	2	3
4	5	6	7	8	9	10
			DAY 1	DAY 2	DAY 3	
11	12	13	14	15	16	17
	DAY 4	DAY 5	DAY 6	DAY 7	DAY 8	
18	19	20	21	22	23	24
	HOLIDAY	DAY 9	DAY 10	DAY 11	DAY 12	
25	26	27	28	29	30	31
	DAY 13	DAY 14	DAY 15	DAY 16	DAY 17	

Sun	Mon	Tues	Wed	Thur	Fri	Sat
<b>February</b>						
1	2	3	4	5	6	7
	DAY 18	DAY 19	DAY 20	DAY 21	DAY 22	
8	9	10	11	12	13	14
	DAY 23	DAY 24	DAY 25	DAY 26	RECESS	
15	16	17	18	19	20	21
	HOLIDAY	DAY 27	DAY 28	DAY 29	DAY 30	
22	23	24	25	26	27	28
	DAY 31	DAY 32	DAY 33	DAY 34	DAY 35	

Sun	Mon	Tues	Wed	Thur	Fri	Sat
<b>March</b>						
1	2	3	4	5	6	7
	DAY 36	DAY 37	DAY 38	DAY 39	DAY 40	
8	9	10	11	12	13	14
	DAY 41	DAY 42	DAY 43	DAY 44	RECESS	
15	16	17	18	19	20	21
	DAY 45	DAY 46	DAY 47	DAY 48	DAY 49	
22	23	24	25	26	27	28
	DAY 50	DAY 51	DAY 52	DAY 53	RECESS	
29	30	31				
	DAY 54	DAY 55				

Sun	Mon	Tues	Wed	Thur	Fri	Sat
<b>April</b>						
			1	2	3	4
			DAY 56	DAY 57	RECESS	
5	6	7	8	9	10	11
	RECESS	DAY 58	DAY 59	DAY 60	DAY 61	
12	13	14	15	16	17	18
	DAY 62	DAY 63	DAY 64	DAY 65	RECESS	
19	20	21	22	23	24	25
	DAY 66	DAY 67	DAY 68	DAY 69	HOLIDAY	
26	27	28	29	30		
	RECESS	DAY 70	DAY 71	DAY 72		

Sun	Mon	Tues	Wed	Thur	Fri	Sat
<b>May</b>						
					1	2
					DAY 73	
3	4	5	6	7	8	9
	DAY 74	DAY 75	DAY 76	DAY 77	RECESS	
10	11	12	13	14	15	16
	RECESS	DAY 78	DAY 79	DAY 80	DAY 81	
17	18	19	20	21	22	23
	DAY 82	DAY 83	DAY 84	DAY 85	RECESS	
24	25	26	27	28	29	30
	HOLIDAY	DAY 86	DAY 87	DAY 88	DAY 89	
31						

Sun	Mon	Tues	Wed	Thur	Fri	Sat
<b>June</b>						
	1	2	3	4	5	6
	RECESS	RECESS	RECESS	RECESS	DAY 90	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

### Federal & State Holidays

January 19 – Martin Luther King Jr. Day  
 February 16 – Presidents' Day  
 April 24 – Arbor Day  
 May 25 – Memorial Day

### Legislative Recess Days

February 13  
 March 13, 27  
 April 3, 6, 17, 27  
 May 8, 11, 22  
 June 1, 2, 3, 4

\*Subject to change by Speaker elected in 2015



## **Continuing Nebraska's Juvenile Justice Reform Efforts Office of Probation Administration**

### ***Legislative Provisions from LB464 (effective July 18<sup>th</sup> unless otherwise noted)***

- ▶ Filing Changes
  - Misdemeanors for 16-year-olds (1/1/2015) and 17-year-olds (1/1/2017) must be filed in juvenile court.
  - All felonies for youth under age 14 must be filed in juvenile court.
  - All Class IIIA & IV felonies for youth under 18 must be filed in juvenile court (1/1/2015).
- ▶ Payment of Services
  - Preadjudication services are a county responsibility with exception of evaluations and out-of-home placements, for brand new youth
- ▶ Post-adjudication Services: Probation responsibility
- ▶ Title IV-E Language – Does not give Probation custody; simply allows care and placement responsibilities via a contract with DHHS and Probation for IV-E dollars
- ▶ YRTC Commitments – Facility is responsible for transportation to and from upon order of commitment
- ▶ YRTC Reentry – Facility is responsible for submitting reentry plan to the court
- ▶ Community-Based Aid

### ***Shifting a Culture***

- All cases from OJS have transferred over to Probation as of July 1, 2014.
- Probation is currently examining the out-of-home and out-of-state placements.
- Probation has applied for an implementation grant to bring evidence-based practice intensive in-home services to Nebraska, with a hope for easy access from each of the 12 judicial districts.
  - Partnership with MST Services, FFT, Inc., and Boys Town to locate professional teams across the state to provide intensive in-home interventions: Multisystemic Therapy, Functional Family Therapy, and In-Home Family Services
  - In addition, Probation has reached out to Medicaid/Magellan and the Behavioral Health Regions to look at the feasibility of sustained funding. Sustainability roundtable upcoming ...

### ***National Initiatives***

- ▶ Juvenile Detention Alternative Initiative (JDAI)
  - Annie E. Casey Foundation
  - Douglas and Sarpy Counties
- ▶ Crossover Youth Practice Model
  - Georgetown University's Center for Juvenile Justice Reform
  - Douglas, Gage, Lancaster, and Dodge Counties
- ▶ Reducing Recidivism and Improving Other Key Outcomes for Youth in the Juvenile & Justice System  
Positioning Juvenile Justice Systems to Track and Use Data on Recidivism and Other Youth Outcomes
  - Council of State Governments Justice Center  
This is a 9-month project that will look closely at policies / practices and data tracking for juvenile justice outcomes, especially focused on YRTC reentry populations.

### ***Probation Data Management System***

(Nebraska Probation Application for Community Safety) Contractors currently on-site to assist with updating our system to capture critical data elements necessary to track the success of the reform efforts.

To: The Nebraska Children's Commission

From: Dave Newell, Thomas Pristow for Kerry Winterer, Julie Rogers, and Vicky Weisz

Date: September 9, 2014

Re: Governance and Organizational Structure Recommendations for Consideration

We continue to meet to forward governance and organizational structure ideas to the full Children's Commission. We have taken what we think is your collective direction based on the August Children's Commission discussion, and we have added new items for your consideration. Text that is **underlined** in this document is either edited or is new since the August Children's Commission meeting. We are anxious to get the full Commission's feedback on these topics as we move forward in creating important established policies and procedures.

### **Background and Purpose**

On June 17, 2014, the Nebraska Children's Commission ("Commission") met for a full day strategic planning session about the future work and direction of the Commission. The Commission decided during the "Intents for Implementation/Critical Conversations" portion of the agenda that certain commission members be delegated to represent all three branches of government and designated to make governance and organizational structure recommendations that best support work the Commission has before it over the next two years. Elements of governance and structure were identified as follows:

- A process for integrating recommendations of internal workgroups and committees into a shared vision framework and strategic focus
- Policies for making legislative recommendations
- Governance procedures (meeting schedule, decision-making procedures, terms of leadership, conflict of interest procedures)
- Expectations of members
- Policies for orienting new members and engaging existing members

Though the work of this sub-committee is not complete, it has had three meetings and has discussed a variety of topics relating specifically to member engagement, expectations and governance procedures.

## Commission Member Engagement & Expectations

### Nebraska Children's Commission Vision Statement

Forming a vision statement for the Children's Commission was discussed as one element to further engage commission Members and to recognize the importance of their contribution to the Commission's work. The committee decided that it was not the correct group to specify such a vision, but rather the work of the Commission as a whole to decide how a vision statement should be crafted.

### **Members will be expected to attend a set number of Commission meetings**

Absences that prevent a member from attending the expected number of formal meetings will result in a meeting with the Chair. The Chair and the member will discuss the attendance issues and come to a resolution, including possible resignation if member is unable to meet expectations. It is expected that a member will notify Commission staff of an anticipated absence as soon as the member becomes aware of the need to be absent from a meeting.

### **Members will be expected to serve on a Workgroup and/or a Committee**

The Commission structure includes a number of formal statutory Committees and informal workgroups. Commission Members shall serve on at least one Workgroup and/or one Committee.

### **Members will be prepared to discuss topics and participate in decision-making at every meeting**

It is important that Members come to Commission meetings prepared to discuss topics listed on the meeting agenda and are ready to ask questions pertaining to such items, especially topics relating to decisions and recommendations put forth via the Commission. To help facilitate preparation for the meetings, material to be reviewed at the meeting, including but not limited to presentation handouts, committee reports and workgroup reports will be provided to Commission Members at least ~~one week~~ 5 business days in advance of the formal meeting. Material may be shared via email or a content sharing platform, such as SharePoint. Staff will coordinate the details of providing the materials with presenters, workgroups, committees, and Commission Members. In the event information is not available from presenters, workgroups, committees, and Commission members for distribution to the Commission 5 business days prior

to the full Commission meeting, these materials will be forwarded to Commission members as soon as possible but shall not delay the sending of other Commission meeting items within the specified time.

### **On-boarding process for new Members**

An on-boarding process shall be created for new Commission Members. This process may include education to create a body of shared knowledge and trust between Members. Specifics of an orientation process can further be specified by this group and coordinated with staff.

A part of new member orientation, tied in with an all Commission member information session, a Commission retreat should be held. Getting to know one another and building trust among Commission members would be goals of a retreat.

### **Informing & engaging Commission Members by participating in a retreat**

It is recommended that the Commission hold a well-planned retreat that would orient new members, build trust among all members, and provide a learning opportunity for all to assist in preparing to be fully informed before making more formal recommendations. By picking a weighty topic that the Commission must tackle, such as considering the establishment of a new division within the department or the establishment of a new state agency to provide all child welfare programs and services (Neb. Rev. Stat. §43-4202(1) ), a retreat can facilitate the education of members so various options can be thoroughly considered.

### **Governance Procedures**

**Beginning January 1, 2015, the Commission will meet bimonthly**

Per Neb. Rev. Stat. §43-4202(4), the Commission must meet no less often than once every three months per Neb. Rev. Stat. §43-4202(4); however, due to the importance and timeliness of Commission business at the current time, starting in calendar year 2015, the Commission will hold formal quarterly bimonthly, or every other month, meetings in-person with contact, education, and work of Commission Members, Committees and Workgroups completed in between formal meetings. The last hour 30 minutes of each Commission meeting shall be spent planning the agenda of the next meeting, as well as identifying needs for education and work in between the formal meeting times.

It is recognized that by going to quarterly bimonthly meetings, each agenda will be “extra” substantive with possible weighty decisions to be made during the meetings. These meetings may be all day, but will adjourn by or before 3 p.m. to allow members to travel home. It becomes even more important that Members, Committees, Workgroups, and presenters have all materials ready for Commission Member review at least ~~one week~~ 5 business days prior to the meetings.

**All Members shall disclose their potential conflicts in a written statement.**

Commission Members are appointed because they represent a stake holding body and/or have certain expertise, because of the work they are engaged in or the experience they bring. In order to achieve transparency and provide context for the statements, positions, and votes of each member, a brief written statement of conflict shall be provided to the Commission by each Member. The conflict of interest statement is not necessarily intended to prohibit Members from voting—refraining from a vote is at the discretion of each individual Member.

A Commission Member profile list will be created. This would include each Member’s name, photo, title, employer, position filled on the Commission, committees and/or workgroups served on, whether they serve as a chairperson of a committee and/or workgroup, and any other identifying information or associations that would lend to understanding of the expertise they bring to the table as well as the roles they represent—both as members and as employees of agencies they may be representing.

It is noted that in any work of the Commission, whether it is by the full Commission or by a Workgroup or Committee, the intent is to hold full, robust discussions and deliberations where there is a free exchange of ideas. The more transparent Commission, Workgroup, and Committee members are in their roles, the better the discussion and decisions become. This also helps build trust.

If anyone—a Commission, Workgroup, or Committee member—feels that a chair or member of such is misusing their position in some way or does have a conflict that has not been discussed and/or disclosed, that person may inform the chairperson of the Commission to resolve the matter.

## Substantive Recommendations to and by the Commission

### Work of Committees and Workgroups

As expectations shift to full Commission meetings every other month, the work of the Committees and Workgroups becomes more crucial. In order to achieve quality and timely work from internal Workgroups and Committees, such shall meet during the months the full Commission is not meeting. Scheduling the work of the Workgroups and Committees shall be formed around timelines while recognizing agenda items, reports and other presentation materials shall be forwarded to the Executive Committee far enough in advance (at their specified direction) of the full Commission meetings to prepare Commission Members for discussion.

### Integrating recommendations of internal Workgroups and Committees

Committees of the Commission are generally designated in statute and as such, must go by any statutory obligations. Workgroups have been formed as internal smaller groups of the Commission to focus on specific areas. Much of the work of the Commission is happening in either Workgroups or Committees. How these Workgroups and Committees should have uniform ways in which they function and inform the work of the Commission as a whole.

### Recommendations made by the full Commission

The Commission makes recommendations either by and through the work of its Committees and Workgroups, or takes on a subject itself without designating a committee or workgroup. Whatever way the Commission makes such recommendations, first it must be educated and informed of the issues, then discussions are had, then decisions are made.

It is noted that there are appropriate topics, especially complicated ones, where it makes sense to separate out learning about the issues surrounding that topic, and then the decision-making discussions would be reserved for the full formal meeting of the Commission. The point of this is to utilize less time during the formal Commission meetings to get all of the members "on the same playing field" in terms of understanding a topic. Time during a retreat to learn about a certain topic might be one way to accomplish this.

As recommendations are put forth from the Commission, issues will be noted, including any dissent.

## Other Items Discussed

**Recognition that though the Commission is made up of voting and non-voting Members, it is crucial to get input from all Members.**

The Commission is composed of a number of voting Members as well as non-voting Members. Recognizing the importance of the insight of non-voting Members, decision-making is a process whereby all Members' opinions are heard during meetings.

### **Identifying an Executive Committee/Commission Officers & Terms**

Since the existence of the Commission has gone past the original two years, it was thought that the Chairperson's term should be set to a time certain. One recommendation would be that the Executive Committee or the Commission Officers (whatever it is named) of the Commission should consist of 3 4 individuals: The Past-Chairperson, the Chairperson, the Vice-Chairperson, and the executive director of the Foster Care Review Office. The Past-Chairperson, the Chairperson, and the Vice-Chairperson would serve one year in each position. So, to agree to be Vice-Chairperson, one would be agreeing to a 3 year commitment.

Because the executive director of the Foster Care Review Office assists in employing Commission staff (Neb. Rev. Stat. §43-4202 (5) ) and "for administrative purposes, the offices of the staff of the commission shall be located in the Foster Care Review Office," (Neb. Rev. Stat. §43-4202 (4) ), the executive director of the Foster Care Review Office shall serve on the Executive Committee of the Commission. The Commission's budget is under the Foster Care Review Office. Having the Foster Care Review Office executive director on the Executive Committee will help with clear management and coordination of Commission activities. These 4 Commission Members would be responsible for setting the agenda and working with staff to ensure the work of the Commission, Committees, and Workgroups progresses and priorities are established.

### **Structural principles revisited**

A meaningful discussion of these structural, or procedural, type issues should be revisited once every 2 years to correspond with new or re-appointments made to the Commission every 2 years.

**Collaborative Financing:  
Conceptual Framework and Definitions**

**Nebraska Children's Commission**

**September 16, 2014**

Collaborative financing is a process that allows programs and service providers to combine funds to maximize impact and achieve positive outcomes for target populations. This handout combines information from the Spark Policy Institute's "Early Childhood Guide to Blending and Braiding in New York," published October 2013, and Shelia A. Pires' presentation on Collaborative Financing presented on March 12, 2014 for the National Resource Center for Community Based Child Abuse Prevention. The following information sets forth a conceptual framework for collaborative financing and definitions and explanations of blended and braided funding.

**Conceptual Framework**

Collaborative financing allows programs to move from a mentality of "funding programs and providing grants" to one of "collaborative financing to support a strategic agenda." Instead of a limited focus on individual programs, organizations can turn their focus to maximizing impact and positive outcomes for the population served. The framework for communities and stakeholders exploring collaborative financing requires consideration of two questions. First, what population is to be served? Second, what outcomes do we want to achieve for this population?

**Population Focus**

The answer to the first question lies in identifying the population to be served. It is impossible to strategically deliver services or measure outcomes without a clear definition of the population focus. A few examples of a population focus include teen parents, homeless families, military families, and children in subsidized adoptions. After the population is identified, it should be understood using a data-informed approach. Some considerations include the demographics, culture, race, ethnicity, economics, size, strengths, issues and needs of the community. The more that is understood about the population, the more strategic communities and stakeholders can be in financing and providing services. Once the population has been identified, the focus should turn to the second question.

**Outcomes**

To answer the second question, the desired outcomes for the population must be identified. The funding will be used to strategically support the outcomes of the



population. Collaborative financing shifts the focus from reporting on expenditures to reporting on outcomes achieved for a defined population. This allows communities, funders and stakeholders to consider the outreach and engagement strategies, services and supports that will lead to effective outcomes for the identified populations. There may be a “common-practice” approach that communities and funders wish to promote, some examples of this framework include: strengths based, family- centered, youth guided, culturally and linguistically competent, individualized, effective, comprehensive, protective factor focused, or family-preservation focused.

### **Collaborative Financing Models: Blended and Braided Funding**

Two commonly utilized collaborative funding systems are *blended funding* and *braided funding*. Both systems can be used to serve larger populations of clients and provide a wider array of services. Neither system has a precise, agreed upon definition, so both are defined and discussed broadly below.

#### **Blended Funding**

##### **Blended Funding Definition**

- Generally, “blended funding” refers to the process of co-mingling funds of different funding streams into one “pot.”
- This funding can be drawn down to pay for services, personnel expenses, or other program needs.

##### **Blended Funding Benefits**

- There is a smaller workload associated with blended funds, since individual funding streams are not tracked individually.
- Less precise reporting allows the program to show not just what the funding paid for, but what was accomplished.
- Design of accounting system is simple.

##### **Blended Funding Challenges**

- Blended funds can be politically challenging, as there is no precise way to report expenditures of particular funding streams, since the funds are co-mingled.
- Some funds cannot be blended. Many funding streams, including most federal grants, require precise accounting and reporting of expenditures.
- Funding streams may have different eligibility requirements. Programs may only draw down funding for clients who meet the differing eligibility requirements of all blended funding streams.

##### **Blended Funding Reporting**

- **Document the cost of providing services.** This will let funder know what to expect from the funding they have provided.
- **Track the eligibility of all participants in the program for all funding streams supporting the program.** Different funding streams may have different eligibility requirements, so when two funding streams with different eligibility requirements have gone into the same pool, all families and individuals served with these funds must meet both eligibility requirements.
- **Measure the outcomes of the programs services.** Blended fund streams have more relaxed reporting and accounting procedures, so it is important to show the funders that the programs are benefiting the population served.

## **Braided Funding**

### **Braided Funding Definition**

- There is no precise definition of “braided funding.”
- Generally, braided funding involves utilizing multiple funding streams that are brought together to pay for services, but are not pooled. Each stream is subject to separate accounting and reporting.

### **Braided Funding Benefits**

- Braided funding is often the only option for combining funding as most federal funds require careful tracking and reporting.
- Can respond to the individual needs of many different types of clients as each client does not need to be eligible for each type of funding. Staff may decide which funding will be drawn down for services for a particular client.

### **Braided Funding Challenges**

- Braided funding carries a heavier workload, as very careful tracking and reporting requirements must be maintained.

### **Braided Funding Reporting**


- **Know exactly what each funding stream can and cannot pay for.** A coordinated financing plan must be developed funding appropriately by funding stream, considering the limits on client eligibility and service provision.
- **Know the reporting and auditing requirements of each stream.** Each stream must be reported individually and the system for accounting must be established by working closely with the funder and program manager.
- **Develop decision-making systems if some populations you serve will not be eligible for all services due to funding limitations.** Clearly define what

populations are eligible for services through your model and make sure the Front Door of the program knows the eligibility requirements.

- **Develop tracking systems that allow you to account for how every dollar is spent, including things like personnel time and supplies.** Tracking systems need to include the eligibility of the families and individuals served; decisions made regarding eligibility, services to be provided, and funding streams that will pay for the services; time and effort reporting for staff, tied to the allowable activities under each funding stream; expense logs associated with staff time and activities; and anything else the program managers, funders, auditors, or fiscal staff identify as necessary.

### **Blended and Braided Funding Compared**


- **Definition**
  - Blended funding systems combine all funding into one pool to be used to fund services and programs. Braided funding utilizes multiple funding streams to pay for services and programs, but the funds are not pooled.
- **System design**
  - The system design for a blended funding system is often very simple, while braided funding systems are often very complex.
- **Workload**
  - Braided funding generally has a higher workload as the reporting and accounting systems are more complex. Blended funding allows for a decreased workload due to simpler accounting and reporting systems.
- **Program Eligibility**
  - Braided funding can generally serve a more diverse population, as clients do not need to meet the eligibility of each funding stream. Blended funding requires clients to meet the eligibility requirements of each funding stream in the pool to receive programs funded by the pool.
- **Reporting**
  - Blended funding will generate one report with a focus on outcomes, and braided funding requires reports for each funding stream focused on the requirements of the stream.



**Alternative Response**

**DIVISION OF CHILDREN  
AND FAMILY SERVICES**

**PRESENTATION TO THE  
NE CHILDREN'S  
COMMISSION  
SEPTEMBER 16, 2016**



Department of Health & Human Services  
**DHHS**  
NEBRASKA

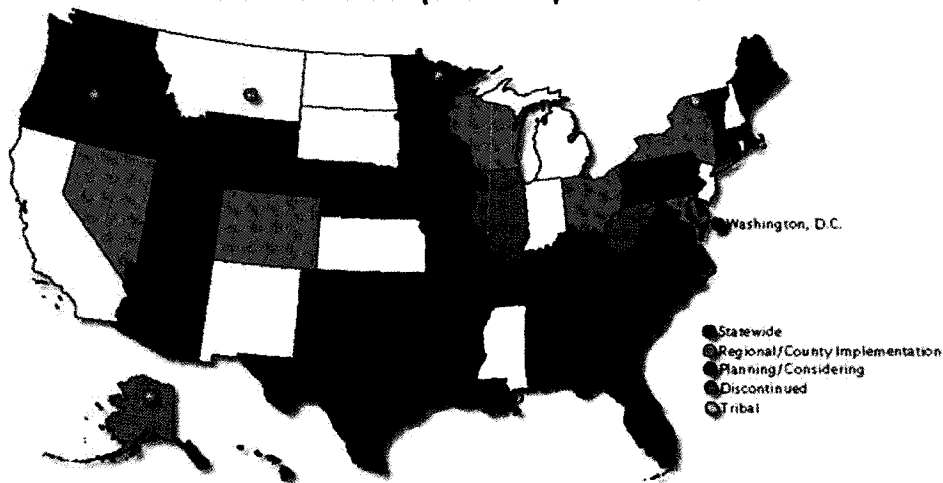
Alternative Response (AR)

- LB 853 (McGill) was passed during the 103rd Nebraska Legislature, 2nd Session, 2014.
- LB 853 authorizes DHHS to pilot Alternative Response to reports of child abuse and neglect.

## What is Alternative Response (AR)?

- Alternative Response is an approach to help families with less severe reports of child abuse and/or neglect, connect to the supports and services they need in order to enhance the parent's ability to keep their children safe and healthy.
- Alternative Response is designed to:
  - Promote child safety
  - Enhance protective factors
  - Improve family and child well-being
  - Prevent future risk of harm

### Differential Response Implementation



*Differential Response* John Fluke and Lisa Merkel-Holguin, Kempe Center; Ying-Ying Yuan, WRMA; Tamara Fuller, Children and Family Research Center, University of Illinois  
 16th Annual Child Welfare Waiver Demonstration Projects Meeting  
 July 29, 2014

## Statewide AR Advisory Committee

- Began July 2011
- Monthly meetings comprised of representatives from:
 

Foster Care Review Office	Appleseed
Child Advocacy Centers	Nebraska Families Collaborative
Ombudsman Office	Region Behavioral Health Authorities
Court Improvement Project	Nebraska Children and Family Foundation
Division of Behavioral Health	NE Family Federation
Nebraska Foster and Adoptive Parent Association	County Attorney
- Provided valuable input on model development

## AR Director's Steering Committee

- Began Fall of 2012
- Provide monthly consultation to the Director and DHHS AR Work Teams/Leadership
- Steering Committee Members Include:

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	DHHS Eastern Service Area
C. J.	Johnson	Regional Administrator	Region 5 Behavioral Health
Kim	Hawekotte	Director	Foster Care Review Office
Alyson	Goedken	Administrator	DHHS Central Office
Julie	Rogers	Inspector General of NE Child Welfare	Office of the Inspector General
Gene	Klein	Executive Director	Project Harmony
Jerrilyn	Crankshaw	CFS Administrator	Western Service Area
Kristin	Zagar	Project Manager, Technical Assistance	Casey Family Programs
Jennifer	Skala	Vice President of Community Impact	NE Children and Families Foundation
Sarah	Forrest	Policy Coordinator	Voices for Children
Thomas	Pristow	Director	DHHS Division of Children & Family Services
Vicki	Maca	Protection and Safety Deputy Director-Protection and Safety	DHHS Division of Children & Family Services
Vicky	Weisz	Director	Court Improvement Project

## Local Implementation Teams- Dodge County

### Dodge County Steering Committee Co-Leaders: Mike Puls & Shawn Shanahan

- Mike Puls – DHHS
- John Ullrich – DHHS
- Benita Steffes - DHHS
- Gene Klein – CAC
- Christy Fiala - LFS
- Deb Fisher - provider
- Donna Meisner – Fremont Family Coalition
- Shawn Shanahan – Fremont United Way
- Jim Butts – Fremont Police Department
- Kelly Lowe – Norfolk CAC
- Lisa Richardson – Early Steps to School Success Program
- Michael Wehling – Care Corps Adult Homeless Program
- Robert Cereaux – Family Org
- Sara VanBrandwijk – Dodge County Attorney
- Stephanie Knust – Dodge County Head Start
- Melissa Schaefer – Region 6

### DHHS Dodge County Leadership Team

- Mike Puls – Service Area Administrator
- John Ullrich – IA Administrator
- Benita Steffes – IA Supervisor
- Jone Drazic – IA
- Alison Miller – RD
- Jami Thramer – On-going
- Nancy Wright – IA
- Cindy Williams – Administrator – Alternate member
- Lara Novacek – Administrator – Alternate member
- Seth Coates – On-going Supervisor – Alternate member
- Sarah Hjorth – Permanency Unit Supervisor – Alternate member

## Local Implementation Teams- Hall County

### Hall County Steering Committee Co-Leaders: Kathleen Stolz & Nichole Hersh

- Kathleen Stolz – DHHS-CFS
- KaCee Zimmerman – DHHS-CFS
- Nichole Hersh – DHHS-CFS
- Brady Kerkman- CAC
- Amy Bennett- CASA
- Sally Smith- Grand Island Public Schools
- Lex Ann Roach- Crisis Center
- Beth Baxter and Jill Schubauer- Region 3
- Karla Bennetts- Families Care
- Tami Gangwish- Futures Families
- Heather Cline-Ford- Central Nebraska Community Services(CNCS)
- Megan Alexander – County Attorney
- Melissa Delaet- Hope Harbor
- Verna Haberman- Grand Island Public Schools
- Jen Roth-Project Everlast
- Karen Rathke-United Way
- Ruby Tupper- Big Brother/Big Sister
- Teresa Anderson- Health Department
- Felipe Cruz- Vocational Rehab.
- Maria Hines- Off. Of Health Dis/Equity
- Connie Holmes- CNCAA
- Jody Stutzman- Proteus
- Mark Wiegert- GI Police Department
- Amanda Schmidt-CNCS
- Jared Hurst/Maria Kerkman- DHHS-EA

### DHHS Hall County Leadership Team

- \* Kathleen Stolz-SAA
- \* KaCee Zimmerman-admin
- \* Nichole Hersh- RD Sup
- \* Beth Darling- RD Worker
- \* Suzana Borowski – CFS sup
- \* Crystal Osaka-CFS Worker
- \* Tamara Steinman-CFS Worker
- \* Katie Harvey-CFS Worker
- \* Jared Hurst- EA Supervisor
- \* Maria Kerkman-Social Service Worker

## Local Implementation Teams- Lancaster County

### Lancaster County Steering Committee Co-Leaders: Sherri Spilde & Betty Medinger

- Lindy Bryceson - DHHS
- Corinne Crouch, Better Living Counseling
- Casey Karges, The Mediation Center
- Michael Neise, Paradigm
- Katie McLeese Stephenson, CEDARS
- Jamie Monfelt-Stiems, OMNI
- David Krogman, Cornerstone Families
- Jodie Austin, KVC
- Jody Busse/Martin Jensen, Juvenile Probation District 3J
- Renee Dozier & Patrick Kreifels, Region V Systems
- Russ Uhing, Lincoln Public Schools
- Sandy Thompson, Families Inspiring Families
- Trish Blakely, Healthy Families Project
- Lindsey Brown, Pathfinder Support Services
- Rajeana Harris, CFS Community Support Specialist
- Dawn Rockey, CASA
- Betty Medinger, Nebraska Children & Families Foundation
- Diane Wagner, Voices of Hope
- Lynn Ayers, Child Advocacy Center
- Sherrie Spilde, CFS Administrator
- Alicia Henderson, Lancaster County Attorney
- Sgt. Mark Unvert, Family Crimes Supervisor, Lincoln Police Department
- Jim Peschong, Chief, Lincoln Police Department

### DHHS Lancaster County Leadership Team

- \* Lindy Bryceson - SAA
- \* Julie Zegers - CFS Sup
- \* Raegan Brown - CFSS
- \* Mary McCain - CFSS
- \* Mikayla Wicks - CFSS
- \* Sherrie Spilde - Admin
- \* Roberta Castillo - RD Worker
- \* Jane Gentry - CFSS
- \* Laura Suhr - CFSS

## Local Implementation Teams- Sarpy County

### Sarpy County Steering Committee Co-Leaders: Camas Steuter & Gene Klein

- Camas Steuter - DHHS
- Amanda Nawrocki - DHHS
- Gene Klein - CAC
- Sandra Markely - County Attorney
- Laurie Cooley - Schools
- Margaret Vacek - Providers
- Georgie Scurfield - CASA
- Jeremy Kinsey, Andy Jashinske - Law Enforcement
- Patti Jurjevich - Region 6
- Dan Jackson - Family Org

### DHHS Sarpy County Leadership Team

- \* Camas Steuter-SAA
- \* Kinsey Baker -Admin
- \* Jennifer Potterf - Admin
- \* Brenda Chase - CFS Sup
- \* Loree Reimers - CFS Sup
- \* Kelley Carter - CFSS
- \* Chelsie Weber - CFSS
- \* Susan Benorden - CFSS
- \* Mary Ann Groh - CFOM
- \* Connie Pfeifer - CFSS
- \* Tammie Winchester - Training
- \* Amanda Nawrocki - Admin
- \* Shayne Schiermeister Admin
- \* John Baker- Legal
- \* Ross Manhart- RD Sup
- \* Kari Pitt - QA Sup
- \* Jamie Anderson - CFSS
- \* Melanie Jones - CFSS
- \* Melissa Pratt - CFSS
- \* Sheralynn Kass - CFSS
- \* Angela Thelen - CFSS



## Local Implementation Teams- Scottsbluff County

### Scottsbluff County Steering Committee Co-Leaders: Debbie Silverman & Joan Frances

- Debbie Silverman - SAA
- Holly Brandt - CAC
- Doug Warner - County Attorney or Designee
- Jeff West - Schools
- Joan Frances - Providers
- Andrea Rein - CASA
- Mark Overman - Law Enforcement
- Laura Richards - Region I
- Mande Waffer - Family Org.

### DHHS Scottsbluff County Leadership Team

- Debbie Silverman - SAA
- Darren Duncan - Administrator
- Jerrilyn Crankshaw - Administrator
- Katherine Batt - Administrator
- Alicia Kuklish - RD Supervisor
- Bridget Phillips - CFSS Supervisor
- Lisa Collins - CFSS Worker
- Taylor Rodgers - CFSS Worker
- Amanda Anderson - CFSS Worker

## Consultation with Model Development

On-going consultation to acquire lessons learned from AR implementation:

- Ohio
- Oregon
- Minnesota
- Colorado

## What is Traditional Response (TR)?

- A Traditional Response is an investigation to determine whether child abuse and/or neglect occurred and who is responsible for the maltreatment.
- Traditional Response investigations are conducted in collaboration with law enforcement.
- Traditional Response investigations utilize the labels of victim, perpetrator and often result in a Central Registry finding.

## Response Assignment

- The assignment to Alternative Response (AR) or Traditional Response (TR) begins at the Hotline with the application of exclusionary criteria:
  - Families may be immediately assigned to local DCFS and Law Enforcement for a Traditional Response
  - Families may be assigned to local DCFS Office for an Alternative Response
  - Families may be referred to the RED Team (Review, Evaluate and Decide) to determine best response pathway

## 21 Exclusionary Criteria

**Traditional Response:** Any Intake "Accepted for Assessment" that meets one or more of the criteria listed below will automatically be assigned to a local office for a Traditional Response.

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 (i.e. shaken baby, rough handling of an infant)
2. Report alleges 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 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)

## Exclusionary Criteria Continued

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 an addiction, or
  - ▶ prior delivery of drug exposed infant without successful drug treatment, or
  - ▶ no preparation for infant's arrival, or
  - ▶ current use and expressed intent to breastfeed or is breastfeeding, or
  - ▶ no in home support system or alternative primary care arrangements.

## Exclusionary Criteria Continued

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. Hair is cut, not pulled for follicle testing.
12. 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. Report alleges abuse or neglect in a household where an active DCFS traditional investigation is occurring on one or more individuals residing in the home.
14. 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).

## Exclusionary Criteria Continued

16. Previous court substantiated reports of abuse/neglect.
17. Previous agency substantiated and currently on Central Registry.
18. Past maltreatment concerns not resolved at case closure and there are two or more children under the age of 5 or 1 child under the age of 2.
19. Parent name, whereabouts or address unknown at the time of the report.
20. Law Enforcement citation for child abuse issued to the parent/caretaker which is directly related to the intake.
21. DHHS is aware of a pending or current law enforcement investigation.

## RED TEAM; REVIEW EVALUATE & DECIDE

- ▶ The RED Team is an internal team of DCFS staff
  - One Statewide Team
  - Meet Daily
- ▶ Includes no fewer than two supervisors or administrators and two staff members knowledgeable on the policies and practices of the department, including, but not limited to, the structured review process
- ▶ County attorneys, child advocacy centers, or law enforcement agency personnel may attend team reviews upon request

## 6 Criteria; Automatic RED Team

Any Intake Accepted for Assessment that does not meet the Exclusionary Criteria for a Traditional Response but meets one or more of the six criteria listed below, will be immediately referred to the RED Team for further review and analysis.

1. Report by a physician, mental health or other health care provider alleging significant parental mental health diagnosis.
2. Report alleges symptoms related to a parental significant mental illness including but not limited to: psychotic behaviors, delusional behaviors and/or danger to self of others.
3. Biological parent(s) of alleged victim is a current or former state ward.
4. Family has had a prior accepted report within the past 6 months and there are two or more children under the age of 5 or 1 child under the age of 2
5. Current open case receiving Alternative Response.
6. Report alleges abuse or neglect and alcohol/or other substance abusing issues and there are two (2) or more children under the age of five (5) or one (1) child under the age of two (2).

## 6 Criteria for RED Team Reviews

### RED Team:

1. Review accepted intakes where one of the 6 RED Team Criteria is present
2. Review AR cases where CFS Specialist has gained additional information (after contact with the family) related to (one or more) the 21 Exclusionary Criteria or the (one or more) 6 RED Team Criteria

## Review Evaluate Decide (RED) Team

- RED Team Reviews will Examine:
  - Severity of the allegation
  - Access to the perpetrator
  - Vulnerability of the child
  - History including previous reports
  - Parental cooperation
  - Parent/Caretaker protective factors
- The RED Teams decides:
  - The type of response, Traditional or Alternative

## Response Differences

### Traditional Response

- Allegations more severe
- Labels perpetrator and victim
- Law Enforcement involved and possible citation
- Interview protocol alleged victim 1st unannounced visit
- Finding and possible Central Registry
- Services often provided after thorough assessment
- Families assigned TR must stay on this path

### Alternative Response

- Allegations less severe
- Labels caregiver and child
- Law Enforcement not involved
- Interview protocol caregiver first announced visit
- No Finding
- Services provided as soon as need identified
- Families assigned AR may choose to change to a TR approach during the assessment

## Types of Reports by Response

### Traditional Response

- Suspicious child death or homicide
- Sexual abuse
- Severe physical harm
- Reports involving childcare providers, teachers, or out-of-home assessments

### Alternative Response

- Lack of supervision
- Medical neglect
- Poor living conditions
- Educational neglect
- Poverty related neglect

## Response Similarities

### Both Alternative Response and Traditional Response:

- ▶ Assess and promote the safety, permanency and well-being of children
- ▶ Assess the family to determine if children are safe and identify level of risk
- ▶ Partner with parents/caregivers and communities to connect families with needed supports and services
- ▶ Law enforcement receives all reports, TR and AR

## Core Components of AR

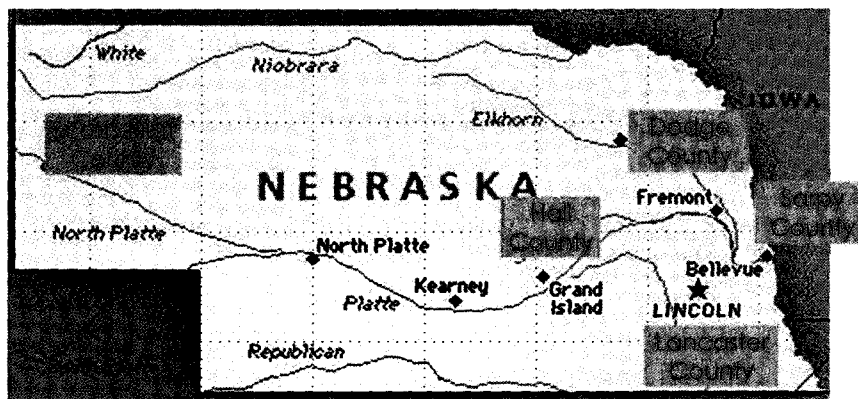
- ▶ Safety of Children
- ▶ Exclusionary Criteria
- ▶ Red Team
- ▶ AR Vulnerability Guide
- ▶ Response Timeframe
- ▶ Interview Protocol
- ▶ Family Engagement
- ▶ Safety, Prevention and FSNA within 45 days
- ▶ Protective Factors
- ▶ Child and Family Well Being
- ▶ Community Stakeholder Relationships
- ▶ Service Array
- ▶ EBPs
- ▶ Family Case reviews Target Population
- ▶ Group Supervision
- ▶ No Central Registry Finding
- ▶ Flex Funding for Concrete Supports
- ▶ Sustainability



## Pilot Sites

27

Scheduled to begin 10/1/2014



## Projected Families Served/AR

YEAR	Average # of Families Assigned to AR After Randomizer (50%)
2014	135
2015	540
2016	798 <small>Douglas County Implements AR; 258 families/6 months</small>
2017	1556
2018	1824

## Projected Number of Families to Receive an Alternative Response/ by County-2015

5 PILOT SITES	AFTER RANDOMIZER AVERAGE # OF PROJECTED AR INTAKES/ MONTH	AFTER RANDOMIZER AVERAGE # OF PROJECTED AR INTAKES/YEAR
Lancaster Co	23.5	282
Sarpy Co	9.5	114
Dodge Co	3.5	42
Scotts Bluff Co	3.5	42
Hall Co	5	60
<b>Total</b>	<b>45</b>	<b>540</b>

## Expected Outcomes

- ▶ Decreased maltreatment allegations (screened in reports)
- ▶ Decreased substantiated maltreatment allegations
- ▶ Increased timeliness and adequacy of services and supports
- ▶ Decreased entries (removals) to out-of-home placements
- ▶ Improved child and family well-being
- ▶ Improved protective factors
- ▶ Increased worker satisfaction
- ▶ Strengthened partnership between agency, providers and community stakeholders
- ▶ Stronger social work orientation
- ▶ Improved staff retention

## Alternative Response Evaluation

- Title IV-E 5 Year Pilot Project; Alternative Response and Results Based Accountability
- University of NE, Lincoln; Center on Children, Families and the Law contracted to complete the evaluation over the course of the 5 years
- 50% of all families eligible for an Alternative Response(AR) will receive a Traditional Response(TR) in order to compare outcomes and evaluate AR's impact with families.

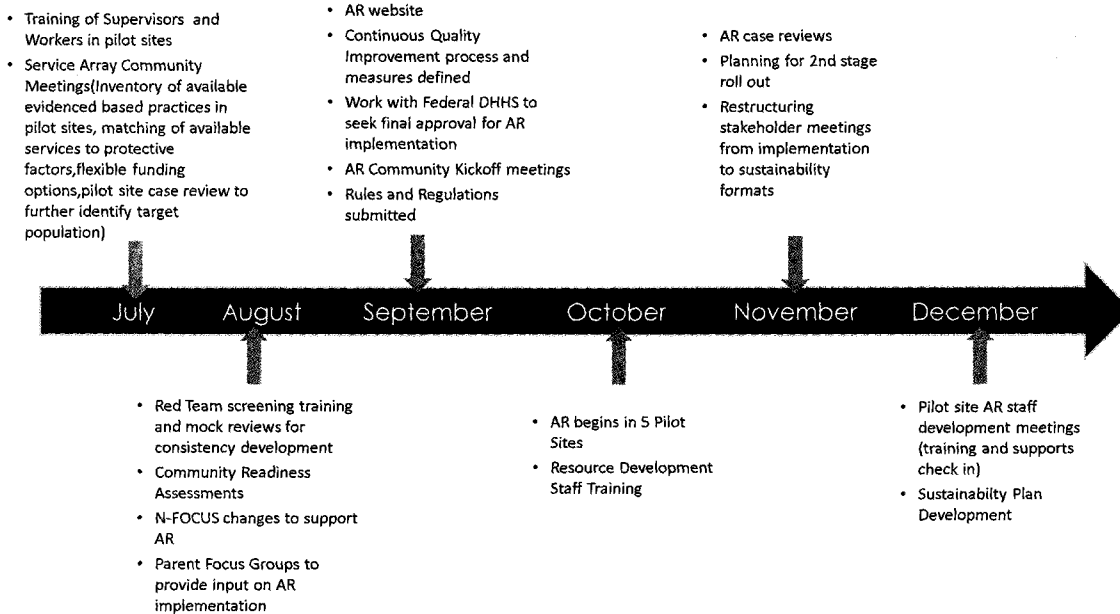
## AR Implementation and Local Communities

- Each of the five pilot sites is working with the community to develop flexible funding processes to provide families with concrete supports such as transportation, food, and shelter.
- DCFS and communities are working together to connect families with sustainable formal and informal supports in order to prevent future risk of maltreatment.

## Policy and Regulation

- ▶ AR Draft Policy and Draft Regulation electronically distributed
- ▶ Feedback is welcomed through September: [DHHS.AlternativeResponse@Nebraska.gov](mailto:DHHS.AlternativeResponse@Nebraska.gov)
- ▶ Public Hearing scheduled after Policy and Regulations reach final approval stage
- ▶ DCFS will seek the feedback of the AR Director's Steering Committee and the NE Children's Commission prior to implementing policy changes

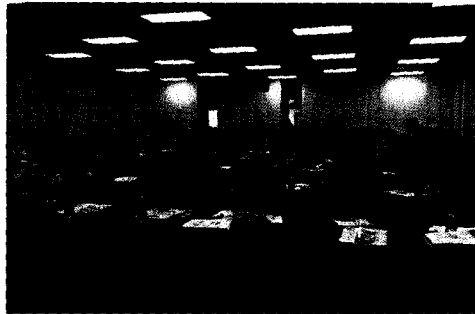
## 2014 AR IMPLEMENTATION



## AR Local Kick Off Meetings

Local Kick Off Meetings are occurring in each of the AR Pilot Sites

Dodge County Kick Off Meeting 9-12-14



Questions or Comments  
Thank you!

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**NEBRASKA CHILDREN'S COMMISSION COMMITTEES**

**BRIDGES TO INDEPENDENCE ADVISORY COMMITTEE (YOUNG ADULT VOLUNTARY SERVICES AND SUPPORT ADVISORY COMMITTEE)** #

STRATEGIC RECOMMENDATIONS	#
ACCOMPLISHMENTS	#
LESSONS LEARNED DURING PHASE I	12
RECOMMENDATIONS FOR ACTION INTO 2016	12

**FOSTER CARE REIMBURSEMENT RATE COMMITTEE** #

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ACCOMPLISHMENTS	#
LESSONS LEARNED DURING PHASE I	12
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**JUVENILE SERVICES (OJS) COMMITTEE** #

PHASE I STRATEGIC RECOMMENDATIONS	#
ACCOMPLISHMENTS	#
LESSONS LEARNED DURING PHASE I	12
RECOMMENDATIONS FOR ACTION INTO 2016	12

**PSYCHOTROPIC MEDICATION COMMITTEE** #

PHASE I STRATEGIC RECOMMENDATIONS	#
ACCOMPLISHMENTS	#
LESSONS LEARNED DURING PHASE I	12
RECOMMENDATIONS FOR ACTION INTO 2016	12

**NEBRASKA CHILDREN'S COMMISSION ASSIGNED LEGISLATIVE TASKS**

**TASKS FROM LB 821 AND SUBSEQUENT LEGISLATION** #

<b>LB 821</b>	#
COMMISSION MEMBERSHIP	#
COMMISSION MEETINGS	#
EMPLOY A POLICY ANALYST	#
NETWORKING	#

FACILITATED CONFERENCING	#
CROSSOVER YOUTH PROGRAM INFORMATION	#
NEBRASKA JUVENILE SERVICE DELIVERY PROJECT INFORMATION	#
CREATE A STRATEGIC PLAN	#
DHHS STRUCTURE	#
LEAD AGENCY	#
EVIDENCE-BASED PREVENTION AND EARLY INTERVENTION	#
REALIGNMENT OF SERVICE AREAS	#
CHILD WELFARE INDICATORS	#
CROSS-SYSTEM ANALYSIS	#
DHHS INFORMATION REVIEW	#
STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM REPORTING	#
<b>LB 530</b>	#
FOSTER CARE REIMBURSEMENT RATE COMMITTEE	#
<b>LB 853</b>	#
ALTERNATIVE RESPONSE IMPLEMENTATION	#

### OTHER NEBRASKA CHILDREN'S COMMISSION ACCOMPLISHMENTS

<b>OTHER ACCOMPLISHMENTS</b>	#
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### OTHER INITIATIVES

<b>OTHER INITIATIVES</b>	#
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FACILITATED CONFERENCING AND MEDIATION REPORT #  
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**Nebraska Children's Commission**  
**Strategic Plan Status Report**  
**December 14, 2012 through December 16, 2014**

The Health and Human Services Committee of the Legislature documented serious problems with the child welfare system in its 2011 report of the study that was conducted under Legislative Resolution 37 (LR 37), One Hundred Second Legislature, First Session, 2011. To address those problems, the Legislature passed Legislative Bill 821 (LB 821) during the 2012 Legislative Session and created the Nebraska Children's Commission as a permanent forum for collaboration among state, local, community, public and private stakeholders in child welfare programs and services. Legislative Bill 821 (LB 821), signed by Governor Dave Heineman on April 11, 2012, required the Commission to complete a statewide strategic plan and review the structure of the Nebraska Department of Health and Human Services (DHHS). The Nebraska Children's Commission was also required to provide a written report to the Health and Human Services Committee of the Legislature and the Governor on or before December 15, 2012. Phase I of the Strategic Plan was issued on December 14, 2012 (see Appendix C).

The original Phase I Strategic Plan Vision, Core Values, Goals and Recommendations were the product of a strategic planning process on the important work of reforming and transforming the child welfare and juvenile justice systems in Nebraska. Answering the original vision question: "What do we see in place by 2015 as a result of our collective action?" was the initial and most important priority of the original planning process.

The legislature's original charge to the Commission in LB 821 was broad and far-reaching. Therefore, the Commission determined that in order to create a meaningful strategic plan for reform and a board restructuring of the goals of the child welfare and juvenile justice system programs and services the Commission must take the necessary first step of establishing organizing principles, vision, values, goals and strategies. Therefore, Commission members undertook development of a strategic plan for state-wide child welfare and juvenile justice reform with awareness of the importance of arriving at a shared vision and goals as an underpinning for subsequent discussion and decision making regarding myriad substantive issues. Commission members also worked to arrive at agreement on practices, models, and theories for change that would guide the reform and transformation effort far into the future.

The intent of the Legislature in creating the Nebraska Children's Commission was to establish the group as a high-level leadership body with membership from legislative, executive and judicial branches along with system stakeholders, to improve the safety and well-being of all children and families in Nebraska, by ensuring:

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

To address the intent of LB 821, the Commission developed vision elements in response to the following question:

### **Strategic Focus Question**

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

### **Vision Elements:**

- A consistent, stable, skilled workforce serving children and families
- A family driven, child focused and flexible system of care
- Transparent system collaboration with shared partnerships and ownership
- Community ownership of child well-being
- Timely access to effective services
- Technological solutions to information exchange
- Measured results across systems of care

### **Vision Question, Goals and Strategic Recommendations:**

Building on the Vision Elements, answers to a Vision Question, "What do we see in place by 2015," produced goals and strategic recommendations that were documented in a matrix. From the matrix, the Commission identified four broad goal statements:

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

**From these four broad goals statements, four workgroups were formed to address each goal, respectively and developed strategic recommendations for achieving those goals:**

- Community Ownership of Child Well-being
- System of Care
- IT and Data Sharing
- Workforce Development

The Commission also established the Juvenile Services (OJS) Committee and the Psychotropic Medication Committee, and began monitoring the work of the Foster Care Reimbursement Rate Committee and the Title IV-E Demonstration Project Committee. Each of these four committees, referenced in LB 821 in regard to Commission responsibilities,

developed recommendations specific to its area of focus and those recommendations were approved as part of the Phase I Strategic Plan.

The Nebraska Children's Commission members also noted that leadership is a key underpinning requirement for success in achieving all of the strategic recommendations in order to meet the defined goals.

In order to ensure that the work of the Commission was completed thoughtfully and thoroughly, the Nebraska Children's Commission presented a report on December 14, 2012 as Phase I of the Strategic Plan (see Appendix C). The report detailed the work that the Commission and its various committees completed through November 2012 in beginning to complete the assigned tasks detailed in LB 821. Phase I of the Strategic Plan was a broad consensus document that provided a framework and structure for development of more detailed and specific recommendations and strategies.

Commission members committed to continuing the leadership journey that was started in 2012 and to taking ownership for a successful outcome to a continued system transformation effort. Therefore, the Commission members began expanding the collaborative efforts and building on the work outlined in the original Phase I Strategic Plan. Since the first report in December 2012, the Legislature also assigned additional responsibilities including the creation of the Bridge to Independence Advisory Committee and the re-establishment of the Foster Care Reimbursement Rate Committee.

The report that follows provides updates on the Phase I Strategic Plan work and provides the work products that have been issued by the Nebraska Children's Commission's various workgroups and committees. The information contained in this report is for work that has been completed through December 2014. The report also details progress on the legislative responsibilities assigned by LB821, as well as Commission requirements assigned by more recent legislation. The status report also provides recommendations for the projected work to be done into 2016.

The first section of the report contains information on the work related to each broad goal statement by the respective workgroup. Following the workgroup section will be the report on the work of the current committees assigned to the Commission by LB 821 and subsequent legislation. The third section of the report will be a recount of the work that has been done by the full Commission related to the assignments from the legislature in LB 821 and subsequent legislation (the source of legislative assignments will be noted within the text of the report). The fourth section provides information on other Nebraska Children's Commission accomplishments. The final section of the report details items the Nebraska Children's Commission will be monitoring related to industry initiatives and other pending legislative activities.

The vision, goals, and strategic recommendations spelled out in this updated plan along with a recounting of milestone reports and recommendations that were endorsed by the Commission are presented as an update on a multi-phase initiative. Subsequent work by the Commission will include further study of complex issues and additional recommendations for

child welfare and juvenile justice system reform and transformation that is responsive to needs, dynamic in nature, and effective in delivering services in all geographic areas of a state with both urban and rural challenges.

In order to ensure that the vision of improving the safety and well-being of Nebraska's children of all ages and families is completed thoughtfully and thoroughly, the Nebraska Children's Commission presents this update report on the work that has been completed through December 16, 2014 on the Statewide Strategic Plan process. The Nebraska Children's Commission would like to sincerely thank all the individuals who have contributed to the success of the collaborative efforts that are documented in this report.

### **Commitment to Action:**

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

- Review of the operations and structure of the Department of Health and Human Services regarding child welfare programs and services;
- Work with service area administrators, child advocacy centers, 1184 teams, local foster care review boards and community stakeholders and advocates to develop networks in each service area;
- Consider the potential for contracting with private nonprofit entities as lead agencies; and
- Provide leadership for strategies to support high-quality evidence-based prevention and early intervention services that reduce risk and enhance protection for children.

In addition to issues identified in LB 821, the Commission may also focus on specific issues that relate to the work of the Commission but were not delineated in legislation, for example challenges of youth in foster care related to educational outcomes. The Commission may study and engage stakeholders to make recommendations to actively reduce the disproportionality of children of color in Nebraska's child welfare and juvenile justice systems.

The next phase of the strategic planning process work will begin in January 2015, and will include developing a work plan that addresses and prioritizes the action items identified throughout this report. This process may involve establishing workgroups, reviewing external evaluations, considering fiscal impacts and funding implications, and providing recommendations to the Supreme Court, DHHS, and the legislature for implementation.

The Commission understands that if not only reform but true transformation of the child welfare and juvenile justice systems is to be effective and lasting it must happen at all levels including the system, program and practice levels. Not only must the three branches of

government and the various system stakeholders invest in serving and supporting children and families and commit to system reform, there must be utilization of effective programs that help children and families reach positive outcomes. At the practice level the Commission knows that all front-line case managers and their supervisors must be prepared and supported in their efforts of serving children and families differently. Furthermore, the Commission believes that effective transformational leadership is essential in successful reform efforts and also believes that there is a considerable amount of political will across Nebraska to address the challenges within the current child welfare and juvenile justice systems. This political will is supported by optimism and the belief that reform and transformation can and will happen.

## **Nebraska Children's Commission Workgroups:**

**As part of the Phase I Strategic Planning process, the Commission identified four broad goal statements:**

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

**From these four broad goals statements, four workgroups were formed to address each goal, respectively, and developed strategic recommendations for achieving those goals:**

- Community Ownership of Child Well-being
- System of Care
- IT and Data Sharing
- Workforce Development

The following section of the report provides an update on the progress that has been made on the work related to each broad goal statement by the respective workgroup.

## **Community Ownership of Child Well-being Workgroup**

### **Phase I Strategic Recommendations:**

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

- **Identify, promote and achieve broad support for key elements for successful families**  
Identify the supports or essential services (both formal services and informal supports) that a family needs to be successful – with no assumption that the State is the sole provider. Identify the supports and essential services older youth in the child welfare and juvenile justice systems need to transition to adulthood. Develop, disseminate and encourage the incorporation into practice the knowledge base on promoting child well-being across the childhood/adolescent lifespan. This includes information and skills related to the prevention of child abuse and neglect, building on family and community strengths, promoting protective factors, brain development, trauma informed care and other relevant areas.
- **Map available data for resources, gaps, needs and services**  
Develop a map of Nebraska resources and gaps based on available data on problem areas, agreed upon family support needs (such as those defined in the service array process), an accurate picture of present community resources and services (both public and private).
- **Build state level infrastructure for prevention with integration and blended funds**  
Build a broad-based infrastructure at the state level to lead prevention efforts through integration of services and blending of funds (both public and private).
- **Strengthen and expand community collaboratives**  
Strengthen and expand community collaboratives. The pathway to improved child well-being is through the communities in which children and families live. There are examples of strong community collaboratives taking ownership for child well-being. These successful efforts should be showcased and built upon.
- **Raise visibility and encourage dialogue**  
Raise the visibility of child abuse and neglect, trauma informed care and other issues affecting child well-being and encourage dialogue on these important issues.

### **Accomplishments:**

- **Identified Community Efforts**  
The workgroup identified collaborative community efforts where infrastructures had already been established to create efficiencies in service delivery and use of funds. For example: the Panhandle Partnership.
- **Facilitated Community Listening Sessions**



The workgroup facilitated community listening sessions to gain insight on issues and lessons learned by these groups in the establishment of their community collaboratives. The workgroup met with the following groups:

- Dakota County Connections group
  - Fremont Early Childhood Coalition
  - Hall County/Grand Island Child Well-being Collaborative
  - North Platte Community
  - Panhandle Partnership
- **Developed Facilitated Conferencing Recommendations**
  - **Developed the Community Model**

### Lessons Learned During Phase I:

- **Communities are dealing with the same issues**  
The workgroup noted through the work done in Phase I that many communities are dealing with the same issues when it comes to addressing child well-being. The workgroup has identified additional strategies to begin to address some of these issues.
- **Nothing really good happens quickly**  
The work of creating community collaboratives to address child well-being issues has evolved over several years. Although communities that have successfully created collaboratives have begun to share their knowledge with other community and state leaders, the process of building collaborative groups takes time and resources to move the effort forward.
- **Let Communities come up with their own solutions**  
The work of creating community ownership of child well-being must allow communities the opportunity to develop their own unique community solutions.
- **There are more collaborative communities than previously known**  
The workgroup has been able to identify more collaborative communities within the state of Nebraska than were previously known.
- **Funding resources**  
The work of creating community ownership of child well-being must have funding for resources.

**Community Ownership of Child Well-being Workgroup**  
**Recommendations for Action into 2016:**

- **Continue the work on the Phase I recommended strategies**
- **Establish a State Level Collective Impact Group**  
The work of creating community ownership of child well-being would be enhanced by establishing the infrastructure and additional framework of a collective impact group.
- **Identify child well-being outcomes and indicators**  
The Community Ownership of Child Well-being workgroup should collaborate with the IT and Data Sharing workgroup and the Prevention Partnership to build on the work of the Whole Populations taskforce. The Whole Populations taskforce has been working to identify child well-being outcomes and indicators.
- **Increase target communities from 6 to 12**  
The Community Ownership of Child Well-being workgroup should build upon the work done by other successful community collaboratives to increase the number of collaborative efforts from six to twelve.
- **Translate data elements to be useful to communities**  
The Community Ownership of Child Well-being workgroup should work with key stakeholders to translate data elements so the data is more useful to communities.
- **Address barriers that were identified by communities**  
The Community Ownership of Child Well-being workgroup should develop a process to document and address barriers that were identified by communities in moving collaborative initiatives forward.
- **Identify funding for infrastructure**  
The Community Ownership of Child Well-being workgroup should identify funding and resources to facilitate the creation of community collaboratives.
- **Continue to enhance the *insert name* model**  
The Community Ownership of Child Well-being workgroup should continue to enhance the *insert name* model. Specifically, the model should be enhanced to:
  - Engage schools
  - Focus on prevention
  - Address special populations

*See Appendix A for the workgroup membership list.*

*See Appendix D for this workgroup's reports and work products.*

## System of Care Workgroup

### Phase I Strategic Recommendations:

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

- **Develop shared commitment, including trauma informed response**  
Develop a shared commitment to the system of care values that includes trauma informed response for children and families across the entire system of care.
- **Invest in prevention**  
Invest in prevention through trauma informed care, mental health promotion, wellness (both physically and mentally) and early intervention.
- **Develop differential response (alternative response) system**
- **Identify model for collaboration and cooperation**  
Identify model and a system to support that model for collaboration of all entities involved (juvenile probation officer, an OJS worker, DHHS worker, any contracting entity) in case management that develops and encourages full cooperation and working relationships and fully utilizes the resources and organizations already in place across the state.
- **Develop team-based approach for decision making**  
Develop a strong team approach to decision making on a case by case basis - family would understand that a team is working on their case.
- **Realign operations to support trauma informed system of care**  
Realign current system operations so that they support and are congruent with a trauma informed system of care.
- **Develop educated system partners and include oversight**

### Accomplishments:

- **Influenced the process and final products of key initiatives**  
The Nebraska Children's Commission with the input of the system of care workgroup influenced the process and final products on:
  - Alternative Response Legislation and Pilot Implementation
  - System of Care strategic plan
  - Title IV-E Waiver Plan

## Lessons Learned During Phase I:

- **Workgroups can influence action without creating initiatives from the ground up**  
The workgroup noted through the work done in Phase I that workgroups can influence the action taken on an initiative without creating initiatives from the ground up.

## System of Care Workgroup

### Recommendations for Action into 2016:

- **Continue the work on the Phase I recommended strategies**
- **Influence implementation of alternative responses**  
The System of Care workgroup should continue to work with key stakeholders and legislators to influence the implementation of alternative responses. This should include taking a leadership role in providing feedback on DHHS reports on the pilot implementation.
- **Advocate to move the System of Care (SOC) plan forward**  
The System of Care workgroup should review the final System of Care plan and advocate for early implementation of strategies that are cost neutral and don't require a legislative change.
- **Explore legislation to invest resources in prevention**  
The System of Care workgroup should explore legislation that will enhance the investment of resources in prevention.
- **Advocate for moving from Education to Action on Key Initiatives**  
The System of Care workgroup should advocate for moving several key initiatives from the educational phase to the action/implementation phase. The workgroup needs to identify strategies for advocating for the implementation of:
  - Family centered practice
  - Family driven – youth guided
  - Trauma informed care at all levels of the system of care

*See Appendix A for the workgroup membership list.*

*See Appendix E for this workgroup's reports and work products.*

## **IT and Data Sharing Workgroup**

### **Phase I Strategic Recommendations:**

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

- **Create an appropriations schedule utilizing system design**  
Utilize system design and consultant input to create an appropriations schedule for the Legislature and talk to foundations for funding partnerships.
- **Explore University expertise for data analysis**  
Explore utilization of university expertise to review, analyze and ensure data integrity to establish trend lines.
- **Reach agreement on population outcomes and indicators**  
Agreement on whole-population outcomes - then specific indicators and strategies can be developed by the system of care across the state.
- **Develop common data systems and standards with external data mining**  
Develop common data systems/standards across all state and private services and utilize an outside entity to mine data.
- **Design data system for integration, coordination and accessibility**  
Data system should be designed to support integration, coordination and accessibility of all services provided by the state.
- **Develop action steps in cross-divisional programming (Data)**  
DHHS develops action steps in cross-divisional programming.

### **Accomplishments:**

- **Have key systems people at the table and have identified missing (needed) people**  
The workgroup identified key systems subject matter experts to involve in the workgroups initiatives. The workgroup has also identified those subject matter experts that are still needed.
- **Identified some key current data sharing initiatives**  
The workgroup has identified some key current data sharing initiatives including work done by:
  - Georgetown Data Sharing Group
  - Out-of-Home Placement Committee
- **Began to identify whole populations measures**  
Several members of the IT and Data Sharing workgroup participated in two full-day facilitated discussions to identify whole population measures.

- **Obtained education on other states data sharing models**

The workgroup has identified some key current data sharing initiatives including work done by:

- Iowa system
- Sharepoint
- Review IT paper

### **Lessons Learned During Phase I:**

- **Simply sharing data does not get to outcomes**

The workgroup noted that while data sharing is a necessary process, the simply act of sharing data does not get to outcomes.

- **No right solutions – no magic wand**

The work discerned through the process of reviewing technology solutions, that there is no one right solution.

- **Technology is available and is not the issue – clarity of the vision is the issue**

The workgroup identified the need for clarity on the vision for a technology solution.

- **Need to break down the issue into component parts**

The IT and Data Sharing workgroup needs to complete further design work to break the technology issue into component parts.

### **IT and Data Sharing Workgroup**

#### **Recommendations for Action into 2016:**

- **Continue the work on the Phase I recommended strategies**

- **Whole populations measures versus issue specific measures**

The IT and Data Sharing workgroup should continue to develop the use of Whole Population measures to encourage innovation in addressing key child well-being issues.

- **Develop frameworks for data dashboard for the Nebraska Children's Commission**

The IT and Data Sharing workgroup should develop the framework for the implementation of a data dashboard.

- **Identify technology solutions to produce data for the dashboard**

The IT and Data Sharing workgroup should explore and identify technology solutions to produce data for the data dashboard.

*See Appendix A for the workgroup membership list.*

*See Appendix F for this workgroup's reports and work products.*

## **Workforce Development Workgroup**

### **Phase I Strategic Recommendations:**

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

- **Benchmark the state with lowest caseworker turnover**  
Benchmark the state with the lowest caseworker turnover (or states' children with the fewest worker changes).
- **Develop plan for retention of frontline staff**  
Ask Children and Family Services (CFS), the Administrative Office of the Courts and Probation, and any contracting entity to each develop a plan to increase retention of their respective frontline workers and lend Commission support to that effort.
- **Develop retention plan for caseworkers**  
Develop (with current caseworkers) a retention plan for current and future workers that may include pay and career trajectory, administrative support, clarity of expectations, supervisor effectiveness.
- **Assess and address morale and culture**  
Assess and address the morale, lack of trust/organizational culture and climate so that the frontline staff is working in an empowered and supported capacity.
- **Address education and training for staff**  
Ask DHHS, the Administrative Office of the Courts and Probation, and any contracting entity to address education and training requirements (including trauma-informed care) for caseworkers and supervisors, including funding issues.
- **Clearly define point person and roles of all working with children and families**  
Clearly define the point person and role of any person or entity working with children and families (juvenile probation officer, Office of Juvenile Services worker, Children and Family Services worker; any contracting entity).
- **Conduct comprehensive review of caseworker training and curriculum**  
Conduct a comprehensive review of caseworker training and curriculum and change/update as needed to best equip those interacting directly with families. In addition, consider caseworker specialization to improve preparedness and efficacy.
- **Develop pilot project (urban and rural) for guardians ad litem**  
Develop a pilot project for guardians ad litem (GAL) -1 rural, 1 urban-that carefully follows the GAL guidelines with appropriate supports.
- **Hire and adequately compensate well-trained professionals**

Develop a plan to hire competent, trained and adequately compensated professionals who investigate allegations of neglect and abuse, formulate and monitor reasonable and relevant case plans and recommend permanency plans for children and families.

- NOT an entry level position into Child Welfare
- Require and/or incentivize BSW and MSW for all caseworkers
- Utilize apprenticeship/mentor program

### **Accomplishments:**

- **Clearly identified priorities**

The Workforce Development workgroup identified key priorities including:

- See paper
- insert
- insert
- insert
- insert

### **Lessons Learned During Phase I:**

- **Workforce development information is not readily available**

The workgroup noted through the work done in Phase I that finding information on strategies for fostering a consistent, stable, skilled workforce is not readily available. Insert text from paper.

- **Complexity of systems must be understood to connect**

The workgroup noted through the work done in Phase I that understanding the complexity of systems is important to the process of a connected workforce.

- **Be specific in assigning tasks**

The work of creating community collaboratives to address child well-being issues has evolved over several years. Although communities that have successfully created collaboratives have begun to share their knowledge with other community and state leaders, the process of building collaborative groups takes time and resources to move the effort forward.

### **Workforce Development Workgroup**

#### **Recommendations for Action into 2016:**

- **Continue the work on the Phase I recommended strategies**
- **Define and enhance roles of visitation and YRTC workers**



The Workforce Development workgroup should define the roles of visitation and YRTC workers and develop strategies to enhance those roles.

- **Define and enhance roles of attorneys in juvenile court**

The Workforce Development workgroup should identify other groups that can help define the roles of attorneys in juvenile court and develop strategies on ways to collaborate to enhance those roles.

*See Appendix A for the workgroup membership list.*

*See Appendix G for this workgroup's reports and work products.*

### **Nebraska Children's Commission Committees:**

LB 821 required the Nebraska Children's Commission to establish the Juvenile Services (OJS) Committee and the Psychotropic Medication Committee. The legislation also required the Commission to begin monitoring the work of the Foster Care Reimbursement Rate Committee and the Title IV-E Demonstration Project Committee. Each of these four committees, referenced in LB 821 in regard to Commission responsibilities, developed recommendations specific to its area of focus and those recommendations were approved as part of the Phase I Strategic Plan (see Appendix C).

During the 2013 legislative session, the legislature re-created the Foster Care Reimbursement Rate Committee through LB 530 and created the Young Adult Voluntary Services and Support Advisory Committee through LB216.

During the 2014 legislative session, the Young Adult Voluntary Services and Support Advisory Committee's name was changed to the Bridge to Independence Advisory Committee through LB 853.

This section of the report provides information on the current Nebraska Children's Commission's committees. The information that was originally contained in the Phase I Strategic Plan can be found in Appendix C. Committee information has been listed in the following order:

- Bridge to Independence Advisory Committee (formerly Young Adult Voluntary Services and Support Advisory Committee)
- Foster Care Reimbursement Rate Committee (LB 530)
- Juvenile Services (OJS) Committee
- Psychotropic Medication Committee

**Bridge to Independence Advisory Committee (formerly Young Adult Voluntary Services and Support Advisory Committee)**

**Strategic Recommendations:**

Need to ask Committee for information.

**Accomplishments:**

- **Insert information from Committee**

**Lessons Learned During Phase I:**

- **Insert information from Committee**

**Bridges to Independence Advisory Committee**

**Recommendations for Action into 2016:**

Need to ask Committee for information.

**Task: Committee Reporting [Neb. Rev. Stat. §43-4513(1)]**

(1) On or before July 1, 2013, the Nebraska Children's Commission shall appoint a Bridge to Independence Advisory Committee to make recommendations to the department and the Nebraska Children's Commission for a statewide implementation plan meeting the bridge to independence program requirements of the Young Adult Bridge to Independence Act. The committee shall provide a written report regarding the initial implementation of the program to the Nebraska Children's Commission, the Health and Human Services Committee of the Legislature, the department, and the Governor by October 1, 2013. The report shall also specifically address recommendations for maximizing and making efficient use of funding for a state-extended guardianship assistance program described in section 43-4514. The report to the Health and Human Services Committee of the Legislature shall be submitted electronically. The Bridge to Independence Advisory Committee shall meet on a biannual basis thereafter to advise the department and the Nebraska Children's Commission regarding ongoing implementation of the bridge to independence program and shall provide a written report regarding ongoing implementation, including bridge to independence program participation and early discharge rates and reasons obtained from the department, to the Nebraska Children's Commission, the Health and Human Services Committee of the Legislature, the department, and the Governor by December 15th of each year. By December 15, 2015, the committee shall develop 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 described in section 43-4514. The report to the Health and Human Services Committee of the Legislature shall be submitted electronically.

### **Action Items:**

- After October 1, 2013, meet on a biannual basis to advise the department and the Nebraska Children's Commission regarding ongoing implementation of the bridge to independence program.
- Provide a written report regarding ongoing implementation, including bridge to independence program participation and early discharge rates and reasons obtained from the department, to the Nebraska Children's Commission, the Health and Human Services Committee of the Legislature, the department, and the Governor by December 15th of each year.
- By December 15, 2015, the committee shall develop 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 described in section 43-4514.

*See Appendix A for the committee membership list.*

*See Appendix H for committee reports and work products.*

### **Strategic Recommendations from LB530 Committee:**

#### **Accomplishments:**

- **Insert information from Committee**

#### **Lessons Learned During Phase I:**

- **Insert information from Committee**

### **Foster Care Reimbursement Rate Committee**

#### **Recommendations for Action into 2016:**

**Need to ask Committee for information.**

*See Appendix A for the committee membership list.*

*See Appendix I for committee reports and work products.*

### **Juvenile Services (OJS) Committee**

#### **Phase I Strategic Recommendations:**

#### **Accomplishments:**

- **Insert information from Committee**

## Lessons Learned During Phase I:

- **Insert information from Committee**

### Juvenile Services (OJS) Committee

#### Recommendations for Action into 2016:

Need to ask Committee for information.

*See Appendix A for the committee membership list.*

*See Appendix J for committee reports and work products.*

### Psychotropic Medication Committee

#### Phase I Strategic Recommendations:

- **Adopt the AACAP Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody**

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

- **DHHS, in consultation with child and adolescent psychiatrists, should establish policies and procedures to guide the psychotropic medication management of youth in state custody**

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

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

to Psychotropic Medications” that includes many of the basic guidelines reviewed in the psychotropic medication training curriculum.

- DHHS should design and implement effective oversight procedures that:
  - Establish guidelines for the use of psychotropic medications for youth in state custody.
  - Establish a program, administered by child and adolescent psychiatrists, to oversee the utilization of medications for youth in state custody. This program would:
    - Establish an advisory committee (composed of agency and community child and adolescent psychiatrists, pediatricians, other mental health providers, consulting clinical pharmacists, family advocates or parents, youth involved in the child welfare system and state child advocates) to oversee a medication review and provide medication monitoring guidelines to practitioners who treat children in the child welfare system.
    - Monitor the rate and types of psychotropic medication usage and the rate of adverse reactions among youth in state custody.
    - Establish a process to review non-standard, unusual, PRN, and/or experimental psychiatric interventions with children who are in state custody.
    - Establish a process to review all psychotropic medication usage for children five and under.
    - Collect and analyze data and make quarterly reports to the state child welfare agency regarding the rates and types of psychotropic medication use. Make this data available to clinicians in the state to improve the quality of care provided.
  - Maintain an ongoing record of diagnoses, height and weight, allergies, medical history, ongoing medical problem list, psychotropic medications, and adverse medication reactions that are easily available to treating clinicians 24 hours a day.
  
- DHHS should design a consultation program administered by child and adolescent psychiatrists. This consultation service should provide face to face evaluations when possible, or by telepsychiatry in remote areas. The service will address the following:
  - Provides consultation by child and adolescent psychiatrists to the persons or agency that is responsible for consenting for treatment with psychotropic medications.
  - Provides consultations by child and adolescent psychiatrists to, and at the request of, treatment providers treating this difficult patient population.
  - Conducts evaluations of youth by child and adolescent psychiatrists at the request of the child welfare agency, the juvenile court, or other state agencies empowered by law to consent for treatment with psychotropic medications when concerns have been raised about the pharmacological regimen.
  
- DHHS should create a website to provide ready access for clinicians, foster parents, and other caregivers to pertinent policies and procedures governing psychotropic medication management, psychoeducational materials about psychotropic medications, consent forms, adverse effect rating forms, reports on prescription patterns for psychotropic medications, and

links to helpful, accurate, and ethical websites about child and adolescent psychiatric diagnoses and psychotropic medications.

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

**Accomplishments:**

- **Insert information from Committee**

**Lessons Learned During Phase I:**

- **Insert information from Committee**

**Psychotropic Medication Committee**

**Recommendations for Action into 2016:**

Need to ask Committee for information.

*See Appendix A for the committee membership list.*

*See Appendix K for committee reports and work products.*

**Nebraska Children's Commission Assigned Responsibilities from LB 821 and subsequent legislation:**

The Nebraska Children's Commission was assigned certain responsibilities at the time the Commission was created by LB 821. The duties of the Commission were also expanded by subsequent legislation that was passed in 2013 and 2014.

Some responsibilities have not been listed as a task below. Commission committee responsibilities are covered within the individual committee's reports. The legislative intent language and other broad references have also not been noted below since these legislative concepts were used to create the general framework of the Nebraska Children's Commission workgroups (see the introduction, and the Phase I Strategic Plan in Appendix C).

Statutory references are included below for each assigned task. A copy of the statutes that apply to the work of the Nebraska Children's Commission are included in Appendix L.

Task: **Commission membership [Neb. Rev. Stat. §43-4202(2) & (3)]**

**Accomplishment:**

- The Nebraska Children's Commission is made up of both voting and non-voting members as outlined in statute. See appendix A for a current membership list.

### **Action Item:**

- The court appointed special advocate representative position is not currently filled [Neb. Rev. Stat. §43-4202(2)(viii)]. See appendix A for a current membership list.

### **Task: Commission meetings [Neb. Rev. Stat. §43-4202(4)]**

(4) The commission shall meet within sixty days after April 12, 2012, and shall select from among its members a chairperson and vice-chairperson and conduct any other business necessary to the organization of the commission. The commission shall meet not less often than once every three months, and meetings of the commission may be held at any time on the call of the chairperson. The commission may hire staff to carry out the responsibilities of the commission. For administrative purposes, the offices of the staff of the commission shall be located in the Foster Care Review Office. The commission shall hire a consultant with experience in facilitating strategic planning to provide neutral, independent assistance in developing the statewide strategic plan. The commission shall terminate on June 30, 2016, unless continued by the Legislature.

### **Accomplishments:**

- The first meeting of the Nebraska Children's Commission was held on June 7, 2012. During the meeting, Karen Authier was voted in as Chairperson and Beth Baxter was voted in as Vice-Chairperson. The Commission also adopted general operating procedures at that time. The Commission has generally met monthly since June 7, 2012.
- On August 27, 2012, Leesa Sorensen began working to carry out the responsibilities of the Commission, as an Administrative Assistant III.
- LB 821 originally had the office of the staff of the commission located at the Department of Health and Human Services. Effective July 1, 2013, the staff offices were moved to the Foster Care Review Office with the passage of LB 269.
- Strategic Planning RFP 4079Z1 was issued on July 23, 2012. Due to funding issues, the RFP process was closed. On September 18, 2012, a Strategic Planning Facilitator Solicitation of Proposals was issued in place of the original RFP. Deb Burnight, Facilitated Resources provided facilitation for the Phase I Strategic Plan on October 19, 2012 and through tele-conferences that happened in November 2012; and for the beginning of the strategic plan updating process on June 17, 2014.

### **Action Items:**

- During the June 17, 2014, facilitated strategic planning process Commission members determined that a Statutory Taskforce should be created to:
  - Explore the Commission progress since the passage of LB 821 and related bills;
  - Assess the level of completion of key mandated tasks;
  - Uncover gaps yet to be strategically filled; and

- To make recommendations regarding the future work to be done by the current June 30, 2016 sunset date.
- During the June 17, 2014, facilitated strategic planning process Commission members determined that a Structure Taskforce should be created to examine:
  - A process for integrating recommendations of internal workgroups and committees into a shared vision framework and strategic focus
  - Policies for making legislative recommendations
  - Governance procedures (meeting schedule, decision-making procedures, terms of leadership, conflict of interest procedures)
  - Expectations of members
  - Policies for orienting new members and engaging existing members.

**Task: Employ a Policy Analyst [Neb. Rev. Stat. §43-4202(5)]**

(5) The commission, with assistance from the executive director of the Foster Care Review Office, shall employ a policy analyst to provide research and expertise to the commission relating to the child welfare system. The policy analyst shall work in conjunction with the staff of the commission. His or her responsibilities may include, but are not limited to: (a) Monitoring the Nebraska child welfare system and juvenile justice system to provide information to the commission; (b) analyzing child welfare and juvenile justice public policy through research and literature reviews and drafting policy reports when requested; (c) managing or leading projects or tasks and providing resource support to commission members and committees as determined by the chairperson of the commission; (d) serving as liaison among child welfare and juvenile justice stakeholders and the public and responding to information inquiries as required; and (e) other duties as assigned by the commission.

**Accomplishment:**

- Bethany Connor began working as the Child Welfare Policy Analyst on October 28, 2013.

**Task: Networking [Neb. Rev. Stat. §43-4203(1)]**

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



own unique strategies to be included in the statewide strategic plan. The Department of Health and Human Services shall assist in identifying the needs of each service area.

**Accomplishment:**

- The Nebraska Children's Commission has informally initiated this process through workgroup and committee work that has included various stakeholders.

**Action Items:**

- The Nebraska Children's Commission will need to create more formal strategies to establish networks.
- The Nebraska Children's Commission will need to work with DHHS to ensure that each service area develops its own unique strategic plan strategies and that the needs of each service area are identified.

**Task: Facilitated Conferencing [Neb. Rev. Stat. §43-4203(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 43-247.03. 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 with mediation centers approved by the Office of Dispute Resolution to provide facilitated conferencing shall continue to be provided by the office of the State Court Administrator at an amount of no less than the General Fund transfer under subsection (1) of section 43-247.04.

**Accomplishment:**

- See Community Ownership of Child Well-being Workgroup Reports in Appendix ?.

**Task: Crossover Youth Program Information [Neb. Rev. Stat. §43-4203(4)]**

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

**Accomplishment:**

- See IT and Data Sharing Workgroup section and Juvenile Services (OJS) Committee section.

**Action Items:**

- Is any other action needed on this item?

**Task: Nebraska Juvenile Service Delivery Project Information [Neb. Rev. Stat. §43-4203(5)]**

The commission shall coordinate and gather information about the progress and outcomes of the Nebraska Juvenile Service Delivery Project established pursuant to section 43-4101

**Accomplishment:**

- See IT and Data Sharing Workgroup section and Juvenile Services (OJS) Committee section.

**Action Items:**

- Is any other action needed on this item?

**Task: Create a Strategic Plan [Neb. Rev. Stat. §43-4204(1)]**

(1) The Nebraska Children's Commission shall create a statewide strategic plan to carry out the legislative intent stated in section 43-4201 for child welfare program and service reform in Nebraska. In developing the statewide strategic plan, the commission shall consider, but not be limited to:

**Accomplishment:**

- The Nebraska Children's Commission Phase I Strategic Plan for Child Welfare and Juvenile Justice Reform was delivered on December 14, 2012.

**Action Items:**

- The Nebraska Children's Commission will need to create additional strategies during the Phase II Strategic Planning process to address legislatively assigned tasks that have not been completed through the Phase I Strategic Planning process.

**Task: DHHS Structure [Neb. Rev. Stat. §43-4201(d) & §43-4204(3)]**

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

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

**Accomplishment:**

- The Nebraska Children's Commission has received reports from DHHS at its monthly meetings including reports on the Continuous Quality Improvement (CQI) process.

**Action Items:**

- The Nebraska Children's Commission still needs to define strategies to accomplish these legislative assignments.
- The Nebraska Children's Commission is planning additional discussions related to funding of programs and services.
- The Commission will be monitoring the work being done under Legislative Resolution 535 (LR 535) which will be reviewing the structure of DHHS.

**Task: Lead Agency [Neb. Rev. Stat. §43-4204(1)(a)]**

(1) The Nebraska Children's Commission shall create a statewide strategic plan to carry out the legislative intent stated in section 43-4201 for child welfare program and service reform in Nebraska. In developing the statewide strategic plan, the commission shall consider, but not be limited to: (a) The potential of contracting with private nonprofit entities as a lead agency, subject to the requirements of subsection (2) of this section. Such lead-agency utilization shall be in a manner that maximizes the strengths, experience, skills, and continuum of care of the lead agencies. Any lead-agency contracts entered into or amended after April 12, 2012, shall detail how qualified licensed agencies as part of efforts to develop the local capacity for a community-based system of coordinated care will implement community-based care through competitively procuring either (i) the specific components of foster care and related services or (ii) comprehensive services for defined eligible populations of children and families;

**Accomplishment:**

- The Nebraska Children's Commission has received several reports on lead-agency utilization during monthly Commission meetings.

**Action Items:**

- The Commission will be monitoring the work being done under Legislative Resolution 535 (LR 535) which will be reviewing the structure of DHHS.

**Task: Evidence-Based Prevention and Early Intervention [Neb. Rev. Stat. §43-4204(1)(b)]**

(1) The Nebraska Children's Commission shall create a statewide strategic plan to carry out the legislative intent stated in section 43-4201 for child welfare program and service reform in Nebraska. In developing the statewide strategic plan, the commission shall consider, but not be limited to: (a) [ . . . ]; (b) Provision of leadership for strategies to support high-quality evidence-based prevention and early intervention services that reduce risk and enhance protection for children;

**Accomplishment:**

- The Juvenile Services (OJS) Committee received a presentation from Dr. Anne Hobbs and Dr. Richard Wiener on a white paper regarding the evaluation of evidence-based practices (see Juvenile Services (OJS) Committee reports in Appendix ?).

**Action Items:**

- The Nebraska Children's Commission is planning additional related to high-quality evidence-based prevention and early intervention services.

**Task: Realignment of Service Areas [Neb. Rev. Stat. §43-4204(1)(c)]**

(1) The Nebraska Children's Commission shall create a statewide strategic plan to carry out the legislative intent stated in section 43-4201 for child welfare program and service reform in Nebraska. In developing the statewide strategic plan, the commission shall consider, but not be limited to: (a) [ . . . ]; (b) [ . . . ]; (c) Realignment of service areas designated pursuant to section 81-3116 to be coterminous with the judicial districts described in section 24-301.02;

**Milestone:**

- N/A. DHHS was required to make this change by LB 961.

**Task: Child Welfare Indicators [Neb. Rev. Stat. §43-4204(1)(d)]**

(1) The Nebraska Children's Commission shall create a statewide strategic plan to carry out the legislative intent stated in section 43-4201 for child welfare program and service reform in Nebraska. In developing the statewide strategic plan, the commission shall consider, but not be limited to: (d) Identification of the type of information needed for a clear and thorough analysis of progress on child welfare indicators [...].

**Accomplishment:**

- See IT and Data Sharing Workgroup Reports in Appendix ?.

**Action Items:**

- The Community Ownership of Child Well-being Workgroup and IT and Data Sharing Workgroup, in conjunction with the Prevention Partnership will continue to develop strategies for determining and implementing Whole Populations measures.

**Task: Cross-system Analysis [Neb. Rev. Stat. §43-4205]**

Within three months after April 12, 2012, the Department of Health and Human Services, with direction from the Nebraska Children's Commission, shall contract with an independent entity specializing in medicaid analysis to conduct a cross-system analysis of current prevention and intervention programs and services provided by the department for the safety, health, and well-being of children and funding sources to (1) identify state General Funds being used, in order to better utilize federal funds, (2) identify resources that could be better allocated to more effective services to at-risk children and juveniles transitioning to home-based and school-based interventions, and (3) provide information which will allow the replacement of state General Funds for services to at-risk children and juveniles with federal funds, with the goal of expanding the funding base for such services while reducing overall state General Fund expenditures on such services.

**Accomplishment:**

- The Cross-system Analysis RFP 4081 Z1 was released on July 26, 2012. At the conclusion of the RFP process a contract was awarded to Public Consulting Group, Inc at a cost of \$172,565.00. The *Nebraska Cross-Systems Analysis: Final Report* was issued by Public Consulting Group, Inc. in December 2012. The report made recommendations regarding the Title IV-E waiver, Results Based Accountability (RBA), and implementation of the Foster Care Reimbursement Rates including the level of care assessment. The report also made recommendation regarding prevention services, additional Title IV-E revenue, and the need to maximize Medicaid. The Commission has been monitoring DHHS implementation of the Title IV-E waiver, RBA, and the Foster Care Reimbursement Rates (see Foster Care Reimbursement Rate Committee report above).

**Action Items:**

- The Nebraska Children's Commission is planning additional discussions related to funding of programs and services. The Commission will be reviewing the *Nebraska Cross-Systems Analysis: Final Report* to determine if other funding strategies should be considered for Phase II recommendations.

**Task: DHHS Information Review [Neb. Rev. Stat. §43-4206]**

The Department of Health and Human Services shall fully cooperate with the activities of the Nebraska Children's Commission. The department shall provide to the commission all requested information on children and juveniles in Nebraska, including, but not limited to, departmental reports, data, programs, processes, finances, and policies.

**Accomplishment:**

- The Nebraska Children's Commission has requested several verbal reports from DHHS at the monthly Commission meetings. This has included updates on Continuous Quality Improvement (CQI) reports. DHHS has also provided information to inform many of the committee and workgroup processes of the Commission.

**Action Items:**

- The Nebraska Children's Commission is planning additional discussions related to funding of programs and services. The Commission is also planning to monitor the work being done on LR 535 as noted above. DHHS may be asked to provide additional information as a part of those processes.

**Task: Statewide Automated Child Welfare Information System [Neb. Rev. Stat. §43-4206]**

The department shall collaborate with the commission regarding the development of a plan for a statewide automated child welfare information system to integrate child welfare information into one system if the One Hundred Second Legislature, Second Session, 2012, enacts legislation to require the development of such a plan. The department shall coordinate and collaborate with the commission regarding engagement of an evaluator to provide an evaluation of the child welfare system if the One Hundred Second Legislature, Second Session, 2012, enacts legislation to require such evaluation.

**Milestone:**

- The *Child Welfare Information System Strategic Plan* was issued by UmmelGroup International, Inc. on November 30, 2012 to address the requirements of LB1160. The IT and Data Sharing Workgroup utilized this report to inform their work (see IT and Data Sharing Workgroup Reports in Appendix ?).

**Action Items:**

- The Nebraska Children's Commission is planning additional discussions related to a statewide automated child welfare information system. The Commission will be reviewing the *Child Welfare Information System Strategic Plan Report* to determine strategies that should be considered for Phase II recommendations.

**Task: Reporting [Neb. Rev. Stat. §43-4207]**

The Nebraska Children's Commission shall provide a written report to the Health and Human Services Committee of the Legislature on the status of its activities on or before August 1, 2012, September 15, 2012, and November 1, 2012. The commission shall complete the statewide strategic plan required pursuant to section 43-4204 and provide a written report to the Health and Human Services Committee of the Legislature and the Governor on or before December 15, 2012.

**Accomplishments:**

- Status reports were delivered on August 1, 2012, September 14, 2012, and on November 1, 2012.
- The Nebraska Children's Commission Phase I Strategic Plan for Child Welfare and Juvenile Justice Reform was delivered on December 14, 2012.

**Task: Foster Care Reimbursement Rate Committee [Neb. Rev. Stat. §43-4216(1)]**

On or before January 1, 2016, the Nebraska Children's Commission shall appoint a Foster Care Reimbursement Rate Committee. The commission shall reconvene the Foster Care Reimbursement Rate Committee every four years thereafter.

**Accomplishment:**

- See Foster Care Reimbursement Rate Committee section.

**Action Items:**

- The Foster Care Reimbursement Rate Committee has completed recommendations on rates and the Level of Care assessment process. The Committee will need to meet to review the reports recommended in the recommendations report.
- A new process may have to be established for Committee work that needs to take place after the June 30, 2016, sunset of the Commission should the legislature decide not to extend the Commission through legislation.

**Task: Alternative Response Implementation [Neb. Rev. Stat. §28-712(1),(3)&(4)]**

(1) The department, in consultation with the Nebraska Children's Commission, shall develop an alternative response implementation plan in accordance with this section and sections 28-710.01 and 28-712.01. The alternative response implementation plan shall include the provision of concrete supports and voluntary services, including, but not limited to: Meeting basic needs, including food and clothing assistance; housing assistance; transportation assistance; child

care assistance; and mental health and substance abuse services. When the alternative response implementation plan has been developed, the department may begin using alternative response in up to five alternative response demonstration project locations that are designated by the department. The department shall provide a report of an evaluation on the status of alternative response implementation pursuant to subsection (2) of this section to the commission and electronically to the Legislature by November 15, 2015. The commission shall provide feedback on the report to the department before December 15, 2015. The department may begin using alternative response in up to five additional alternative response demonstration project locations on or after January 1, 2016. The department shall provide a report of another evaluation done pursuant to subsection (2) of this section to the commission and electronically to the Legislature by November 15, 2016. The department may continue using alternative response until July 1, 2017. Continued use of alternative response thereafter shall require approval of the Legislature. For purposes of this section, demonstration project location means any geographic region, including, but not limited to, a city, a township, a village, a county, a group of counties, or a group of counties and cities, townships, or villages.

(3) The department shall provide to the Nebraska Children's Commission regular updates on:(a) The alternative response implementation plan, including the development of the alternative response interview protocols of children; (b) The status of alternative response implementation; (c) Inclusion of child welfare stakeholders, service providers, and other community partners, including families, for feedback and recommendations on the alternative response implementation plan; (d) Any findings or recommendations made by the independent evaluator, including costs; (e) Any alternative response programmatic modifications; and (f) The status of the adoption and promulgation of rules and regulations.

(4) The department shall adopt and promulgate rules and regulations to carry out this section and sections 28-710.01 and 28-712.01. Such rules and regulations shall include, but not be limited to, provisions on the transfer of cases from alternative response to traditional response; notice to families subject to a comprehensive assessment and served through alternative response of the alternative response process and their rights, including the opportunity to challenge agency determinations; the provision of services through alternative response; the collection, sharing, and reporting of data; and the alternative response ineligibility criteria. Whenever the department proposes to change the alternative response ineligibility criteria, public notice of the changes shall be given. The department shall provide public notice and time for public comment by publishing the proposed changes on its web site at least sixty days prior to the public hearing on such regulation changes. The department shall provide a copy



of the proposed rules and regulations to the Nebraska Children's Commission no later than October 1, 2014.

**Accomplishment:**

- The Nebraska Children's Commission provided initial feedback on the implementation plan. See the report under the System of Care Workgroup Reports in Appendix ?.

**Action Items:**

- Receive and review the copy of the proposed alternative response rules and regulations that must be delivered to the Commission by no later than October 1, 2014.
- Receive regular updates from the DHHS on Alternative Response that include:
  - The alternative response implementation plan, including the development of the alternative response interview protocols of children;
  - The status of alternative response implementation;
  - Inclusion of child welfare stakeholders, service providers, and other community partners, including families, for feedback and recommendations on the alternative response implementation plan;
  - Any findings or recommendations made by the independent evaluator, including costs;
  - Any alternative response programmatic modifications; and
  - The status of the adoption and promulgation of rules and regulations.
- Review the November 15, 2015, Alternative Response status report to provide feedback on the report to DHHS by December 15, 2015.
- Review the December 15, 2016, Alternative Response status report – if the legislature extends the Commission beyond June 30, 2016.

**Other Nebraska Children's Commission Accomplishments:**

Insert bulleted items from Nebraska Children's Commission accomplishments notes.

Along with working toward the legislatively assigned tasks, the Nebraska Children's Commission has initiated the process of branding documents by creation of a logo. The logo appears on the front cover of this report. The commission has also created a website that will be used for the distribution and dissemination of Commission materials.

**Other Initiatives:**

The following section contains a list of Legislative Resolutions and other initiatives that could impact the work of the Nebraska Children's Commission efforts outlined in this report. The Commission will continue to monitor these efforts and adjust future work plans as needed.

**Goal: Encourage timely access to effective services through community ownership of child-wellbeing**

<u>LR530</u>	<u>Nordquist</u>	Health and Human Services	Interim study to examine existing and proposed programs, policies, administrative rules, and statutes that impact the financial stability of working families in Nebraska
<u>LR532</u>	<u>Davis</u>	Education	Interim study to examine utilization of federal school breakfast and lunch programs and the impact of new federal options on Nebraska
<u>LR539</u>	<u>Campbell</u>	Health and Human Services	Interim study to examine whether the maximum payment rate in the Aid to Dependent Children program, is adequate to meet the goals of the Temporary Assistance for Needy Families program, including keeping children in their own home
<u>LR547</u>	<u>Smith</u>	Business and Labor	Interim study to examine issues surrounding labor shortage areas in the state and opportunities available to Nebraska's future workforce
<u>LR559</u>	<u>Mello</u>	Health and Human Services	Interim study to examine issues surrounding the Medicaid Reform Council
<u>LR565</u>	<u>Gloor</u>	Health and Human Services	Interim study to examine whether adding antidepressant, antipsychotic, and anticonvulsant drugs to the Medicaid preferred drug list would be of benefit to Nebraska Medicaid or Nebraska Medicaid clients
<u>LR601</u>	<u>Davis</u>	Health and Human Services	Interim study to examine the impact of implementing, and the impact of failing to implement, Medicaid expansion in Nebraska

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

<u>LR533</u>	<u>Crawford</u>	Health and Human Services	Interim study to assess the enrollment of former foster youth in the new Medicaid category for youth formerly in foster care up to age 26 in Nebraska under the new federal Patient Protection and Affordable Care Act
<u>LR535</u>	<u>Mello</u>	Appropriations	Interim study to conduct a comprehensive review of the structure of health and human services functions currently administered by the Department of Health and Human Services
<u>LR536</u>	<u>Adams</u>	Executive	Interim study to examine the process of creating

		Board	legislative task forces, committees, and commissions
<u>LR540</u>	<u>Campbell</u>	Health and Human Services	Interim study to examine the treatment and services for people dually diagnosed with I/DD and MI or I/DD and behavioral health problems
<u>LR541</u>	<u>Campbell</u>	Health and Human Services	Interim study to examine the implementation of educational stability plans for children in foster care under the federal Fostering Connections to Success and Increasing Adoptions Act of 2008
<u>LR548</u>	<u>Coash</u>	Judiciary	Interim study to assess how the State of Nebraska can improve the coordination and provision of child welfare services for Native American children and families
<u>LR568</u>	<u>Kolowski</u>	Education	Interim study to examine options for the creation of a Nebraska educational trust fund for the purpose of stabilizing the availability of state aid to education when there is a significant decline in state sales and income tax revenue
<u>LR573</u>	<u>Hadley</u>	Revenue	Interim study to examine Nebraska's state aid programs to cities, counties, and other political subdivisions
<u>LR580</u>	<u>Campbell</u>	Health and Human Services	Interim study to examine the reform effort of Nebraska's behavioral health system
<u>LR583</u>	<u>Crawford</u>	Health and Human Services	Interim study to assess the behavioral health and mental health needs of Nebraska's K-12 students and available resources to meet those needs

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

<u>LR508</u>	<u>Mello</u>	Education	Interim study to examine issues surrounding the Nebraska P-16 Initiative organized and managed by the University of Nebraska
<u>LR576</u>	<u>Campbell</u>	Health and Human Services	Interim study to examine the current status of the sharing of electronic health records and health information exchanges in Nebraska
<u>LR586</u>	<u>Howard</u>	Health and Human Services	Interim study to gather information and make recommendations to craft policy to support and continue electronic health records exchanges and health information initiatives
<u>LR588</u>	<u>Howard</u>	Education	Interim study to examine the establishment of an early childhood data governance entity

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

<u>LR518</u>	<u>Haar</u>	Health and Human	Interim study to examine the need to craft a policy to ensure that women who choose to give birth at home
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		Services	are adequately supported by trained health care professionals
<u>LR519</u>	<u>Scheer</u>	Education	Interim study to evaluate current course offering for high school students in Nebraska
<u>LR525</u>	<u>Bolz</u>	Education	Interim study to examine the skills gap in Nebraska's workforce and to identify options for workforce education
<u>LR526</u>	<u>Haar</u>	Education	Interim study to examine options to provide incentives for professional growth and development of teachers as the means to increased student achievement and success in Nebraska public schools
<u>LR529</u>	<u>Nordquist</u>	Appropriations	Interim study to examine the adequacy of provider rates to meet the needs of Nebraskans with disabilities and the providers of services
<u>LR542</u>	<u>Campbell</u>	Judiciary	Interim study to examine issues regarding the current guardian ad litem system
<u>LR552</u>	<u>Ashford</u>	Judiciary	Interim study to examine Nebraska's juvenile courts, especially juvenile courts within Douglas County
<u>LR587</u>	<u>Howard</u>	Health and Human Services	Interim study to gather information and make recommendations to craft policy to support the creation of a sustainable community health workforce in Nebraska
<u>LR592</u>	<u>McGill</u>	Health and Human Services	Interim study to examine various methods of behavioral health workforce development

## Glossary of Terms

**Caseworker** is any person who has been hired by the child welfare or juvenile justice systems in the State of Nebraska, to include, but not be limited to, a CFS worker, Probation officer, or the worker, by title, of any contracting entity.

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

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

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

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

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

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

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

**Trauma-informed care** is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on the individual and the prevalence of these experiences in persons who receive mental health,